

New Brunswick Drug Plans Formulary

March 2024

TABLE OF CONTENTS

	Page
Introduction.....	I
New Brunswick Drug Plans.....	I
Exclusions.....	II
Legend.....	III

Anatomical Therapeutic Chemical (ATC) Classification of Drugs

A	Alimentary Tract and Metabolism	1
B	Blood and Blood Forming Organs	24
C	Cardiovascular System	35
D	Dermatologicals	86
G	Genito Urinary System and Sex Hormones	95
H	Systemic Hormonal Preparations excluding Sex Hormones	107
J	Antiinfectives for Systemic Use	114
L	Antineoplastic and Immunomodulating Agents	138
M	Musculo-Skeletal System	167
N	Nervous System	176
P	Antiparasitic Products, Insecticides and Repellants	248
R	Respiratory System	250
S	Sensory Organs	260
V	Various	268

Appendices

I-A	Abbreviations of Dosage forms.....	A - 1
I-B	Abbreviations of Routes.....	A - 4
I-C	Abbreviations of Units.....	A - 6
I-D	Abbreviations of Manufacturers' Names.....	A - 8
II	Extemporaneous Preparations.....	A - 10
III	Special Authorization Criteria.....	A - 12
IV	Provisional Benefits.....	A - 128

New Brunswick Drug Plans Formulary

Introduction

The Government of New Brunswick provides prescription drug coverage to eligible New Brunswick residents through the New Brunswick Prescription Drug Program, the New Brunswick Drug Plan and other government sponsored plans (collectively known as the New Brunswick Drug Plans). See below for a complete list of plans.

The New Brunswick Drug Plans Formulary is a list of the drugs which are eligible benefits under the NB Drug Plans. The Formulary is updated monthly and all drugs considered for listing as benefits must be reviewed according to the [Drug Review Process](#).

Most drugs listed in the Formulary are "regular" benefits which are reimbursed with no criteria or prior approval requirements. Some drugs are special authorization benefits and have specific criteria that must be met before they are approved for reimbursement (see Formulary Appendix III). The process and forms for submitting special authorization requests is posted on the NB Drug Plans [website](#). Certain drug products are not eligible benefits and are identified on the exclusion list.

The New Brunswick Drug Plans

Plan	Group Code
The New Brunswick Prescription Drug Program (NBPDP)	
Seniors	A
Correctional Services	C
Social Development Clients	F
Adult Residential Facilities	E
Children in Care of the Minister of Social Development and Special Needs Children	G
Nursing Home Residents	V
Cystic Fibrosis	B
Growth Hormone Deficiency	T
HIV/AIDS	U
Multiple Sclerosis	H
Organ Transplant	R
The New Brunswick Drug Plan	D
Other Government Sponsored Plans	
Public Health Plan	I
Tuberculosis	P
Extra-Mural Program Clients	W
Medical Abortion Program	J

Details regarding the New Brunswick Drug Plans are available on the Government of New Brunswick's [website](#).

Exclusions

The following classes of products, except those specifically listed in 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 drugs¹
- Natural health products¹ (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

¹ To be listed in the Formulary, a non-prescription drug or natural health product must be recommended by an expert advisory committee based on evidence that supports its clinical efficacy and cost effectiveness.

M01¹ ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS**M01A² ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS****M01AE³ PROPIONIC ACID DERIVATIVES****M01AE02⁴ NAPROXEN**ECT⁵ Orl⁵ 250mg⁵

6	7	8	9
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	ACDEFGV	
A01AD	OTHER AGENTS FOR LOCAL ORAL TREATMENT									
A01AD02	BENZYDAMINE									
Liq	Buc	0.15%				Odan-Benzylamine	02463105	ODN	ACDEFGV	
						pms-Benzylamine	02239537	PMS	ACDEFGV	
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	
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	ACDEFGV	
Tab	Orl	300 mg				Cimetidine	00487872	AAP	ACDEFGV	
A02BA02	RANITIDINE									
Liq	Orl	15 mg/mL				Apo-Ranitidine	02280833	APX	CDEFGVW	
Tab	Orl	150 mg				Apo-Ranitidine	00733059	APX	ACDEFGVW	
						Jamp-Ranitidine	02463717	JPC	ACDEFGVW	
						Mar-Ranitidine	02443708	MAR	ACDEFGVW	
						Mint-Ranitidine	02526379	MNT	ACDEFGVW	
						pms-Ranitidine	02242453	PMS	ACDEFGVW	
						Ranitidine	02353016	SAS	ACDEFGVW	

A02BA02 RANITIDINE

Tab Orl 300 mg

Apo-Ranitidine	00733067	APX	ACDEFGVW
Jamp-Ranitidine	02463725	JPC	ACDEFGVW
Mar-Ranitidine	02443716	MAR	ACDEFGVW
Mint-Ranitidine	02526387	MNT	ACDEFGVW
pms-Ranitidine	02242454	PMS	ACDEFGVW

A02BA03 FAMOTIDINE

Tab Orl 20 mg

Jamp Famotidine	02507749	JPC	ACDEFGV
Teva-Famotidine	02022133	TEV	ACDEFGV

Tab Orl 40 mg

Jamp Famotidine	02507757	JPC	ACDEFGV
Teva-Famotidine	02022141	TEV	ACDEFGV

A02BB PROSTAGLANDINS

A02BB01 MISOPROSTOL

Tab Orl 100 mcg

Misoprostol	02244022	AAP	ACDEFGV
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Tab Orl 200 mcg

Misoprostol	02244023	AAP	ACDEFGJV
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A02BC PROTON PUMP INHIBITORS

A02BC01 OMEPRAZOLE

SRC Orl 20 mg

Losec	00846503	AZE	ACDEFGV
Apo-Omeprazole	02245058	APX	ACDEFGV
Omeprazole	02348691	SAS	ACDEFGV
Omeprazole	02411857	SIV	ACDEFGV
pms-Omeprazole	02320851	PMS	ACDEFGV
Sandoz Omeprazole	02296446	SDZ	ACDEFGV

SRT Orl 20 mg

Jamp-Omeprazole	02420198	JPC	ACDEFGV
Nat-Omeprazole DR	02439549	NAT	ACDEFGV
Omeprazole	02416549	AHI	ACDEFGV
Omeprazole Magnesium	02504294	SAS	ACDEFGV
Teva-Omeprazole	02295415	TEV	ACDEFGV

A02BC02 PANTOPRAZOLE
PANTOPRAZOLE MAGNESIUM

A02BC02 PANTOPRAZOLE
PANTOPRAZOLE MAGNESIUM

ECT	Orl	40 mg	Tecta	02267233	TAK	ACDEFGV
			Mylan-Pantoprazole T	02408570	MYL	ACDEFGV
			Pantoprazole Magnesium	02441853	ATS	ACDEFGV
			Pantoprazole T	02466147	SAS	ACDEFGV
			Pantoprazole T	02519534	SIV	ACDEFGV
			Teva-Pantoprazole Magnesium	02440628	TEV	ACDEFGV

PANTOPRAZOLE SODIUM

ECT	Orl	20 mg	Pantoloc	02241804	TAK	ACDEFGV
			Apo-Pantoprazole	02292912	APX	ACDEFGV
			Jamp Pantoprazole Sodium	02392615	JPC	ACDEFGV
			Jamp-Pantoprazole	02408414	JPC	ACDEFGV
			Pantoprazole-20	02428172	SIV	ACDEFGV
			Sandoz Pantoprazole	02301075	SDZ	ACDEFGV
			Teva-Pantoprazole	02285479	TEV	ACDEFGV

ECT	Orl	40 mg	Pantoloc	02229453	TAK	ACDEFGV
			Apo-Pantoprazole	02292920	APX	ACDEFGV
			Auro-Pantoprazole	02415208	ARO	ACDEFGV
			Jamp Pantoprazole Sodium	02392623	JPC	ACDEFGV
			Jamp-Pantoprazole	02357054	JPC	ACDEFGV
			M-Pantoprazole	02467372	MRA	ACDEFGV
			Mar-Pantoprazole	02416565	MAR	ACDEFGV
			Mint-Pantoprazole	02417448	MNT	ACDEFGV
			NRA-Pantoprazole	02471825	NRA	ACDEFGV
			Pantoprazole	02318695	PDL	ACDEFGV
			Pantoprazole	02437945	PMS	ACDEFGV
			Pantoprazole	02370808	SAS	ACDEFGV
			Pantoprazole-40	02428180	SIV	ACDEFGV
			pms-Pantoprazole	02307871	PMS	ACDEFGV
			Sandoz Pantoprazole	02301083	SDZ	ACDEFGV
			Taro-Pantoprazole	02305046	SUN	ACDEFGV
			Teva-Pantoprazole	02285487	TEV	ACDEFGV

A02BC03 LANSOPRAZOLE

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)
Sandoz Lansoprazole	02385643	SDZ	(SA)
Taro-Lansoprazole	02402610	SUN	(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)
Sandoz Lansoprazole	02385651	SDZ	(SA)
Taro-Lansoprazole	02402629	SUN	(SA)
Teva-Lansoprazole	02280523	TEV	(SA)

SRT Orl 15 mg

Prevacid FasTab 02249464 ABB (SA)

SRT Orl 30 mg

Prevacid FasTab 02249472 ABB (SA)

A02BC04 RABEPRAZOLE

ECT Orl 10 mg

Pariet	02243796	JAN	ACDEFGV
Jamp Rabeprazole	02415283	JPC	ACDEFGV
pms-Rabeprazole EC	02310805	PMS	ACDEFGV
Rabeprazole	02385449	SIV	ACDEFGV
Rabeprazole EC	02356511	SAS	ACDEFGV
Sandoz Rabeprazole	02314177	SDZ	ACDEFGV
Taro-Rabeprazole	02298074	SUN	ACDEFGV

ECT Orl 20 mg

Pariet	02243797	JAN	ACDEFGV
Jamp Rabeprazole	02415291	JPC	ACDEFGV
pms-Rabeprazole EC	02310813	PMS	ACDEFGV
Rabeprazole	02385457	SIV	ACDEFGV
Rabeprazole EC	02356538	SAS	ACDEFGV
Sandoz Rabeprazole	02314185	SDZ	ACDEFGV
Taro-Rabeprazole	02298082	SUN	ACDEFGV

A02BX OTHER DRUGS FOR PEPTIC ULCER AND GASTROESOPHAGEAL REFLUX DISEASE (GORD)**A02BX02 SUCRALFATE**

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

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	Mint-Trimebutine	02538202	MNT	ACDEFGV
			Trimebutine	02245663	AAP	ACDEFGV
Tab	Orl	200 mg	Mint-Trimebutine	02538210	MNT	ACDEFGV
			Trimebutine	02245664	AAP	ACDEFGV

A03AA07 DICYCLOVERINE (DICYCLOMINE)

Cap	Orl	10 mg	Protylol	00287709	PDL	ACDEFGV
Tab	Orl	20 mg	Jamp-Dicyclomine	02366088	JPC	ACDEFGV

A03AB SYNTHETIC ANTICHOLINERGICS, QUATERNARY AMMONIUM COMPOUNDS**A03AB02 GLYCOPYRROLONIUM BROMIDE (GLYCOPYRROLATE)**

Liq	Inj	0.2 mg/mL	Glycopyrrolate	02039508	SDZ	ACDEFGVW
			Glycopyrrolate Injection USP	02473879	STR	ACDEFGVW
Liq	Inj	0.4 mg / 2 mL	Glycopyrrolate Injection USP	02473895	STR	ACDEFGVW
Liq	Inj	4 mg / 20 mL	Glycopyrrolate Injection USP	02473887	STR	ACDEFGVW

A03AX OTHER DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS**A03AX04 PINAVERIUM**

Tab	Orl	50 mg	Dicetel	01950592	ABB	ACDEFGV
			Pinaverium	02469677	AAP	ACDEFGV
Tab	Orl	100 mg	Dicetel	02230684	ABB	ACDEFGV
			Pinaverium	02469685	AAP	ACDEFGV

A03F PROPULSIVES**A03FA PROPULSIVES**

A03FA01 METOCLOPRAMIDE

Liq	Inj	5 mg/mL	Metoclopramide	02185431	SDZ	ACDEFVW
Syr	Orl	1 mg/mL	pms-Metoclopramide	02230433	PMS	ACDEFGVW
Tab	Orl	5 mg	Mar-Metoclopramide	02517795	MAR	ACDEFGVW
			pms-Metoclopramide	02230431	PMS	ACDEFGVW
Tab	Orl	10 mg	pms-Metoclopramide	02230432	PMS	ACDEFGVW

A03FA03 DOMPERIDONE

Tab	Orl	10 mg	Apo-Domperidone	02103613	APX	ACDEFGVW
			Domperidone	02350440	SAS	ACDEFGVW
			Domperidone	02238341	SIV	ACDEFGVW
			Jamp-Domperidone	02369206	JPC	ACDEFGVW
			Mar-Domperidone	02403870	MAR	ACDEFGVW
			pms-Domperidone	02236466	PMS	ACDEFGVW
			PRZ-Domperidone	02462834	PRZ	ACDEFGVW
			Ran-Domperidone	02268078	SUN	ACDEFGVW
			Teva-Domperidone	01912070	TEV	ACDEFGVW

A04 ANTIEMETICS AND ANTINAUSEANTS

A04A ANTIEMETICS AND ANTINAUSEANTS

A04AA SEROTONIN (5HT3) ANTAGONISTS

A04AA01 ONDANSETRON

Liq	Inj	2 mg/mL	Ondansetron Hydrochloride Dihydrate	02274418	SDZ	W (SA)
			Ondansetron Injection USP	02279436	SDZ	W (SA)
			Ondansetron Injection USP	02462257	STR	W (SA)
			Ondansetron Injection USP (PF)	02464578	STR	W (SA)
Liq	Orl	4 mg / 5 mL	Zofran	02229639	NVR	(SA)
			Jamp Ondansetron	02490617	JPC	(SA)
			Ondansetron	02291967	APX	(SA)

A04AA01 ONDANSETRON

ODT Slg 4 mg

Zofran ODT	02239372	SDZ	(SA)
Athena-Ondansetron ODT	02444674	AHC	(SA)
Auro-Ondansetron ODT	02511282	ARO	(SA)
Mar-Ondansetron ODT	02514966	MAR	(SA)
Mint-Ondansetron ODT	02487330	MNT	(SA)
Ondansetron ODT	02519232	JPC	(SA)
Ondansetron ODT	02524279	SAS	(SA)
Ondansetron ODT	02481723	SDZ	(SA)
Ondissolve	02389983	TAK	(SA)
pms-Ondansetron ODT	02519445	PMS	(SA)

ODT Slg 8 mg

Zofran ODT	02239373	SDZ	(SA)
Athena-Ondansetron ODT	02444682	AHC	(SA)
Auro-Ondansetron ODT	02511290	ARO	(SA)
Mar-Ondansetron ODT	02514974	MAR	(SA)
Mint-Ondansetron ODT	02487349	MNT	(SA)
Ondansetron ODT	02519240	JPC	(SA)
Ondansetron ODT	02524287	SAS	(SA)
Ondansetron ODT	02481731	SDZ	(SA)
Ondissolve	02389991	TAK	(SA)
pms-Ondansetron ODT	02519453	PMS	(SA)

Tab Orl 4 mg

Zofran	02213567	NVR	W (SA)
Apo-Ondansetron	02288184	APX	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)
Teva-Ondansetron	02296349	TEV	W (SA)

A04AA01 ONDANSETRON

Tab Orl 8 mg

Zofran	02213575	NVR	W (SA)
Apo-Ondansetron	02288192	APX	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)
Teva-Ondansetron	02296357	TEV	W (SA)

A04AA55 PALONOSETRON, COMBINATIONS
PALONOSETRON / NETUPITANT

Cap Orl 300 mg / 0.5 mg

Akynzeo 02468735 KNI (SA)

A04AD OTHER ANTIEMETICS

A03BB01 BUTYLSCOPOLAMINE

Liq Inj 20 mg/mL

Buscopan	00363839	SNC	ACDEFGVW
Hyoscine Butylbromide	02229868	SDZ	ACDEFGVW

Tab Orl 10 mg

Buscopan	00363812	SNC	ACDEFGVW
Accel-Hyoscine	02512335	ACC	ACDEFGVW

A04AD01 SCOPOLAMINE

Srd Trd 1.5 mg

Transderm-V 80024336 SDZ AEFVW

A04AD11 NABILONE

Cap Orl 0.25 mg

Cesamet	02312263	BSL	ACDEFVW
pms-Nabilone	02380897	PMS	ACDEFVW
Teva-Nabilone	02392925	TEV	ACDEFVW

Cap Orl 0.5 mg

Cesamet	02256193	BSL	ACDEFVW
pms-Nabilone	02380900	PMS	ACDEFVW
Teva-Nabilone	02384884	TEV	ACDEFVW

Cap Orl 1 mg

Cesamet	00548375	BSL	ACDEFVW
pms-Nabilone	02380919	PMS	ACDEFVW
Teva-Nabilone	02384892	TEV	ACDEFVW

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)	
N05CM05		SCOPOLAMINE							
Liq	Inj	0.4 mg/mL			Scopolamine Hydrobromide	02242810	OMG	ACDEFVW	
Liq	Inj	0.6 mg/mL			Scopolamine Hydrobromide	02242811	OMG	ACDEFVW	
A05		BILE AND LIVER THERAPY							
A05A		BILE THERAPY							
A05AA		BILE ACID PREPERATIONS							
A05AA02		URSODEOXYCHOLIC ACID (URSODIOL)							
Tab	Orl	250 mg			GLN-Ursodiol	02426900	GLM	ACDEFGV	
					Jamp-Ursodiol	02472392	JPC	ACDEFGV	
					pms-Ursodiol C	02273497	PMS	ACDEFGV	
					Ursodiol C	02515520	SAS	ACDEFGV	
Tab	Orl	500 mg			GLN-Ursodiol	02426919	GLM	ACDEFGV	
					Jamp-Ursodiol	02472406	JPC	ACDEFGV	
					pms-Ursodiol C	02273500	PMS	ACDEFGV	
					Ursodiol C	02515539	SAS	ACDEFGV	
A05AA04		OBETICHOLIC ACID							
Tab	Orl	5 mg			Ocaliva	02463121	ADZ	(SA)	
Tab	Orl	10 mg			Ocaliva	02463148	ADZ	(SA)	
A06		DRUGS FOR CONSTIPATION							
A06A		DRUGS FOR CONSTIPATION							
A06AD		OSMOTICALLY ACTING LAXATIVES							
A06AD11		LACTULOSE							
Syr	Orl	667 mg			Jamp-Lactulose	02295881	JPC	(SA)	
					Lactulose	02412268	SAS	(SA)	
					pms-Lactulose	00703486	PMS	(SA)	
					pms-Lactulose-pharma	02469391	PMS	(SA)	
					ratio-Lactulose	00854409	TEV	(SA)	
A07		ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS							

A07A INTESTINAL ANTIINFECTIVES**A07AA ANTIBIOTICS**

A07AA02 NYSTATIN

Sus Orl 100 000 IU/mL

Jamp-Nystatin 02433443 JPC ACDEFGVW

pms-Nystatin Suspension 00792667 PMS ACDEFGVW

Teva-Nystatin 02194201 TEV ACDEFGVW

A07AA11 RIFAXIMIN

Tab Orl 550 mg

Zaxine 02410702 SAX (SA)

A07AA12 FIDAXOMICIN

Tab Orl 200 mg

Dificid 02387174 FRS W (SA)

A07D ANTIPROPULSIVES**A07DA ANTIPROPULSIVES**

A07DA01 DIPHENOXYLATE

DIPHENOXYLATE / ATROPINE

Tab Orl 2.5 mg / 0.025 mg

Lomotil 00036323 PFI ACDEFGV

A07DA03 LOPERAMIDE

Liq Orl 0.2 mg/mL

pms-Loperamide Hydrochloride 02016095 PMS AEFGV

Tab Orl 2 mg

pms-Loperamide 02228351 PMS AEFGV

Teva-Loperamide 02132591 TEV AEFGV

A07E INTESTINAL ANTIINFLAMMATORY AGENTS**A07EA CORTICOSTEROIDS ACTING LOCALLY**

A07EA06 BUDESONIDE

Cap Orl 3 mg

Entocort 02229293 AZE ACDEFGV

Enm Rt 2.3 mg

Entocort 02052431 AZE ACDEFGV

A07EC AMINOSALICYLIC ACID AND SIMILAR AGENTS

A07EC01 SULFASALAZINE

ECT Orl 500 mg

Salazopyrin EN 02064472 PFI ACDEFGV

pms-Sulfasalazine EC 00598488 PMS ACDEFGV

Tab Orl 500 mg

Salazopyrin 02064480 PFI ACDEFGV

pms-Sulfasalazine 00598461 PMS ACDEFGV

A07EC02 MESALAZINE

Aer Rt 1 g

Mezera 02474026 AVI ACDEFGV

A07EC02		MESALAZINE							
ECT	Orl	400 mg				Teva-5-ASA	02171929	TEV	ACDEFGV
ECT	Orl	500 mg				Salofalk	02112787	ABV	ACDEFGV
ERT	Orl	500 mg				Pentasa	02099683	FEI	ACDEFGV
ERT	Orl	1 000 mg				Pentasa	02399466	FEI	ACDEFGV
Sup	Rt	500 mg				Salofalk	02112760	ABV	ACDEFGV
Sup	Rt	1 g				Salofalk	02242146	ABV	ACDEFGV
						Mezera	02474018	AVI	ACDEFGV
						Pentasa	02153564	FEI	ACDEFGV
Susp	Rt	1 g / 100 mL				Pentasa	02153521	FEI	ACDEFGV
Susp	Rt	2 g/60 mL				Salofalk	02112795	ABV	ACDEFGV
Susp	Rt	4 g / 100 mL				Pentasa	02153556	FEI	ACDEFGV
Susp	Rt	4 g / 60 mL				Salofalk	02112809	ABV	ACDEFGV
Tab	Orl	1.2 g				Mezavant	02297558	TAK	ACDEFGV

A07EC03		OLSALAZINE							
Cap	Orl	250 mg				Dipentum	02063808	SLP	ACDEFGV

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	ORG	ABCDEFGV
ECC	Orl	4 200 U / 10 000 U / 17 500 U				Pancrease MT 4	00789445	VVS	ABCDEFGV
ECC	Orl	6 000 U / 19 000 U / 30 000 U				Creon 6 Minimicrospheres	02415194	BGP	ABCDEFGV

A09AA02 MULTIENZYMES (LIPASE, PROTEASE, ETC)

ECC	Orl	10 000 U / 730 U / 11 200 U	Creon 10 Minimicrospheres	02200104	BGP	ABCDEFGV
ECC	Orl	10 500 U / 25 000 U / 43 750 U	Pancrease MT 10	00789437	VVS	ABCDEFGV
ECC	Orl	10 800 U / 45 000 U / 42 000 U	Cotazym ECS 8	00502790	ORG	ABCDEFGV
ECC	Orl	16 800 U / 40 000 U / 70 000 U	Pancrease MT 16	00789429	VVS	ABCDEFGV
ECC	Orl	25 000 U / 1 600 U / 25 500 U	Creon 25 Minimicrospheres	01985205	BGP	ABCDEFGV
ECC	Orl	25 000 U / 100 000 U / 100 000 U	Cotazym ECS 20	00821373	ORG	ABCDEFGV
ECC	Orl	35 000 U / 2 240 U / 35 700 U	Creon 35 Minimicrospheres	02494639	BGP	ABCDEFGV
Gran	Orl	5 000 U / 5 100 U / 320 U	Creon Minimicrospheres Micro	02445158	BGP	ABCDEFGV
Tab	Orl	10 440 U / 39 150 U / 39 150 U	Viokace	02230019	ARN	ABCDEFGV
Tab	Orl	20 880 U / 78 300 U / 78 300 U	Viokace	02241933	ARN	ABCDEFGV

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	ACDEFGV
			Humulin R (cartridge)	01959220	LIL	ACDEFGV
			Novolin GE Toronto	02024233	NNO	ACDEFGV
			Novolin GE Toronto (penfill)	02024284	NNO	ACDEFGV

A10AB04 INSULIN LISPRO

Liq	Inj	100 U/mL	Admelog	02469901	SAV	ACDEFGV
			Admelog (cartridge)	02469898	SAV	ACDEFGV
			Admelog (SoloSTAR)	02469871	SAV	ACDEFGV

A10AB05 INSULIN ASPART

Liq	Inj	100 U/mL	Kirsty (prefilled pen)	02520974	BGP	ACDEFGV
			Trurapi (cartridge)	02506564	SAV	ACDEFGV
			Trurapi (SoloSTAR)	02506572	SAV	ACDEFGV
			Trurapi (vial)	02529254	SAV	ACDEFGV

A10AB06		INSULIN GLULISINE							
	Liq	Inj	100 U/mL						
						Apidra	02279460	SAV	ACDEFGV
						Apidra (cartridge)	02279479	SAV	ACDEFGV
						Apidra Solostar	02294346	SAV	ACDEFGV
A10AC INSULINS AND ANALOGUES FOR INJECTION, INTERMEDIATE-ACTING									
A10AC01		INSULIN (HUMAN)							
	Sus	Inj	100 U/mL						
						Humulin N	00587737	LIL	ACDEFGV
						Humulin N (cartridge)	01959239	LIL	ACDEFGV
						Humulin N (KwikPen)	02403447	LIL	ACDEFGV
						Novolin GE NPH	02024225	NNO	ACDEFGV
						Novolin GE NPH (penfill)	02024268	NNO	ACDEFGV
	Sus	Inj	500 U/mL						
						Entuzity (KwikPen)	02466864	LIL	ACDEFGV
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	ACDEFGV
						Humulin 30/70 (cartridge)	01959212	LIL	ACDEFGV
						Novolin GE 30/70	02024217	NNO	ACDEFGV
						Novolin GE 30/70 (penfill)	02025248	NNO	ACDEFGV
	Sus	Inj	40 U / 60 U						
						Novolin GE 40/60 (penfill) (Disc/non disp Mar 31/24)	02024314	NNO	ACDEFGV
A10AE INSULINS AND ANALOGUES FOR INJECTION, LONG-ACTING									
A10AE04		INSULIN GLARGINE							
	Liq	Inj	100 U/mL						
						Basaglar cartridge	02444844	LIL	ACDEFGV
						Basaglar KwikPen	02461528	LIL	ACDEFGV
						Semglee (prefilled pen)	02526441	BGP	ACDEFGV
A10AE05		INSULIN DETEMIR							
	Liq	Inj	100 U/mL						
						Levemir FlexTouch (Disc/non disp Aug 4/24)	02412829	NNO	(SA)
						Levemir Penfill Cartridge	02271842	NNO	(SA)
A10AE06		INSULIN DEGLUDEC							
	Liq	Inj	100 U/mL						
						Tresiba Flextouch	02467879	NNO	ACDEFGV
	Liq	Inj	100 U/mL						
						Tresiba Penfill	02467860	NNO	ACDEFGV
	Liq	Inj	200 U/mL						
						Tresiba Flextouch	02467887	NNO	ACDEFGV
A10B BLOOD GLUCOSE LOWERING DRUGS, EXCLUDING INSULINS									

A10BA BIGUANIDES

A10BA02 METFORMIN

Tab Orl 500 mg

Glucophage	02099233	SAV	ACDEFGV
Act Metformin	02257726	TEV	ACDEFGV
Auro-Metformin	02438275	ARO	ACDEFGV
Jamp-Metformin	02380196	JPC	ACDEFGV
Metformin	02353377	SAS	ACDEFGV
Metformin FC	02385341	SIV	ACDEFGV
Mint-Metformin	02388766	MNT	ACDEFGV
pms-Metformin	02223562	PMS	ACDEFGV
pmsc-Metformin	02520303	PMS	ACDEFGV
Pro-Metformin	02314908	PDL	ACDEFGV
PRZ-Metformin	02531895	PRZ	ACDEFGV
Sandoz Metformin FC	02246820	SDZ	ACDEFGV

Tab Orl 850 mg

Glucophage	02162849	SAV	ACDEFGV
Act Metformin	02257734	TEV	ACDEFGV
Auro-Metformin	02438283	ARO	ACDEFGV
Jamp-Metformin	02380218	JPC	ACDEFGV
Mar-Metformin	02378639	MAR	ACDEFGV
Metformin	02353385	SAS	ACDEFGV
Metformin FC	02385368	SIV	ACDEFGV
Mint-Metformin	02388774	MNT	ACDEFGV
pms-Metformin	02242589	PMS	ACDEFGV
pmsc-Metformin	02520311	PMS	ACDEFGV
Pro-Metformin	02314894	PDL	ACDEFGV
PRZ-Metformin	02531909	PRZ	ACDEFGV
Sandoz Metformin FC	02246821	SDZ	ACDEFGV

Tab Orl 1000 mg

PRZ-Metformin	02534673	PRZ	ACDEFGV
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A10BB SULFONAMIDES, UREA DERIVATIVES

A10BB01 GLIBENCLAMIDE (GLYBURIDE)

Tab Orl 2.5 mg

Apo-Glyburide	01913654	APX	ACDEFGV
Glyburide	02350459	SAS	ACDEFGV
Teva-Glyburide	01913670	TEV	ACDEFGV

Tab Orl 5 mg

Apo-Glyburide	01913662	APX	ACDEFGV
Glyburide	02350467	SAS	ACDEFGV
Teva-Glyburide	01913689	TEV	ACDEFGV

A10BB09 GLICLAZIDE

ERT Orl 30 mg

Diamicron MR	02242987	SEV	ACDEFGV
Apo-Gliclazide MR	02297795	APX	ACDEFGV
Gliclazide MR	02524856	SAS	ACDEFGV
Jamp-Gliclazide MR	02429764	JPC	ACDEFGV
Mint-Gliclazide MR	02423286	MNT	ACDEFGV
Mylan-Gliclazide MR	02438658	MYL	ACDEFGV
Sandoz Gliclazide MR	02461323	SDZ	ACDEFGV
Taro-Gliclazide MR	02463571	SUN	ACDEFGV

ERT Orl 60 mg

Diamicron MR	02356422	SEV	ACDEFGV
Apo-Gliclazide MR	02407124	APX	ACDEFGV
Gliclazide MR	02524864	SAS	ACDEFGV
Mint-Gliclazide MR	02423294	MNT	ACDEFGV
Sandoz Gliclazide MR	02461331	SDZ	ACDEFGV
Taro-Gliclazide MR	02439328	SUN	ACDEFGV

Tab Orl 80 mg

Apo-Gliclazide	02245247	APX	ACDEFGV
Gliclazide	02287072	SAS	ACDEFGV
Teva-Gliclazide	02238103	TEV	ACDEFGV

A10BD COMBINATIONS OF ORAL BLOOD GLUCOSE LOWERING DRUGS

A10BD07 METFORMIN AND SITAGLIPTIN

ERT Orl 500 mg / 50 mg

Janumet XR	02416786	FRS	ACDEFGV
Apo-Sitagliptin/Metformin XR	02506270	APX	ACDEFGV
Sandoz Sitagliptin-Metformin XR	02529106	SDZ	ACDEFGV

ERT Orl 1 000 mg / 50 mg

Janumet XR	02416794	FRS	ACDEFGV
Apo-Sitagliptin/Metformin XR	02506289	APX	ACDEFGV
Sandoz Sitagliptin-Metformin XR	02529114	SDZ	ACDEFGV

ERT Orl 1 000 mg / 100 mg

Janumet XR	02416808	FRS	ACDEFGV
Apo-Sitagliptin/Metformin XR	02506297	APX	ACDEFGV
Sandoz Sitagliptin-Metformin XR	02529122	SDZ	ACDEFGV

Tab Orl 500 mg / 50 mg

Janumet	02333856	FRS	ACDEFGV
Apo-Sitagliptin Malate/Metformin HCl	02509415	APX	ACDEFGV
Sandoz Sitagliptin-Metformin	02503956	SDZ	ACDEFGV

A10BD07		METFORMIN AND SITAGLIPTIN			
Tab	Orl	850 mg / 50 mg	Janumet	02333864	FRS ACDEFGV
			Apo-Sitagliptin Malate/Metformin HCl	02509423	APX ACDEFGV
			Sandoz Sitagliptin-Metformin	02503964	SDZ ACDEFGV
Tab	Orl	1 000 mg / 50 mg	Janumet	02333872	FRS ACDEFGV
			Apo-Sitagliptin Malate/Metformin HCl	02509431	APX ACDEFGV
			Sandoz Sitagliptin-Metformin	02503972	SDZ ACDEFGV
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 ACDEFGV
			Apo-Dapagliflozin-Metformin	02536153	APX ACDEFGV
			Auro-Dapagliflozin/Metformin	02533073	ARO ACDEFGV
Tab	Orl	1 000 mg / 5 mg	XigDuo	02449943	AZE ACDEFGV
			Apo-Dapagliflozin-Metformin	02536161	APX ACDEFGV
			Auro-Dapagliflozin/Metformin	02533081	ARO ACDEFGV
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)

A10BD20 METFORMIN AND EMPAGLIFLOZIN

Tab Orl 1000 mg / 12.5 mg

Synjardy 02456621 BOE (SA)

A10BF ALPHA GLUCOSIDASE INHIBITORS

A10BF01 ACARBOSE

Tab Orl 50 mg

Acarbose Tablets 02493780 STD ACDEFGV

Mar-Acarbose 02494078 MAR ACDEFGV

Tab Orl 100 mg

Acarbose Tablets 02493799 STD ACDEFGV

Mar-Acarbose 02494086 MAR ACDEFGV

A10BG THIAZOLINEDIONES

A10BG03 PIOGLITAZONE

Tab Orl 15 mg

Ach-Pioglitazone 02391600 AHI ACDEFGV

Act Pioglitazone 02302861 TEV ACDEFGV

Apo-Pioglitazone 02302942 APX ACDEFGV

Jamp-Pioglitazone 02397307 JPC ACDEFGV

Mint-Pioglitazone 02326477 MNT ACDEFGV

pms-Pioglitazone 02303124 PMS ACDEFGV

Tab Orl 30 mg

Ach-Pioglitazone 02339587 AHI ACDEFGV

Act Pioglitazone 02302888 TEV ACDEFGV

Apo-Pioglitazone 02302950 APX ACDEFGV

Jamp-Pioglitazone 02365529 JPC ACDEFGV

Mint-Pioglitazone 02326485 MNT ACDEFGV

pms-Pioglitazone 02303132 PMS ACDEFGV

Tab Orl 45 mg

Ach-Pioglitazone 02339595 AHI ACDEFGV

Act Pioglitazone 02302896 TEV ACDEFGV

Apo-Pioglitazone 02302977 APX ACDEFGV

Jamp-Pioglitazone 02365537 JPC ACDEFGV

Mint-Pioglitazone 02326493 MNT ACDEFGV

pms-Pioglitazone 02303140 PMS ACDEFGV

A10BH DIPEPTIDYL PEPTIDASE 4 (DPP-4) INHIBITORS

A10BH01 SITAGLIPTIN

A10BH01 SITAGLIPTIN

Tab Orl 25 mg

Januvia	02388839	FRS	ACDEFGV
ACH-Sitagliptin	02512475	AHI	ACDEFGV
Apo-Sitagliptin Malate	02508656	APX	ACDEFGV
Auro-Sitagliptin	02529866	ARO	ACDEFGV
Jamp Sitagliptin	02534134	JPC	ACDEFGV
Sandoz Sitagliptin	02504049	SDZ	ACDEFGV
Sitagliptin	02529033	SIV	ACDEFGV
Taro-Sitagliptin Fumarate	02531631	TAR	ACDEFGV

Tab Orl 50 mg

Januvia	02388847	FRS	ACDEFGV
ACH-Sitagliptin	02512483	AHI	ACDEFGV
Apo-Sitagliptin Malate	02508664	APX	ACDEFGV
Auro-Sitagliptin	02529874	ARO	ACDEFGV
Jamp Sitagliptin	02534142	JPC	ACDEFGV
Sandoz Sitagliptin	02504057	SDZ	ACDEFGV
Sitagliptin	02529041	SIV	ACDEFGV
Taro-Sitagliptin Fumarate	02531658	TAR	ACDEFGV

Tab Orl 100 mg

Januvia	02303922	FRS	ACDEFGV
ACH-Sitagliptin	02512491	AHI	ACDEFGV
Apo-Sitagliptin Malate	02508672	APX	ACDEFGV
Auro-Sitagliptin	02529882	ARO	ACDEFGV
Jamp Sitagliptin	02534150	JPC	ACDEFGV
Sandoz Sitagliptin	02504065	SDZ	ACDEFGV
Sitagliptin	02529068	SIV	ACDEFGV
Taro-Sitagliptin Fumarate	02531666	TAR	ACDEFGV

A10BH03 SAXAGLIPTIN

Tab Orl 2.5 mg

Onglyza	02375842	AZE	(SA)
Apo-Saxagliptin	02507471	APX	(SA)
Sandoz Saxagliptin	02468603	SDZ	(SA)

Tab Orl 5 mg

Onglyza	02333554	AZE	(SA)
Apo-Saxagliptin	02507498	APX	(SA)
Sandoz Saxagliptin	02468611	SDZ	(SA)

A10BH05 LINAGLIPTIN

Tab Orl 5 mg

Trajenta	02370921	BOE	ACDEFGV
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A10BJ GLUCAGON-LIKE PEPTIDE-1 (GLP-1) ANALOGUES

A10BJ03	LIXISENATIDE								
	Liq	SC	0.1 mg/mL		Adlyxine (Disc/non disp Sep 30/24)	02464284	SAV	(SA)	
A10BJ06	SEMAGLUTIDE								
	Liq	SC	2 mg / 1.5 mL		Ozempic (prefilled pen)	02471477	NNO	(SA)	
	Liq	SC	2 mg / 3 mL		Ozempic (prefilled pen)	02540258	NNO	(SA)	
	Liq	SC	4 mg / 3 mL		Ozempic (prefilled pen)	02471469	NNO	(SA)	
A10BK	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS								
A10BK01	DAPAGLIFLOZIN								
	Tab	Orl	5 mg		Forxiga	02435462	AZE	ACDEFGV	
					Apo-Dapagliflozin	02527189	APX	ACDEFGV	
					Auro-Dapagliflozin	02531402	ARO	ACDEFGV	
					GLN-Dapagliflozin	02519852	GLM	ACDEFGV	
					Jamp Dapagliflozin	02531364	JPC	ACDEFGV	
					M-Dapagliflozin	02535297	MRA	ACDEFGV	
					pms-Dapagliflozin	02531550	PMS	ACDEFGV	
					Sandoz Dapagliflozin	02518732	SDZ	ACDEFGV	
	Tab	Orl	10 mg		Forxiga	02435470	AZE	ACDEFGV	
					Apo-Dapagliflozin	02527197	APX	ACDEFGV	
					Auro-Dapagliflozin	02531410	ARO	ACDEFGV	
					GLN-Dapagliflozin	02519860	GLM	ACDEFGV	
					Jamp Dapagliflozin	02531372	JPC	ACDEFGV	
					M-Dapagliflozin	02535300	MRA	ACDEFGV	
					pms-Dapagliflozin	02531569	PMS	ACDEFGV	
					Sandoz Dapagliflozin	02518740	SDZ	ACDEFGV	
A10BK02	CANAGLIFLOZIN								
	Tab	Orl	100 mg		Invokana	02425483	JAN	(SA)	
	Tab	Orl	300 mg		Invokana	02425491	JAN	(SA)	
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								

A10BX02 REPAGLINIDE

Tab Orl 0.5 mg

Gluconorm	02239924	NNO	ACDEFGV
Act Repaglinide	02321475	TEV	ACDEFGV
Auro-Repaglinide	02424258	ARO	ACDEFGV
Jamp-Repaglinide	02354926	JPC	ACDEFGV
Sandoz Repaglinide	02357453	SDZ	ACDEFGV

Tab Orl 1 mg

Gluconorm	02239925	NNO	ACDEFGV
Act Repaglinide	02321483	TEV	ACDEFGV
Auro-Repaglinide	02424266	ARO	ACDEFGV
Jamp-Repaglinide	02354934	JPC	ACDEFGV
Sandoz Repaglinide	02357461	SDZ	ACDEFGV

Tab Orl 2 mg

Gluconorm	02239926	NNO	ACDEFGV
Act Repaglinide	02321491	TEV	ACDEFGV
Auro-Repaglinide	02424274	ARO	ACDEFGV
Jamp-Repaglinide	02354942	JPC	ACDEFGV
Sandoz Repaglinide	02357488	SDZ	ACDEFGV

A11 VITAMINS

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	SDZ	ACDEFGV
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A11CC03 ALFACALCIDOL

Cap Orl 0.25 mcg

One-Alpha	00474517	XPI	ACDEFGV
Sandoz Alfacalcidol	02533316	SDZ	ACDEFGV

Cap Orl 1 mcg

One-Alpha	00474525	XPI	ACDEFGV
Sandoz Alfacalcidol	02533324	SDZ	ACDEFGV

Liq Orl 2 mcg/mL

One-Alpha	02240329	XPI	ACDEFGV
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A11CC04 CALCITRIOL

Cap Orl 0.25 mcg

Rocaltrol	00481823	SLP	ACDEFGV
Calcitriol-Odan	02431637	ODN	ACDEFGV
pms-Calcitriol	02495899	PMS	ACDEFGV
Taro-Calcitriol	02485710	TAR	ACDEFGV

A11CC04		CALCITRIOL							
Cap	Orl	0.5 mcg				Rocaltrol	00481815	SLP	ACDEFGV
						Calcitriol-Odan	02431645	ODN	ACDEFGV
						pms-Calcitriol	02495902	PMS	ACDEFGV
						Taro-Calcitriol	02485729	TAR	ACDEFGV
A11CC05		CHOLECALCIFEROL							
Tab	Orl	1 000 IU				Vitamin D	80000436	JAM	EF-18G
A11E		VITAMIN B-COMPLEX, INCLUDING COMBINATIONS							
A11EB		VITAMIN B-COMPLEX WITH VITAMIN C							
A11EB99		VITAMIN B-COMPLEX WITH VITAMIN C							
Tab	Orl	100 mg				Replavite	80007498	WNP	(SA)
A11H		OTHER PLAIN VITAMIN PREPARATIONS							
A11HA		OTHER PLAIN VITAMIN PREPARATIONS							
A11HA03		TOCOPHEROL (VIT E)							
Cap	Orl	100 IU				Vitamin E	00189227	EXZ	EF-18G
						Vitamin E Natural	00122823	JAM	EF-18G
Cap	Orl	200 IU				Vitamin E	00189235	EXZ	EF-18G
						Vitamin E Natural	00122831	JAM	EF-18G
Cap	Orl	400 IU				Vitamin E	00266108	CCM	EF-18G
						Vitamin E	02040816	CCM	EF-18G
						Vitamin E Natural	00122858	JAM	EF-18G
						Vitamin E Natural	00201995	WAM	EF-18G
						Vitamin E Synthetic	00274259	WAM	EF-18G
Dps	Orl	50 IU				Aquasol E	02162075	CLC	EF-18G
A12		MINERAL SUPPLEMENTS							
A12B		POTASSIUM							
A12BA		POTASSIUM							
A12BA01		POTASSIUM CHLORIDE							
Liq	Orl	100 mg/mL				Jamp-Potassium Chloride	80024835	JPC	ACDEFGV
						Odan Potassium Chloride	80046782	ODN	ACDEFGV
						pms-Potassium Chloride	02238604	PMS	ACDEFGV
SRC	Orl	600 mg				Micro-K (Disc/non disp Jan 19/25)	02042304	PAL	ACDEFGV
						Jamp-Potassium Chloride ER	80062704	JPC	ACDEFGV

A12BA01		POTASSIUM CHLORIDE							
SRT	Orl	600 mg			Jamp-K8	80013005	JPC	ACDEFGV	
					M-K8 L.A.	80035346	MRA	ACDEFGV	
					Sandoz K 8	02246734	SDZ	ACDEFGV	
SRT	Orl	1 500 mg			Jamp-K20	80013007	JPC	ACDEFGV	
					Odan K-20	80004415	ODN	ACDEFGV	
					Sandoz K 20	02242261	SDZ	ACDEFGV	
A12BA02		POTASSIUM CITRATE							
ERT	Orl	540 mg			Urocit-K	01914022	PAL	ACDEFGV	
ERT	Orl	1 080 mg			Urocit-K	02353997	PAL	ACDEFGV	
Evt	Orl	975 mg			K-Lyte	02085992	WLS	ACDEFGV	
					Jamp-K Effervescent	80033602	JPC	ACDEFGV	
A12C		OTHER MINERAL SUPPLEMENTS							
A12CC		MAGNESIUM							
A12CC99		MAGNESIUM GLUCOHEPTONATE							
Liq	Orl	100 mg/mL			Rougier Magnesium	00026697	ROG	ACDEFGV	
					Jamp Magnesium	80009357	JPC	ACDEFGV	
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)	
					Odan-Levocarnitine	02492105	ODN	(SA)	
Tab	Orl	330 mg			Carnitor	02144328	LBI	(SA)	
A16AA04		MERCAPTAMINE (CYSTEAMINE)							
CDR	Orl	25 mg			Procysbi	02464705	HRZ	(SA)	
CDR	Orl	75 mg			Procysbi	02464713	HRZ	(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)

A16AB12 ELOSULFASE ALFA

Liq IV 5 mg / 5 mL

Vimizim 02427184 BMR (SA)

A16AB13 ASFOTASE ALFA

Liq SC 18 mg / 0.45 mL

Strensiq 02444615 ALX (SA)

Liq SC 28 mg / 0.7 mL

Strensiq 02444623 ALX (SA)

Liq SC 40 mg/mL

Strensiq 02444631 ALX (SA)

Liq SC 80 mg / 0.8 mL

Strensiq 02444658 ALX (SA)

A16AB14 SEBELIPASE ALFA

Liq IV 2 mg/mL

Kanuma 02469596 ALX (SA)

A16AB17 CERLIPONASE ALFA

Liq IVR 150 mg / 5 mL

Brineura 02484013 BMR (SA)

A16AX VARIOUS ALIMENTARY TRACT AND METABOLISM PRODUCTS

A16AX03 SODIUM PHENYLBUTYRATE

Gran Orl 483 mg/g

Pheburane 02436663 MDU (SA)

A16AX04 NITISINONE

Cap Orl 2 mg

Orfadin 02459698 BVT (SA)

MDK-Nitisinone 02457717 MDK (SA)

Cap Orl 5 mg

Orfadin 02459701 BVT (SA)

MDK-Nitisinone 02457725 MDK (SA)

Cap Orl 10 mg

Orfadin 02459728 BVT (SA)

MDK-Nitisinone 02457733 MDK (SA)

A16AX04	NITISINONE								
	Cap	Orl	20 mg		Orfadin	02459736	BVT	(SA)	
					MDK-Nitisinone	02470055	MDK	(SA)	
A16AX07	SAPROPTERIN								
	Pws	Orl	100 mg		Kuvan	02482207	BMR	(SA)	
	Pws	Orl	500 mg		Kuvan	02482215	BMR	(SA)	
	Tab	Orl	100 mg		Kuvan	02350580	BMR	(SA)	
A16AX08	TEDUGLUTIDE								
	Pws	SC	5 mg		Revestive	02445727	TAK	(SA)	
A16AX09	GLYCEROL PHENYLBUTYRATE								
	Liq	Orl	1.1 g/mL		Ravicti	02453304	HRZ	(SA)	
A16AX12	TRIENTINE								
	Cap	Orl	250 mg		Mar-Trientine	02504855	MAR	(SA)	
					Waymade-Trientine	02515067	WMD	(SA)	
A16AX14	MIGALASTAT								
	Cap	Orl	123 mg		Galafold	02468042	AMT	(SA)	
A16AX16	GIVOSIRAN								
	Liq	SC	189 mg/mL		Givlaari	02506343	ALN	(SA)	
A16AX17	TRIHEPTANOIN								
	Liq	Orl	100%		Dojolvi	02512556	UGX	(SA)	

B BLOOD AND BLOOD FORMING ORGANS

B01 ANTITHROMBOTIC AGENTS

B01A ANTITHROMBOTIC AGENTS

B01AA VITAMIN K ANTAGONISTS

B01AA03	WARFARIN								
	Tab	Orl	1 mg			Apo-Warfarin	02242924	APX	ACDEFGV
						Taro-Warfarin	02242680	TAR	ACDEFGV
	Tab	Orl	2 mg			Apo-Warfarin	02242925	APX	ACDEFGV
				Taro-Warfarin	02242681	TAR	ACDEFGV		

B01AA03 WARFARIN

Tab	Orl	2.5 mg	Apo-Warfarin	02242926	APX	ACDEFGV
			Taro-Warfarin	02242682	TAR	ACDEFGV
Tab	Orl	3 mg	Apo-Warfarin	02245618	APX	ACDEFGV
			Taro-Warfarin	02242683	TAR	ACDEFGV
Tab	Orl	4 mg	Apo-Warfarin	02242927	APX	ACDEFGV
			Taro-Warfarin	02242684	TAR	ACDEFGV
Tab	Orl	5 mg	Apo-Warfarin	02242928	APX	ACDEFGV
			Taro-Warfarin	02242685	TAR	ACDEFGV
Tab	Orl	6 mg	Taro-Warfarin	02242686	TAR	ACDEFGV
Tab	Orl	10 mg	Apo-Warfarin	02242929	APX	ACDEFGV
			Taro-Warfarin	02242687	TAR	ACDEFGV

B01AB HEPARIN GROUP

B01AB01 HEPARIN

Liq	Inj	100 IU/mL	Heparin	00727520	LEO	ACDEFGVW
Liq	Inj	1 000 IU/mL	Heparin Leo Inj	00453811	LEO	ACDEFGVW
			Heparin Sodium Injection USP	02303086	SDZ	ACDEFGVW
Liq	Inj	10 000 IU/mL	Heparin Sodium Injection USP	02303108	SDZ	ACDEFGVW

B01AB04 DALTEPARIN

Liq	Inj	2 500 IU / 0.2 mL	Fragmin (prefilled syringe)	02132621	PFI	W (SA)
Liq	Inj	3 500 IU / 0.28 mL	Fragmin (prefilled syringe)	02430789	PFI	W (SA)
Liq	Inj	5 000 IU / 0.2 mL	Fragmin (prefilled syringe)	02132648	PFI	W (SA)
Liq	Inj	7 500 IU / 0.3 mL	Fragmin (prefilled syringe)	02352648	PFI	W (SA)
Liq	Inj	10 000 IU / 0.4 mL	Fragmin (prefilled syringe)	02352656	PFI	W (SA)
Liq	Inj	10 000 IU/mL	Fragmin (ampoule) (Disc/non disp Jan 31/25)	02132664	PFI	W (SA)
Liq	Inj	12 500 IU / 0.5 mL	Fragmin (prefilled syringe)	02352664	PFI	W (SA)
Liq	Inj	15 000 IU / 0.6 mL	Fragmin (prefilled syringe)	02352672	PFI	W (SA)

B01AB04		DALTEPARIN					
Liq	Inj	16 500 IU / 0.66 mL		Fragmin (prefilled syringe)	02494582	PFI	W (SA)
Liq	Inj	18 000 IU / 0.72 mL		Fragmin (prefilled 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		Elonox (prefilled syringe)	02532247	FKB	ACDEFGVW
				Inclunox (prefilled syringe)	02507501	SDZ	ACDEFGVW
				Noromby (prefilled syringe)	02506459	JNO	ACDEFGVW
				Redesca (prefilled syringe)	02509075	VAL	ACDEFGVW
Liq	Inj	40 mg / 0.4 mL		Elonox (prefilled syringe)	02532255	FKB	ACDEFGVW
				Inclunox (prefilled syringe)	02507528	SDZ	ACDEFGVW
				Noromby (prefilled syringe)	02506467	JNO	ACDEFGVW
				Redesca (prefilled syringe)	02509083	VAL	ACDEFGVW
Liq	Inj	60 mg / 0.6 mL		Elonox (prefilled syringe)	02532263	FKB	ACDEFGVW
				Inclunox (prefilled syringe)	02507536	SDZ	ACDEFGVW
				Noromby (prefilled syringe)	02506475	JNO	ACDEFGVW
				Redesca (prefilled syringe)	02509091	VAL	ACDEFGVW
Liq	Inj	80 mg / 0.8 mL		Elonox (prefilled syringe)	02532271	FKB	ACDEFGVW
				Inclunox (prefilled syringe)	02507544	SDZ	ACDEFGVW
				Noromby (prefilled syringe)	02506483	JNO	ACDEFGVW
				Redesca (prefilled syringe)	02509105	VAL	ACDEFGVW
Liq	Inj	100 mg/mL		Elonox (prefilled syringe)	02532298	FKB	ACDEFGVW
				Inclunox (prefilled syringe)	02507552	SDZ	ACDEFGVW
				Noromby (prefilled syringe)	02506491	JNO	ACDEFGVW
				Redesca (prefilled syringe)	02509113	VAL	ACDEFGVW
Liq	Inj	120 mg / 0.8 mL		Elonox HP (prefilled syringe)	02532301	FKB	ACDEFGVW
				Inclunox HP (prefilled syringe)	02507560	SDZ	ACDEFGVW
				Noromby HP (prefilled syringe)	02506505	JNO	ACDEFGVW
				Redesca HP (prefilled syringe)	02509148	VAL	ACDEFGVW
Liq	Inj	150 mg/mL		Elonox HP (prefilled syringe)	02532328	FKB	ACDEFGVW
				Inclunox HP (prefilled syringe)	02507579	SDZ	ACDEFGVW
				Noromby HP (prefilled syringe)	02506513	JNO	ACDEFGVW
				Redesca HP (prefilled syringe)	02509156	VAL	ACDEFGVW

B01AB05		ENOXAPARIN							
Liq	Inj	300 mg / 3 mL		Redesca (multi-dose vial)	02509121	VAL	ACDEFGVW		
B01AB06		NADROPARIN							
Liq	Inj	2 850 IU / 0.3 mL		Fraxiparin (prefilled syringe)	02236913	APN	W (SA)		
Liq	Inj	3 800 IU / 0.4 mL		Fraxiparin (prefilled syringe)	02450623	APN	W (SA)		
Liq	Inj	5 700 IU / 0.6 mL		Fraxiparin (prefilled syringe)	02450631	APN	W (SA)		
Liq	Inj	9 500 IU/mL		Fraxiparin (prefilled syringe)	02450658	APN	W (SA)		
Liq	Inj	11 400 IU / 0.6 mL		Fraxiparin Forte (prefilled syringe)	02450674	APN	W (SA)		
Liq	Inj	15 200 IU / 0.8 mL		Fraxiparin Forte (prefilled syringe)	02450666	APN	W (SA)		
Liq	Inj	19 000 IU/mL		Fraxiparin Forte (prefilled syringe)	02240114	APN	W (SA)		
B01AB10		TINZAPARIN							
Liq	Inj	2 500 IU / 0.25 mL		Innohep (prefilled syringe)	02229755	LEO	W (SA)		
Liq	Inj	3 500 IU / 0.35 mL		Innohep (prefilled syringe)	02358158	LEO	W (SA)		
Liq	Inj	4 500 IU / 0.45 mL		Innohep (prefilled syringe)	02358166	LEO	W (SA)		
Liq	Inj	8 000 IU / 0.4 mL		Innohep (prefilled syringe)	02429462	LEO	W (SA)		
Liq	Inj	10 000 IU / 0.5 mL		Innohep (prefilled syringe)	02231478	LEO	W (SA)		
Liq	Inj	12 000 IU / 0.6 mL		Innohep (prefilled syringe)	02429470	LEO	W (SA)		
Liq	Inj	14 000 IU / 0.7 mL		Innohep (prefilled syringe)	02358174	LEO	W (SA)		
Liq	Inj	16 000 IU / 0.8 mL		Innohep (prefilled syringe)	02429489	LEO	W (SA)		
Liq	Inj	18 000 IU / 0.9 mL		Innohep (prefilled 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

B01AC04 CLOPIDOGREL

Tab Orl 75 mg

Plavix	02238682	SAV	ACDEFV
Apo-Clopidogrel	02252767	APX	ACDEFV
Auro-Clopidogrel	02416387	ARO	ACDEFV
Clopidogrel	02394820	PDL	ACDEFV
Clopidogrel	02400553	SAS	ACDEFV
Clopidogrel	02385813	SIV	ACDEFV
Jamp-Clopidogrel	02415550	JPC	ACDEFV
M-Clopidogrel	02502283	MRA	ACDEFV
Mar-Clopidogrel	02422255	MAR	ACDEFV
Mint-Clopidogrel	02408910	MNT	ACDEFV
NRA-Clopidogrel	02482037	NRA	ACDEFV
pms-Clopidogrel	02348004	PMS	ACDEFV
Taro-Clopidogrel	02379813	SUN	ACDEFV
Teva-Clopidogrel	02293161	TEV	ACDEFV

B01AC05 TICLOPIDINE

Tab Orl 250 mg

Ticlopidine 02237701 AAP ACDEFV

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)

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

Jamp Prasugrel 02502429 JPC (SA)

B01AC24 TICAGRELOR

Tab Orl 60 mg

Apo-Ticagrelor	02482622	APX	(SA)
M-Ticagrelor	02529750	MRA	(SA)
Taro-Ticagrelor	02492571	TAR	(SA)

B01AC24 TICAGRELOR

Tab Orl 90 mg

Brilinta	02368544	AZE	(SA)
Apo-Ticagrelor	02482630	APX	(SA)
M-Ticagrelor	02529769	MRA	(SA)
Taro-Ticagrelor	02492598	TAR	(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

Taro-Dipyridamole/ASA 02471051 TAR (SA)

B01AD ENZYMES**B01AD02 ALTEPLASE**

Pws Isl 2 mg

Cathflo 02245859 HLR (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**

B01AF01 RIVAROXABAN

Tab Orl 2.5 mg

Xarelto	02480808	BAY	ACDEFGV
Apo-Rivaroxaban	02541734	APX	ACDEFGV
pms-Rivaroxaban	02527537	PMS	ACDEFGV
Reddy-Rivaroxaban	02524503	RCH	ACDEFGV
Rivaroxaban	02541467	SIV	ACDEFGV
Sandoz Rivaroxaban	02537877	SDZ	ACDEFGV
Taro-Rivaroxaban	02526786	TAR	ACDEFGV

Tab Orl 10 mg

Xarelto	02316986	BAY	ACDEFGV
Apo-Rivaroxaban	02470497	APX	ACDEFGV
pms-Rivaroxaban	02512041	PMS	ACDEFGV
Reddy-Rivaroxaban	02472414	RCH	ACDEFGV
Rivaroxaban	02541475	SIV	ACDEFGV
Sandoz Rivaroxaban	02482223	SDZ	ACDEFGV
Taro-Rivaroxaban	02483807	TAR	ACDEFGV
Teva-Rivaroxaban	02507196	TEV	ACDEFGV

Tab Orl 15 mg

Xarelto	02378604	BAY	ACDEFGV
Apo-Rivaroxaban	02470500	APX	ACDEFGV
pms-Rivaroxaban	02512068	PMS	ACDEFGV
Reddy-Rivaroxaban	02472430	RCH	ACDEFGV
Rivaroxaban	02541483	SIV	ACDEFGV
Sandoz Rivaroxaban	02482231	SDZ	ACDEFGV
Taro-Rivaroxaban	02483815	TAR	ACDEFGV
Teva-Rivaroxaban	02507218	TEV	ACDEFGV

Tab Orl 20 mg

Xarelto	02378612	BAY	ACDEFGV
Apo-Rivaroxaban	02470519	APX	ACDEFGV
pms-Rivaroxaban	02512076	PMS	ACDEFGV
Reddy-Rivaroxaban	02472422	RCH	ACDEFGV
Rivaroxaban	02541491	SIV	ACDEFGV
Sandoz Rivaroxaban	02482258	SDZ	ACDEFGV
Taro-Rivaroxaban	02483823	TAR	ACDEFGV
Teva-Rivaroxaban	02507226	TEV	ACDEFGV

B01AF02 APIXABAN

B01AF02 APIXABAN

Tab Orl 2.5 mg

Eliquis	02377233	BRI	ACDEFGV
ACH-Apixaban	02487713	AHI	ACDEFGV
Apixaban	02530708	SIV	ACDEFGV
Apo-Apixaban	02487381	APX	ACDEFGV
Auro-Apixaban	02486806	ARO	ACDEFGV
Jamp Apixaban	02528924	JPC	ACDEFGV
M-Apixaban	02529009	MRA	ACDEFGV
Mar-Apixaban	02492369	MAR	ACDEFGV
Mint-Apixaban	02495430	MNT	ACDEFGV
Nat-Apixaban	02492814	NAT	ACDEFGV
Sandoz Apixaban	02489228	SDZ	ACDEFGV
Taro-Apixaban	02510464	SUN	ACDEFGV
Teva-Apixaban	02484994	TEV	ACDEFGV

Tab Orl 5 mg

Eliquis	02397714	BRI	ACDEFGV
ACH-Apixaban	02487721	AHI	ACDEFGV
Apixaban	02530716	SIV	ACDEFGV
Apo-Apixaban	02487403	APX	ACDEFGV
Auro-Apixaban	02486814	ARO	ACDEFGV
Jamp Apixaban	02528932	JPC	ACDEFGV
M-Apixaban	02529017	MRA	ACDEFGV
Mar-Apixaban	02492377	MAR	ACDEFGV
Mint-Apixaban	02495449	MNT	ACDEFGV
Nat-Apixaban	02492822	NAT	ACDEFGV
Sandoz Apixaban	02489236	SDZ	ACDEFGV
Taro-Apixaban	02510472	SUN	ACDEFGV
Teva-Apixaban	02485001	TEV	ACDEFGV

B01AF03 EDOXABAN

Tab Orl 15 mg

Lixiana 02458640 SEV ACDEFGV

Tab Orl 30 mg

Lixiana 02458659 SEV ACDEFGV

Tab Orl 60 mg

Lixiana 02458667 SEV ACDEFGV

B02 ANTIHAEMORRHAGICS

B02A ANTIFIBRINOLYTICS

B02AA AMINO ACIDS

B02AA02 TRANEXAMIC ACID

B02AA02 TRANEXAMIC ACID

Tab Orl 500 mg

Cyklokapron 02064405 PFI ACDEFGV

GD-Tranexamic Acid 02409097 GMD ACDEFGV

Mar-Tranexamic Acid 02496232 MAR ACDEFGV

Tranexamic Acid 02519194 JPC ACDEFGV

Tranexamic Acid 02401231 STR ACDEFGV

B02B VITAMIN K AND OTHER HEMOSTATICS**B02BA VITAMIN K****B02BA01 PHYTOMENADIONE**

Liq IM 1 mg / 0.5 mL

Vitamin K 00781878 SDZ ACDEFGVW

Liq IM 10 mg/mL

Vitamin K 00804312 SDZ ACDEFGVW

B03 ANTIANAEMIC PREPARATIONS**B03A IRON PREPARATIONS****B03AA IRON BIVALENT, ORAL PREPARATIONS****B03AA02 FERROUS FUMARATE**

Cap Orl 300 mg

Palafer 01923420 BSH AEFGV

Jamp-Fer 80024232 JPC AEFGV

Sandoz-Fer 02237556 SDZ AEFGV

Sus Orl 60 mg/mL

Palafer 01923439 BSH 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 NUT AEFGV

B03AA07 FERROUS SULPHATE

Dps Orl 125 mg/mL

pms-Ferrous Sulfate 00816035 PMS AEFGV

Liq Orl 75 mg/mL

Fer-In-Sol 00762954 MJO AEFGV

Ferodan 02237385 ODN AEFGV

Jamp Ferrous Sulfate 80008309 JPC AEFGV

Liq Orl 150 mg / 5 mL

Jamp-Ferrous Sulfate 80008295 JPC AEFGV

Syr Orl 150 mg / 5 mL

Fer-In-Sol 00017884 MJO AEFGV

Ferodan 00758469 ODN AEFGV

B03AA07 FERROUS SULPHATE

Tab Orl 300 mg

Ferrous Sulfate 00031100 JPC AEFGV
Ferrous Sulfate SC 00346918 CCM AEFGV
pms-Ferrous Sulfate 00586323 PMS AEFGV

B03AC IRON TRIVALENT, PARENTERAL PREPARATIONS

B03AC02 SACCHARATED IRON OXIDE

IRON SUCROSE

Liq IV 20 mg/mL

Venofer 02243716 FRE ACDEFGV
pms-Iron Sucrose 02502917 PMS ACDEFGV

B03AC07 FERRIC SODIUM GLUCONATE COMPLEX

Liq Inj 12.5 mg/mL

Ferrlecit 02243333 SAV (SA)

B03AC99 FERRIC DERISOMALTOSE

Liq Inj 100 mg/mL

Monoferic 02477777 PFI (SA)

B03B VITAMIN B12 AND FOLIC ACID

B03BA VITAMIN B12 (CYANOCOBALAMIN AND DERIVATIVES)

B03BA01 CYANOCOBALAMIN

Liq Inj 1 000 mcg/mL

Cyanocobalamin 01987003 STR ACDEFGV
Vitamin B12 00521515 SDZ ACDEFGV

B03BB FOLIC ACID AND DERIVATIVES

B03BB01 FOLIC ACID

Tab Orl 5 mg

Jamp-Folic 02366061 JPC ACDEFGV
Sandoz-Folic 02285673 SDZ ACDEFGV

B03X OTHER ANTIANEMIC PREPARATIONS

B03XA OTHER ANTIANEMIC PREPARATIONS

B03XA01 ERYTHROPOIETIN (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)

B03XA01 ERYTHROPOIETIN (EPOETIN ALFA)

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)
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)

B03XA06 LUSPATERCEPT

Pws	SC	25 mg	Reblozyl	02505541	CEL	(SA)
Pws	SC	75 mg	Reblozyl	02505568	CEL	(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 TAK (SA)

B06AC05 LANADELUMAB

Liq SC 300 mg / 2 mL

Takhzyro 02480948 SHI (SA)

Takhzyro 02505614 SHI (SA)

C CARDIOVASCULAR SYSTEM

C01 CARDIAC THERAPY

C01A CARDIAC GLYCOSIDES

C01AA DIGITALIS GLYCOSIDES

C01AA05 DIGOXIN

Liq Orl 0.05 mg/mL

pms-Digoxin 02242320 PMS ACDEFGV

Tab Orl 0.0625 mg

Jamp-Digoxin 02498502 JPC ACDEFGV

pms-Digoxin 02335700 PMS ACDEFGV

Tab Orl 0.125 mg

Jamp-Digoxin 02498510 JPC ACDEFGV

pms-Digoxin 02335719 PMS ACDEFGV

C01B ANTIARRHYTHMICS, CLASS I AND III

C01BA ANTIARRHYTHMICS, CLASS IA

C01BA03 DISOPYRAMIDE

Cap Orl 100 mg

Rythmodan 02224801 XPI ACDEFGV

C01BB ANTIARRHYTHMICS, CLASS IB

C01BB02 MEXILETINE

Cap Orl 100 mg

Teva-Mexiletine 02230359 TEV ACDEFGV

Cap Orl 200 mg

Teva-Mexiletine 02230360 TEV ACDEFGV

C01BC ANTIARRHYTHMICS, CLASS IC

C01BC03 PROPAFENONE

Tab Orl 150 mg

Rythmol 00603708 BGP ACDEFGV

Apo-Propafenone 02243324 APX ACDEFGV

Mylan-Propafenone 02457172 MYL ACDEFGV

Propafenone 02343053 SAS ACDEFGV

C01BC03 PROPAFENONE

Tab Orl 300 mg

Rythmol	00603716	BGP	ACDEFGV
Apo-Propafenone	02243325	APX	ACDEFGV
Mylan-Propafenone	02457164	MYL	ACDEFGV
Propafenone	02343061	SAS	ACDEFGV

C01BC04 FLECAINIDE

Tab Orl 50 mg

Apo-Flecainide	02275538	APX	ACDEFGV
Auro-Flecainide	02459957	ARO	ACDEFGV
Flecainide	02534800	SAS	ACDEFGV
Jamp-Flecainide	02493705	JPC	ACDEFGV
Mar-Flecainide	02476177	MAR	ACDEFGV

Tab Orl 100 mg

Apo-Flecainide	02275546	APX	ACDEFGV
Auro-Flecainide	02459965	ARO	ACDEFGV
Flecainide	02534819	SAS	ACDEFGV
Jamp-Flecainide	02493713	JPC	ACDEFGV
Mar-Flecainide	02476185	MAR	ACDEFGV

C01BD ANTIARRHYTHMICS, CLASS III

C01BD01 AMIODARONE

Tab Orl 100 mg

pms-Amiodarone	02292173	PMS	ACDEFGV
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Tab Orl 200 mg

Amiodarone	02364336	SAS	ACDEFGV
Amiodarone	02385465	SIV	ACDEFGV
Apo-Amiodarone	02246194	APX	ACDEFGV
Jamp Amiodarone	02531844	JPC	ACDEFGV
pms-Amiodarone	02242472	PMS	ACDEFGV
Sandoz Amiodarone	02243836	SDZ	ACDEFGV
Teva-Amiodarone	02239835	TEV	ACDEFGV

C01C CARDIAC STIMULANTS EXCLUDING CARDIAC GLYCOSIDES

C01CA ADRENERGIC AND DOPAMINERGIC AGENTS

C01CA17 MIDODRINE

Tab Orl 2.5 mg

Apo-Midodrine	02278677	APX	ACDEFGV
Jamp Midodrine	02517701	JPC	ACDEFGV
Mar-Midodrine	02473984	MAR	ACDEFGV
Midodrine	02533200	SAS	ACDEFGV

C01CA17		MIDODRINE							
Tab	Orl	5 mg			Apo-Midodrine	02278685	APX	ACDEFGV	
					Jamp Midodrine	02517728	JPC	ACDEFGV	
					Mar-Midodrine	02473992	MAR	ACDEFGV	
					Midodrine	02533219	SAS	ACDEFGV	
C01CA24		EPINEPHRINE							
Liq	Inj	0.15 mg			Allerject	02382059	KLO	ACDEFGV	
					EpiPen Jr	00578657	PFI	ACDEFGV	
Liq	Inj	0.3 mg			Allerject	02382067	KLO	ACDEFGV	
					Emerade	02458446	BSL	ACDEFGV	
					EpiPen	00509558	PFI	ACDEFGV	
Liq	Inj	0.5 mg			Emerade	02458454	BSL	ACDEFGV	
Liq	Inj	1 mg/mL			Adrenalin	00155357	ERF	ACDEFGV	
C01D		VASODILATORS USED IN CARDIAC DISEASES							
C01DA		ORGANIC NITRATES							
C01DA02		NITROGLYCERIN (GLYCERYL TRINITRATE)							
Aem	Slg	0.4 mg			Nitrolingual	02231441	SAV	ACDEFGV	
					Glyceryl Trinitrate (Temporary Benefit)	09858317	JNO	ACDEFGV	
					Mylan-Nitro SL	02243588	MYL	ACDEFGV	
					Rho-Nitro	02238998	SDZ	ACDEFGV	
Pth	Trd	0.2 mg/hr			Nitro-Dur	01911910	RCH	ACDEFV	
					Trinipatch	02230732	PAL	ACDEFV	
					Mylan-Nitro Patch	02407442	MYL	ACDEFV	
Pth	Trd	0.4 mg/hr			Nitro-Dur	01911902	RCH	ACDEFV	
					Trinipatch	02230733	PAL	ACDEFV	
					Mylan-Nitro Patch	02407450	MYL	ACDEFV	
Pth	Trd	0.6 mg/hr			Nitro-Dur	01911929	RCH	ACDEFV	
					Trinipatch	02230734	PAL	ACDEFV	
					Mylan-Nitro Patch	02407469	MYL	ACDEFV	
Pth	Trd	0.8 mg/hr			Nitro-Dur	02011271	RCH	ACDEFV	
					Mylan-Nitro Patch	02407477	MYL	ACDEFV	
Slit	Slg	0.3 mg			Nitrostat	00037613	UJC	ACDEFGV	

C01DA02	NITROGLYCERIN (GLYCERYL TRINITRATE)							
Slit	Slg	0.6 mg			Nitrostat	00037621	UJC	ACDEFGV
C01DA08	ISOSORBIDE DINITRATE							
Tab	Orl	10 mg			ISDN	00441686	AAP	ACDEFGV
Tab	Orl	30 mg			ISDN	00441694	AAP	ACDEFGV
C01DA14	ISOSORBIDE MONONITRATE							
SRT	Orl	60 mg			Imdur	02126559	JNO	ACDEFGV
					Apo-ISMN	02272830	APX	ACDEFGV
					pms-ISMN	02301288	PMS	ACDEFGV
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	ACDEFGV
Tab	Orl	250 mg			Methyldopa	00360260	AAP	ACDEFGV
Tab	Orl	500 mg			Methyldopa	00426830	AAP	ACDEFGV
C02AC	IMIDAZOLINE RECEPTOR AGONISTS							
C02AC01	CLONIDINE							
Tab	Orl	0.025 mg			Jamp Clonidine	02528207	JPC	ACDEFGV
					Mar-Clonidine	02524198	MAR	ACDEFGV
					Mint-Clonidine	02534738	MNT	ACDEFGV
					Sandoz Clonidine	02516217	SDZ	ACDEFGV
					Teva-Clonidine	02304163	TEV	ACDEFGV
Tab	Orl	0.1 mg			Mint-Clonidine	02462192	MNT	ACDEFGV
					Sandoz Clonidine	02515784	SDZ	ACDEFGV
					Teva-Clonidine	02046121	TEV	ACDEFGV

C02AC01 CLONIDINE

Tab Orl 0.2 mg

Mint-Clonidine 02462206 MNT ACDEFGV
Sandoz Clonidine 02515792 SDZ ACDEFGV
Teva-Clonidine 02046148 TEV ACDEFGV

C02C ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

C02CA ALPHA-ADRENOCEPTOR ANTAGONISTS

C02CA01 PRAZOSIN

Cap Orl 1 mg

Prazosin Hydrochloride (Temporary Benefit) 09858281 STR ACDEFGV

Cap Orl 2 mg

Prazosin Hydrochloride (Temporary Benefit) 09858282 STR ACDEFGV

Cap Orl 5 mg

Prazosin Hydrochloride (Temporary Benefit) 09858283 STR ACDEFGV

Tab Orl 1 mg

Teva-Prazin 01934198 TEV ACDEFGV

Tab Orl 2 mg

Teva-Prazin 01934201 TEV ACDEFGV

Tab Orl 5 mg

Teva-Prazin 01934228 TEV ACDEFGV

C02CA04 DOXAZOSIN

Tab Orl 1 mg

Apo-Doxazosin 02240588 APX ACDEFGV
Jamp-Doxazosin 02489937 JPC ACDEFGV
Teva-Doxazosin 02242728 TEV ACDEFGV

Tab Orl 2 mg

Apo-Doxazosin 02240589 APX ACDEFGV
Jamp-Doxazosin 02489945 JPC ACDEFGV
Teva-Doxazosin 02242729 TEV ACDEFGV

Tab Orl 4 mg

Apo-Doxazosin 02240590 APX ACDEFGV
Jamp-Doxazosin 02489953 JPC ACDEFGV
Teva-Doxazosin 02242730 TEV ACDEFGV

C02D ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

C02DB HYDRAZINOPHTHALAZINE DERIVATIVES

C02DB02 HYDRALAZINE

Tab Orl 10 mg

Apo-Hydralazine 00441619 APX ACDEFGV
Jamp-Hydralazine 02457865 JPC ACDEFGV
Mint-Hydralazine 02468778 MNT ACDEFGV

C02DB02 HYDRALAZINE

Tab Orl 25 mg

Apo-Hydralazine 00441627 APX ACDEFGV
 Jamp-Hydralazine 02457873 JPC ACDEFGV
 Mint-Hydralazine 02468786 MNT ACDEFGV

Tab Orl 50 mg

Apo-Hydralazine 00441635 APX ACDEFGV
 Jamp-Hydralazine 02457881 JPC ACDEFGV
 Mint-Hydralazine 02468794 MNT ACDEFGV

C02DC PYRIMIDINE DERIVATIVES

C02DC01 MINOXIDIL

Tab Orl 2.5 mg

Loniten 00514497 PFI ACDEFGV

Tab Orl 10 mg

Loniten 00514500 PFI ACDEFGV

C02K OTHER ANTIHYPERTENSIVES

C02KX ANTIHYPERTENSIVES FOR PULMONARY ARTERIAL HYPERTENSION

C02KX01 BOSENTAN

Tab Orl 62.5 mg

Tracleer 02244981 JAN (SA)
 Nat-Bosentan 02467984 NAT (SA)
 pms-Bosentan 02383012 PMS (SA)
 Taro-Bosentan 02483130 TAR (SA)

Tab Orl 125 mg

Tracleer 02244982 JAN (SA)
 Nat-Bosentan 02467992 NAT (SA)
 pms-Bosentan 02383020 PMS (SA)
 Taro-Bosentan 02483149 TAR (SA)

C02KX02 AMBRISENTAN

Tab Orl 5 mg

Volibris 02307065 GSK (SA)
 Apo-Ambrisentan 02475375 APX (SA)
 Jamp Ambrisentan 02521938 JPC (SA)
 Sandoz Ambrisentan 02526875 SDZ (SA)

Tab Orl 10 mg

Volibris 02307073 GSK (SA)
 Apo-Ambrisentan 02475383 APX (SA)
 Jamp Ambrisentan 02521946 JPC (SA)
 Sandoz Ambrisentan 02526883 SDZ (SA)

C02KX04 MACITENTAN

Tab Orl 10 mg

Opsumit 02415690 JAN (SA)

C02KX05		RIOICIGUAT							
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							
Tab	Orl	20 mg			Revatio	02279401	BGP	(SA)	
					Jamp Sildenafil R	02469669	JPC	(SA)	
					pms-Sildenafil R	02412179	PMS	(SA)	
					Teva-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	ACDEFGV	
					Mint-Hydrochlorothiazide	02425947	MNT	ACDEFGV	
Tab	Orl	25 mg			Apo-Hydro	00326844	APX	ACDEFGV	
					Hydrochlorothiazide	02360594	SAS	ACDEFGV	
					Mint-Hydrochlorothiazide	02426196	MNT	ACDEFGV	
					pms-Hydrochlorothiazide	02247386	PMS	ACDEFGV	
					Teva-Hydrochlorothiazide	00021474	TEV	ACDEFGV	
Tab	Orl	50 mg			Apo-Hydro	00312800	APX	ACDEFGV	
					Hydrochlorothiazide	02360608	SAS	ACDEFGV	
					pms-Hydrochlorothiazide	02247387	PMS	ACDEFGV	
					Teva-Hydrazide	00021482	TEV	ACDEFGV	
C03B		LOW-CEILING DIURETICS, EXCLUDING THIAZIDES							
C03BA		SULFONAMIDES, PLAIN							
C03BA04		CHLORTHALIDONE							
Tab	Orl	50 mg			Apo-Chlorthalidone	00360279	APX	ACDEFGV	
					Jamp Chlorthalidone	02523817	JPC	ACDEFGV	
C03BA08		METOLAZONE							

C03BA08		METOLAZONE							
Tab	Orl	2.5 mg			Zaroxolyn	00888400	SAV	ACDEFGV	
C03BA11		INDAPAMIDE							
Tab	Orl	1.25 mg			Apo-Indapamide	02245246	APX	ACDEFGV	
					Mylan-Indapamide	02240067	MYL	ACDEFGV	
Tab	Orl	2.5 mg			Apo-Indapamide	02223678	APX	ACDEFGV	
					Mylan-Indapamide	02153483	MYL	ACDEFGV	
C03C		HIGH-CEILING DIURETICS							
C03CA		SULFONAMIDES, PLAIN							
C03CA01		FUROSEMIDE							
Liq	Inj	10 mg/mL			Furosemide	00527033	SDZ	ACDEFGVW	
					Furosemide	02382539	SDZ	ACDEFGVW	
					Furosemide Injection USP	02461404	STR	ACDEFGVW	
Liq	Orl	10 mg/mL			Lasix	02224720	SAV	ACDEFGVW	
Tab	Orl	20 mg			Apo-Furosemide	00396788	APX	ACDEFGVW	
					Furosemide	02351420	SAS	ACDEFGVW	
					Mint-Furosemide	02466759	MNT	ACDEFGVW	
					Teva-Furosemide	00337730	TEV	ACDEFGVW	
Tab	Orl	40 mg			Apo-Furosemide	00362166	APX	ACDEFGVW	
					Furosemide	02351439	SAS	ACDEFGVW	
					Mint-Furosemide	02466767	MNT	ACDEFGVW	
					Teva-Furosemide	00337749	TEV	ACDEFGVW	
Tab	Orl	80 mg			Apo-Furosemide	00707570	APX	ACDEFGVW	
					Furosemide	02351447	SAS	ACDEFGVW	
					Mint-Furosemide	02466775	MNT	ACDEFGVW	
					Teva-Furosemide	00765953	TEV	ACDEFGVW	
Tab	Orl	500 mg			Lasix Special	02224755	SAV	ACDEFGVW	
C03CA02		BUMETANIDE							
Tab	Orl	1 mg			Burinex	00728284	KNI	ACDEFV	
Tab	Orl	5 mg			Burinex	00728276	KNI	ACDEFV	
C03CC		ARYLOXYACETIC ACID DERIVATIVES							

C03CC01	ETHACRYNIC ACID								
Tab	Orl	25 mg			Edecrin	02258528	BSL	ACDEFGV	
C03D	POTASSIUM-SPARING DRUGS								
C03DA	ALDOSTERONE ANTAGONISTS								
C03DA01	SPIRONOLACTONE								
Tab	Orl	25 mg			Aldactone	00028606	PFI	ACDEFGV	
					Jamp Spironolactone	02518821	JPC	ACDEFGV	
					Mint-Spironolactone	02488140	MNT	ACDEFGV	
					Teva-Spironolactone	00613215	TEV	ACDEFGV	
Tab	Orl	100 mg			Aldactone	00285455	PFI	ACDEFGV	
					Jamp Spironolactone	02518848	JPC	ACDEFGV	
					Mint-Spironolactone	02488159	MNT	ACDEFGV	
					Teva-Spiroton	00613223	TEV	ACDEFGV	
C03DA04	EPLERENONE								
Tab	Orl	25 mg			Inspira	02323052	BGP	(SA)	
					Mint-Eplerenone	02471442	MNT	(SA)	
Tab	Orl	50 mg			Inspira	02323060	BGP	(SA)	
					Mint-Eplerenone	02471450	MNT	(SA)	
C03DA05	FINERENONE								
Tab	Orl	10 mg			Kerendia	02531917	BAY	(SA)	
Tab	Orl	20 mg			Kerendia	02531925	BAY	(SA)	
C03DB	OTHER POTASSIUM-SPARING AGENTS								
C03DB01	AMILORIDE								
Tab	Orl	5 mg			Midamor	02249510	AAP	ACDEFGV	
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	ACDEFGV	
	HYDROCHLOROTHIAZIDE / SPIRONOLACTONE								
Tab	Orl	25 mg / 25 mg			Teva-Spironolactone HCTZ	00613231	TEV	ACDEFGV	
Tab	Orl	50 mg / 50 mg			Teva-Spironolactone HCTZ	00657182	TEV	ACDEFGV	

C03EA01 HYDROCHLOROTHIAZIDE AND POTASSIUM-SPARING DRUGS

HYDROCHLOROTHIAZIDE / TRIAMTERENE

Tab Orl 25 mg / 50 mg

Apo-Triazide 00441775 APX ACDEFGV

Teva-Triamterene/HCTZ 00532657 TEV ACDEFGV

C04 PERIPHERAL VASODILATORS**C04A PERIPHERAL VASODILATORS****C04AA 2-AMINO-1-PHENYLETHANOL DERIVATIVES**

C04AA02 BUPHENINE (NYLIDRIN)

Tab Orl 6 mg

Arlidin 01926713 SLP ACDEFGV

C04AD PURINE DERIVATIVES

C04AD03 PENTOXIFYLLINE

SRT Orl 400 mg

Pentoxifylline SR 02230090 AAP ACDEFGV

C05 VASOPROTECTIVES**C05A AGENTS FOR TREATMENT OF HEMORRHOIDS & ANAL FISSURES FOR TOPICAL USE****C05AA CORTICOSTEROIDS**

C05AA01 HYDROCORTISONE

HYDROCORTISONE / CINCHOCAINE / FRAMYCETIN / ESCULIN

Ont Rt 5 mg / 5 mg / 10 mg /
10 mg

Proctosedyl 02223252 AXC ACDEFGV

Proctol Ointment 02247322 ODN ACDEFGV

Sup Rt 5 mg / 5 mg / 10 mg /
10 mg

Proctol Suppositories 02247882 ODN ACDEFGV

HYDROCORTISONE / PRAMOXINE

Aer Rt 1% / 1%

Proctofoam HC 00363014 DUI ACDEFGV

HYDROCORTISONE / ZINC

Ont Rt 0.5% / 0.5%

Anodan HC 02128446 ODN ACDEFGV

Jamp-Zinc-HC 02387239 JPC ACDEFGV

Sup Rt 0.5% / 0.5%

Anodan HC 02236399 ODN ACDEFGV

C05B ANTIVARICOSE THERAPY**C05BA HEPARINS OR HEPARINOIDS FOR TOPICAL USE**

C05BA04 PENTOSAN POLYSULFATE SODIUM

Cap Orl 100 mg

Elmiron 02029448 JAN ACDEFGV

C07 BETA BLOCKING AGENTS**C07A BETA BLOCKING AGENTS, PLAIN**

C07AA BETA BLOCKING AGENTS, NON-SELECTIVE**C07AA03 PINDOLOL**

Tab Orl 5 mg

Visken	00417270	XPI	ACDEFGV
Apo-Pindol	00755877	APX	ACDEFGV
Teva-Pindolol	00869007	TEV	ACDEFGV

Tab Orl 10 mg

Visken	00443174	XPI	ACDEFGV
Apo-Pindol	00755885	APX	ACDEFGV
Teva-Pindolol	00869015	TEV	ACDEFGV

Tab Orl 15 mg

Apo-Pindol	00755893	APX	ACDEFGV
Teva-Pindolol	00869023	TEV	ACDEFGV

C07AA05 PROPRANOLOL

Liq Orl 3.75 mg/mL

Hemangioli 02457857 PFB (SA)

Tab Orl 10 mg

Teva-Propranolol 00496480 TEV ACDEFGV

Tab Orl 20 mg

Teva-Propranolol 00740675 TEV ACDEFGV

Tab Orl 40 mg

Teva-Propranolol 00496499 TEV ACDEFGV

Tab Orl 80 mg

Teva-Propranolol 00496502 TEV ACDEFGV

C07AA06 TIMOLOL

Tab Orl 5 mg

Timolol 00755842 AAP ACDEFGV

Tab Orl 10 mg

Timolol 00755850 AAP ACDEFGV

Tab Orl 20 mg

Timolol 00755869 AAP ACDEFGV

C07AA07 SOTALOL

Tab Orl 80 mg

Apo-Sotalol	02210428	APX	ACDEFGV
Jamp-Sotalol	02368617	JPC	ACDEFGV
pms-Sotalol	02238326	PMS	ACDEFGV
Sotalol	02385988	SIV	ACDEFGV

Tab Orl 160 mg

Apo-Sotalol	02167794	APX	ACDEFGV
Jamp-Sotalol	02368625	JPC	ACDEFGV
pms-Sotalol	02238327	PMS	ACDEFGV
Sotalol	02385996	SIV	ACDEFGV

C07AA12	NADOLOL							
Tab	Orl	40 mg			Apo-Nadolol	00782505	APX	ACDEFGV
					Mint-Nadolol	02496380	MNT	ACDEFGV
Tab	Orl	80 mg			Apo-Nadolol	00782467	APX	ACDEFGV
					Mint-Nadolol	02496399	MNT	ACDEFGV
Tab	Orl	160 mg			Apo-Nadolol	00782475	APX	ACDEFGV

C07AB BETA BLOCKING AGENTS, SELECTIVE

C07AB02	METOPROLOL							
SRT	Orl	100 mg			AA-Metoprolol SR	02285169	AAP	ACDEFGV
Tab	Orl	25 mg			Apo-Metoprolol	02246010	APX	ACDEFGV
					Jamp-Metoprolol-L	02356813	JPC	ACDEFGV
					pms-Metoprolol-L	02248855	PMS	ACDEFGV
Tab	Orl	50 mg			Apo-Metoprolol (uncoated)	00618632	APX	ACDEFGV
					Apo-Metoprolol type "L"	00749354	APX	ACDEFGV
					Jamp-Metoprolol-L	02356821	JPC	ACDEFGV
					Metoprolol	02350394	SAS	ACDEFGV
					Metoprolol-L	02442124	SIV	ACDEFGV
					pms-Metoprolol-L	02230803	PMS	ACDEFGV
					Teva-Metoprolol (coated)	00648035	TEV	ACDEFGV
					Teva-Metoprolol (uncoated)	00842648	TEV	ACDEFGV
Tab	Orl	100 mg			Apo-Metoprolol (uncoated)	00618640	APX	ACDEFGV
					Apo-Metoprolol type "L"	00751170	APX	ACDEFGV
					Jamp-Metoprolol-L	02356848	JPC	ACDEFGV
					Metoprolol	02350408	SAS	ACDEFGV
					Metoprolol-L	02442132	SIV	ACDEFGV
					pms-Metoprolol-L	02230804	PMS	ACDEFGV
					Teva-Metoprolol (coated)	00648043	TEV	ACDEFGV
					Teva-Metoprolol (uncoated)	00842656	TEV	ACDEFGV

C07AB03 ATENOLOL

C07AB03 ATENOLOL

Tab Orl 25 mg

Atenolol	02541564	SIV	ACDEFGV
Jamp-Atenolol	02367556	JPC	ACDEFGV
Mar-Atenolol	02371979	MAR	ACDEFGV
Mint-Atenolol	02368013	MNT	ACDEFGV
pms-Atenolol	02246581	PMS	ACDEFGV
Taro-Atenolol	02373963	SUN	ACDEFGV
Teva-Atenolol	02266660	TEV	ACDEFGV

Tab Orl 50 mg

Tenormin	02039532	SLP	ACDEFGV
Apo-Atenol	00773689	APX	ACDEFGV
Atenolol	02466465	SAS	ACDEFGV
Atenolol	02238316	SIV	ACDEFGV
Jamp-Atenolol	02367564	JPC	ACDEFGV
Mar-Atenolol	02371987	MAR	ACDEFGV
Mint-Atenolol	02368021	MNT	ACDEFGV
pms-Atenolol	02237600	PMS	ACDEFGV
Taro-Atenolol	02267985	SUN	ACDEFGV
Teva-Atenolol	02171791	TEV	ACDEFGV

Tab Orl 100 mg

Tenormin	02039540	SLP	ACDEFGV
Apo-Atenol	00773697	APX	ACDEFGV
Atenolol	02466473	SAS	ACDEFGV
Atenolol	02238318	SIV	ACDEFGV
Jamp-Atenolol	02367572	JPC	ACDEFGV
Mar-Atenolol	02371995	MAR	ACDEFGV
Mint-Atenolol	02368048	MNT	ACDEFGV
pms-Atenolol	02237601	PMS	ACDEFGV
Taro-Atenolol	02267993	SUN	ACDEFGV
Teva-Atenolol	02171805	TEV	ACDEFGV

C07AB04 ACEBUTOLOL

Tab Orl 100 mg

Apo-Acebutolol	02147602	APX	ACDEFGV
Teva-Acebutolol	02204517	TEV	ACDEFGV

Tab Orl 200 mg

Apo-Acebutolol	02147610	APX	ACDEFGV
Teva-Acebutolol	02204525	TEV	ACDEFGV

Tab Orl 400 mg

Apo-Acebutolol	02147629	APX	ACDEFGV
Teva-Acebutolol	02204533	TEV	ACDEFGV

C07AB07 BISOPROLOL

Tab Orl 5 mg

Apo-Bisoprolol	02256134	APX	ACDEFGV
Bisoprolol	02391589	SAS	ACDEFGV
Bisoprolol	02495562	SIV	ACDEFGV
Jamp Bisoprolol	02518805	JPC	ACDEFGV
Mint-Bisoprolol	02465612	MNT	ACDEFGV
Sandoz Bisoprolol	02494035	SDZ	ACDEFGV
Teva-Bisoprolol	02267470	TEV	ACDEFGV

Tab Orl 10 mg

Apo-Bisoprolol	02256177	APX	ACDEFGV
Bisoprolol	02391597	SAS	ACDEFGV
Bisoprolol	02495570	SIV	ACDEFGV
Jamp Bisoprolol	02518791	JPC	ACDEFGV
Mint-Bisoprolol	02465620	MNT	ACDEFGV
Sandoz Bisoprolol	02494043	SDZ	ACDEFGV
Teva-Bisoprolol	02267489	TEV	ACDEFGV

C07AG ALPHA AND BETA BLOCKING AGENTS

C07AG01 LABETALOL

Tab Orl 100 mg

Trandate	02106272	PAL	ACDEFGV
Apo-Labetalol	02243538	APX	ACDEFGV
Riva-Labetalol	02489406	RIV	ACDEFGV

Tab Orl 200 mg

Trandate	02106280	PAL	ACDEFGV
Apo-Labetalol	02243539	APX	ACDEFGV
Riva-Labetalol	02489414	RIV	ACDEFGV

C07AG02 CARVEDILOL

Tab Orl 3.125 mg

Apo-Carvedilol	02247933	APX	ACDEFGV
Auro-Carvedilol	02418495	ARO	ACDEFGV
Carvedilol	02364913	SAS	ACDEFGV
Carvedilol	02248752	SIV	ACDEFGV
Jamp-Carvedilol	02368897	JPC	ACDEFGV
pms-Carvedilol	02245914	PMS	ACDEFGV
ratio-Carvedilol	02252309	TEV	ACDEFGV

C07AG02 CARVEDILOL

Tab Orl 6.25 mg

Apo-Carvedilol	02247934	APX	ACDEFGV
Auro-Carvedilol	02418509	ARO	ACDEFGV
Carvedilol	02364921	SAS	ACDEFGV
Carvedilol	02248753	SIV	ACDEFGV
Jamp-Carvedilol	02368900	JPC	ACDEFGV
pms-Carvedilol	02245915	PMS	ACDEFGV
ratio-Carvedilol	02252317	TEV	ACDEFGV

Tab Orl 12.5 mg

Apo-Carvedilol	02247935	APX	ACDEFGV
Auro-Carvedilol	02418517	ARO	ACDEFGV
Carvedilol	02364948	SAS	ACDEFGV
Carvedilol	02248754	SIV	ACDEFGV
Jamp-Carvedilol	02368919	JPC	ACDEFGV
pms-Carvedilol	02245916	PMS	ACDEFGV
ratio-Carvedilol	02252325	TEV	ACDEFGV

Tab Orl 25 mg

Apo-Carvedilol (Disc/non disp Feb 15/25)	02247936	APX	ACDEFGV
Auro-Carvedilol	02418525	ARO	ACDEFGV
Carvedilol	02364956	SAS	ACDEFGV
Carvedilol	02248755	SIV	ACDEFGV
Jamp-Carvedilol	02368927	JPC	ACDEFGV
pms-Carvedilol	02245917	PMS	ACDEFGV
ratio-Carvedilol	02252333	TEV	ACDEFGV

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

Viskazine 00568627 XPI ACDEFGV

Tab Orl 10 mg / 50 mg

Viskazine 00568635 XPI ACDEFGV

C07CB BETA BLOCKING AGENTS, SELECTIVE, AND OTHER DIURETICS

C07CB03 ATENOLOL AND OTHER DIURETICS

ATENOLOL / CHLORTHALIDONE

Tab Orl 50 mg / 25 mg

AA-Atenidone 02248763 AAP ACDEFGV

Tab Orl 100 mg / 25 mg

AA-Atenidone 02248764 AAP ACDEFGV

C08 CALCIUM CHANNEL BLOCKERS

C08C SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

C08CA DIHYDROPYRIDINE DERIVATIVES

C08CA01 AMLODIPINE

Liq Orl 1 mg/mL

pdp-Amlodipine 02484706 PDP (SA)

Tab Orl 2.5 mg

Amlodipine 02492199 JPC ACDEFGV
Amlodipine 02326795 PDL ACDEFGV
Amlodipine 02478587 SAS ACDEFGV
Amlodipine 02385783 SIV ACDEFGV
Amlodipine Besylate 02419556 AHI ACDEFGV
Jamp-Amlodipine 02357186 JPC ACDEFGV
M-Amlodipine 02468018 MRA ACDEFGV
Mar-Amlodipine 02371707 MAR ACDEFGV
NRA-Amlodipine 02476452 NRA ACDEFGV
pharma-Amlodipine 02469022 PMS ACDEFGV
pms-Amlodipine 02295148 PMS ACDEFGV
PRZ-Amlodipine 02522500 PRZ ACDEFGV
Sandoz Amlodipine 02330474 SDZ ACDEFGV

Tab Orl 5 mg

Norvasc 00878928 BGP ACDEFGV
Act Amlodipine 02297485 ATV ACDEFGV
Amlodipine 02429217 JPC ACDEFGV
Amlodipine 02326809 PDL ACDEFGV
Amlodipine 02331284 SAS ACDEFGV
Amlodipine 02385791 SIV ACDEFGV
Amlodipine Besylate 02419564 AHI ACDEFGV
Apo-Amlodipine 02273373 APX ACDEFGV
Auro-Amlodipine 02397072 ARO ACDEFGV
Jamp-Amlodipine 02357194 JPC ACDEFGV
M-Amlodipine 02468026 MRA ACDEFGV
Mar-Amlodipine 02371715 MAR ACDEFGV
Mint-Amlodipine 02362651 MNT ACDEFGV
Mylan-Amlodipine 02272113 MYL ACDEFGV
NRA-Amlodipine 02476460 NRA ACDEFGV
pharma-Amlodipine 02469030 PMS ACDEFGV
pms-Amlodipine 02284065 PMS ACDEFGV
PRZ-Amlodipine 02522519 PRZ ACDEFGV
Ran-Amlodipine 02321858 RAN ACDEFGV
Sandoz Amlodipine 02284383 SDZ ACDEFGV
Septa-Amlodipine 02357712 SPT ACDEFGV

C08CA01 AMLODIPINE

Tab Orl 10 mg

Norvasc	00878936	BGP	ACDEFGV
Act Amlodipine	02297493	ATV	ACDEFGV
Amlodipine	02429225	JPC	ACDEFGV
Amlodipine	02326817	PDL	ACDEFGV
Amlodipine	02331292	SAS	ACDEFGV
Amlodipine	02385805	SIV	ACDEFGV
Amlodipine Besylate	02419572	AHI	ACDEFGV
Apo-Amlodipine	02273381	APX	ACDEFGV
Auro-Amlodipine	02397080	ARO	ACDEFGV
Jamp-Amlodipine	02357208	JPC	ACDEFGV
M-Amlodipine	02468034	MRA	ACDEFGV
Mar-Amlodipine	02371723	MAR	ACDEFGV
Mint-Amlodipine	02362678	MNT	ACDEFGV
Mylan-Amlodipine	02272121	MYL	ACDEFGV
NRA-Amlodipine	02476479	NRA	ACDEFGV
pharma-Amlodipine	02469049	PMS	ACDEFGV
pms-Amlodipine	02284073	PMS	ACDEFGV
PRZ-Amlodipine	02522527	PRZ	ACDEFGV
Ran-Amlodipine	02321866	RAN	ACDEFGV
Sandoz Amlodipine	02284391	SDZ	ACDEFGV
Septa-Amlodipine	02357720	SPT	ACDEFGV

C08CA02 FELODIPINE

ERT Orl 2.5 mg

Plendil	02057778	GLE	ACDEFGV
Apo-Felodipine	02452367	APX	ACDEFGV

ERT Orl 5 mg

Plendil	00851779	GLE	ACDEFGV
Apo-Felodipine	02452375	APX	ACDEFGV
Sandoz Felodipine	02280264	SDZ	ACDEFGV

ERT Orl 10 mg

Plendil	00851787	GLE	ACDEFGV
Apo-Felodipine	02452383	APX	ACDEFGV
Sandoz Felodipine	02280272	SDZ	ACDEFGV

C08CA05 NIFEDIPINE

Cap Orl 5 mg

Nifedipine	00725110	AAP	ACDEFGV
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Cap Orl 10 mg

Nifedipine	00755907	AAP	ACDEFGV
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C08CA05		NIFEDIPINE							
ERT	Orl	30 mg			Adalat XL	02155907	TEV	ACDEFGV	
					Mylan-Nifedipine Extended Release	02349167	MYL	ACDEFGV	
ERT	Orl	60 mg			Mylan-Nifedipine Extended Release	02321149	MYL	ACDEFGV	
C08CA06		NIMODIPINE							
Tab	Orl	30 mg			Nimotop	02325926	BAY	ACDEFGV	
C08D SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS									
C08DA PHENYLALKYLAMINE DERIVATIVES									
C08DA01		VERAPAMIL							
SRT	Orl	120 mg			Isoptin SR	01907123	BGP	ACDEFGVW	
					Apo-Verapamil SR	02246893	APX	ACDEFGVW	
					Mylan-Verapamil SR	02210347	MYL	ACDEFGVW	
SRT	Orl	180 mg			Isoptin SR	01934317	BGP	ACDEFGVW	
					Apo-Verap SR	02246894	APX	ACDEFGVW	
					Mylan-Verapamil SR	02450488	MYL	ACDEFGVW	
SRT	Orl	240 mg			Isoptin SR	00742554	BGP	ACDEFGVW	
					Mylan-Verapamil SR	02450496	MYL	ACDEFGVW	
Tab	Orl	80 mg			Apo-Verap	00782483	APX	ACDEFGVW	
					Mylan-Verapamil	02237921	MYL	ACDEFGVW	
Tab	Orl	120 mg			Apo-Verap	00782491	APX	ACDEFGVW	
					Mylan-Verapamil	02237922	MYL	ACDEFGVW	
C08DB BENZOTHIAZEPINE DERIVATIVES									
C08DB01		DILTIAZEM							
CDC	Orl	120 mg			Cardizem CD	02097249	BSL	ACDEFGV	
					Act Diltiazem CD	02370611	TEV	ACDEFGV	
					Apo-Diltiaz CD	02230997	APX	ACDEFGV	
					Diltiazem CD	02400421	SAS	ACDEFGV	
					Diltiazem CD	02445999	SIV	ACDEFGV	
					Jamp Diltiazem CD	02528037	JPC	ACDEFGV	
					Mar-Diltiazem CD	02484064	MAR	ACDEFGV	
					Teva-Diltazem CD	02242538	TEV	ACDEFGV	

C08DB01 DILTIAZEM

CDC Orl 180 mg

Cardizem CD	02097257	BSL	ACDEFGV
Apo-Diltiaz CD	02230998	APX	ACDEFGV
Diltiazem CD	02400448	SAS	ACDEFGV
Diltiazem CD	02446006	SIV	ACDEFGV
Jamp Diltiazem CD	02528045	JPC	ACDEFGV
Mar-Diltiazem CD	02484072	MAR	ACDEFGV
Teva-Diltazem CD	02242539	TEV	ACDEFGV

CDC Orl 240 mg

Cardizem CD	02097265	BSL	ACDEFGV
Apo-Diltiaz CD	02230999	APX	ACDEFGV
Diltiazem CD	02400456	SAS	ACDEFGV
Diltiazem CD	02446014	SIV	ACDEFGV
Jamp Diltiazem CD	02528053	JPC	ACDEFGV
Mar-Diltiazem CD	02484080	MAR	ACDEFGV
Sandoz Diltiazem CD (Disc/non disp Jul 28/24)	02243340	SDZ	ACDEFGV
Teva-Diltazem CD	02242540	TEV	ACDEFGV

CDC Orl 300 mg

Cardizem CD	02097273	BSL	ACDEFGV
Act Diltiazem CD	02370654	TEV	ACDEFGV
Apo-Diltiaz CD	02229526	APX	ACDEFGV
Diltiazem CD	02400464	SAS	ACDEFGV
Diltiazem CD	02446022	SIV	ACDEFGV
Jamp Diltiazem CD	02528061	JPC	ACDEFGV
Mar-Diltiazem CD	02484099	MAR	ACDEFGV
Teva-Diltazem CD	02242541	TEV	ACDEFGV

ERC Orl 120 mg

Tiazac	02231150	BSL	ACDEFGV
Act Diltiazem T	02370441	TEV	ACDEFGV
Diltiazem T	02516101	SAS	ACDEFGV
Jamp-Diltiazem T	02495376	JPC	ACDEFGV
Mar-Diltiazem T	02465353	MAR	ACDEFGV
Teva-Diltiazem ER	02271605	BSL	ACDEFGV

ERC Orl 180 mg

Tiazac	02231151	BSL	ACDEFGV
Act Diltiazem T	02370492	TEV	ACDEFGV
Diltiazem T	02516128	SAS	ACDEFGV
Jamp-Diltiazem T	02495384	JPC	ACDEFGV
Mar-Diltiazem T	02465361	MAR	ACDEFGV
Teva-Diltiazem ER	02271613	BSL	ACDEFGV

C08DB01 DILTIAZEM

ERC Orl 240 mg

Tiazac	02231152	BSL	ACDEFGV
Act Diltiazem T	02370506	TEV	ACDEFGV
Diltiazem T	02516136	SAS	ACDEFGV
Jamp-Diltiazem T	02495392	JPC	ACDEFGV
Mar-Diltiazem T	02465388	MAR	ACDEFGV
Teva-Diltiazem ER	02271621	BSL	ACDEFGV

ERC Orl 300 mg

Tiazac	02231154	BSL	ACDEFGV
Diltiazem T	02516144	SAS	ACDEFGV
Jamp-Diltiazem T	02495406	JPC	ACDEFGV
Mar-Diltiazem T	02465396	MAR	ACDEFGV
Sandoz Diltiazem T (Disc/non disp Jul 28/24)	02245921	SDZ	ACDEFGV
Teva-Diltiazem ER	02271648	BSL	ACDEFGV

ERC Orl 360 mg

Tiazac	02231155	BSL	ACDEFGV
Act Diltiazem T	02370522	TEV	ACDEFGV
Diltiazem T	02516152	SAS	ACDEFGV
Jamp-Diltiazem T	02495414	JPC	ACDEFGV
Mar-Diltiazem T	02465418	MAR	ACDEFGV
Teva-Diltiazem ER	02271656	BSL	ACDEFGV

ERT Orl 120 mg

Tiazac XC	02256738	BSL	ACDEFGV
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ERT Orl 180 mg

Tiazac XC	02256746	BSL	ACDEFGV
Teva-Diltiazem XC	02429322	TEV	ACDEFGV

ERT Orl 240 mg

Tiazac XC	02256754	BSL	ACDEFGV
Teva-Diltiazem XC	02429330	TEV	ACDEFGV

ERT Orl 300 mg

Tiazac XC	02256762	BSL	ACDEFGV
Teva-Diltiazem XC	02429349	TEV	ACDEFGV

ERT Orl 360 mg

Tiazac XC	02256770	BSL	ACDEFGV
Teva-Diltiazem XC	02429357	TEV	ACDEFGV

Tab Orl 30 mg

AA-Diltiaz	00771376	AAP	ACDEFGV
Teva-Diltiazem	00862924	TEV	ACDEFGV

Tab Orl 60 mg

AA-Diltiaz	00771384	AAP	ACDEFGV
Teva-Diltiazem	00862932	TEV	ACDEFGV

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	ACDEFGV
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Tab	Orl	25 mg	Teva-Captopril	01942972	TEV	ACDEFGV
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Tab	Orl	50 mg	Teva-Captopril	01942980	TEV	ACDEFGV
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Tab	Orl	100 mg	Teva-Captopril	01942999	TEV	ACDEFGV
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C09AA02 ENALAPRIL

Tab	Orl	2.5 mg	Act Enalapril	02291878	TEV	ACDEFGV
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Apo-Enalapril	02020025	APX	ACDEFGV
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Enalapril	02400650	SAS	ACDEFGV
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Enalapril	02442957	SIV	ACDEFGV
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Jamp-Enalapril	02474786	JPC	ACDEFGV
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Mar-Enalapril	02459450	MAR	ACDEFGV
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Sandoz Enalapril	02299933	SDZ	ACDEFGV
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Taro-Enalapril	02352230	SUN	ACDEFGV
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Tab	Orl	5 mg	Vasotec	00708879	ORG	ACDEFGV
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Act Enalapril	02291886	TEV	ACDEFGV
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Apo-Enalapril	02019884	APX	ACDEFGV
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Enalapril	02400669	SAS	ACDEFGV
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Enalapril	02442965	SIV	ACDEFGV
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Jamp-Enalapril	02474794	JPC	ACDEFGV
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Mar-Enalapril	02459469	MAR	ACDEFGV
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Sandoz Enalapril	02299941	SDZ	ACDEFGV
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Taro-Enalapril	02352249	SUN	ACDEFGV
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Tab	Orl	10 mg	Vasotec	00670901	ORG	ACDEFGV
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Act Enalapril	02291894	TEV	ACDEFGV
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Apo-Enalapril	02019892	APX	ACDEFGV
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Enalapril	02400677	SAS	ACDEFGV
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Enalapril	02442973	SIV	ACDEFGV
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Jamp-Enalapril	02474808	JPC	ACDEFGV
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Mar-Enalapril	02444771	MAR	ACDEFGV
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Sandoz Enalapril	02299968	SDZ	ACDEFGV
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Taro-Enalapril	02352257	SUN	ACDEFGV
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C09AA02 ENALAPRIL

Tab Orl 20 mg

Vasotec	00670928	ORG	ACDEFGV
Act Enalapril	02291908	TEV	ACDEFGV
Apo-Enalapril	02019906	APX	ACDEFGV
Enalapril	02400685	SAS	ACDEFGV
Enalapril	02442981	SIV	ACDEFGV
Jamp-Enalapril	02474816	JPC	ACDEFGV
Mar-Enalapril	02444798	MAR	ACDEFGV
Sandoz Enalapril	02299976	SDZ	ACDEFGV
Taro-Enalapril	02352265	SUN	ACDEFGV

C09AA03 LISINOPRIL

Tab Orl 5 mg

Zestril	02049333	SLP	ACDEFGV
Apo-Lisinopril	02217481	APX	ACDEFGV
Auro-Lisinopril	02394472	ARO	ACDEFGV
Lisinopril	02525186	SAS	ACDEFGV
Lisinopril	02386232	SIV	ACDEFGV
Teva-Lisinopril Z	02285118	TEV	ACDEFGV

Tab Orl 10 mg

Zestril	02049376	SLP	ACDEFGV
Apo-Lisinopril	02217503	APX	ACDEFGV
Auro-Lisinopril	02394480	ARO	ACDEFGV
Lisinopril	02525194	SAS	ACDEFGV
Lisinopril	02386240	SIV	ACDEFGV
Teva-Lisinopril Z	02285126	TEV	ACDEFGV

Tab Orl 20 mg

Zestril	02049384	SLP	ACDEFGV
Apo-Lisinopril	02217511	APX	ACDEFGV
Auro-Lisinopril	02394499	ARO	ACDEFGV
Lisinopril	02525208	SAS	ACDEFGV
Lisinopril	02386259	SIV	ACDEFGV
Teva-Lisinopril Z	02285134	TEV	ACDEFGV

C09AA04 PERINDOPRIL

C09AA04 PERINDOPRIL

Tab Orl 2 mg

Coversyl	02123274	SEV	ACDEFGV
Apo-Perindopril	02289261	APX	ACDEFGV
Auro-Perindopril	02459817	ARO	ACDEFGV
Jamp Perindopril Erbumine	02527200	JPC	ACDEFGV
Jamp-Perindopril	02477009	JPC	ACDEFGV
M-Perindopril Erbumine	02482924	MRA	ACDEFGV
Mar-Perindopril	02474824	MAR	ACDEFGV
Mint-Perindopril	02476762	MNT	ACDEFGV
NRA-Perindopril	02489015	NRA	ACDEFGV
Perindopril Erbumine	02481634	SAS	ACDEFGV
Perindopril Erbumine	02479877	SIV	ACDEFGV
pms-Perindopril	02470675	PMS	ACDEFGV
Sandoz Perindopril	02470225	SDZ	ACDEFGV
Teva-Perindopril	02464985	TEV	ACDEFGV

Tab Orl 4 mg

Coversyl	02123282	SEV	ACDEFGV
Apo-Perindopril	02289288	APX	ACDEFGV
Auro-Perindopril	02459825	ARO	ACDEFGV
Jamp Perindopril Erbumine	02527219	JPC	ACDEFGV
Jamp-Perindopril	02477017	JPC	ACDEFGV
M-Perindopril Erbumine	02482932	MRA	ACDEFGV
Mar-Perindopril	02474832	MAR	ACDEFGV
Mint-Perindopril	02476770	MNT	ACDEFGV
NRA-Perindopril	02489023	NRA	ACDEFGV
Perindopril Erbumine	02481642	SAS	ACDEFGV
Perindopril Erbumine	02479885	SIV	ACDEFGV
pms-Perindopril	02470683	PMS	ACDEFGV
Sandoz Perindopril	02470233	SDZ	ACDEFGV
Teva-Perindopril	02464993	TEV	ACDEFGV

C09AA04 PERINDOPRIL

Tab Orl 8 mg

Coversyl	02246624	SEV	ACDEFGV
Apo-Perindopril	02289296	APX	ACDEFGV
Auro-Perindopril	02459833	ARO	ACDEFGV
Jamp Perindopril Erbumine	02527227	JPC	ACDEFGV
Jamp-Perindopril	02477025	JPC	ACDEFGV
M-Perindopril Erbumine	02482940	MRA	ACDEFGV
Mar-Perindopril	02474840	MAR	ACDEFGV
Mint-Perindopril	02476789	MNT	ACDEFGV
NRA-Perindopril	02489031	NRA	ACDEFGV
Perindopril Erbumine	02481650	SAS	ACDEFGV
Perindopril Erbumine	02479893	SIV	ACDEFGV
pms-Perindopril	02470691	PMS	ACDEFGV
Sandoz Perindopril	02470241	SDZ	ACDEFGV
Teva-Perindopril	02465000	TEV	ACDEFGV

C09AA05 RAMIPRIL

Cap Orl 1.25 mg

Altace	02221829	BSL	ACDEFGV
Apo-Ramipril	02251515	APX	ACDEFGV
Auro-Ramipril	02387387	ARO	ACDEFGV
Mar-Ramipril	02420457	MAR	ACDEFGV
pharma-Ramipril	02469057	PMS	ACDEFGV
Pro-Ramipril	02310023	PDL	ACDEFGV
Ramipril	02308363	SIV	ACDEFGV
Taro-Ramipril	02310503	SUN	ACDEFGV

Cap Orl 2.5 mg

Altace	02221837	BSL	ACDEFGV
Apo-Ramipril	02251531	APX	ACDEFGV
Auro-Ramipril	02387395	ARO	ACDEFGV
Jamp-Ramipril	02331128	JPC	ACDEFGV
Mar-Ramipril	02420465	MAR	ACDEFGV
Mint-Ramipril	02421305	MNT	ACDEFGV
NRA-Ramipril	02486172	NRA	ACDEFGV
pharma-Ramipril	02469065	PMS	ACDEFGV
Pro-Ramipril	02310066	PDL	ACDEFGV
Ramipril	02374846	SAS	ACDEFGV
Ramipril	02287927	SIV	ACDEFGV
Taro-Ramipril	02310511	SUN	ACDEFGV
Teva-Ramipril	02247945	TEV	ACDEFGV

C09AA05 RAMIPRIL

Cap Orl 5 mg

Altace	02221845	BSL	ACDEFGV
Apo-Ramipril	02251574	APX	ACDEFGV
Auro-Ramipril	02387409	ARO	ACDEFGV
Jamp-Ramipril	02331136	JPC	ACDEFGV
Mar-Ramipril	02420473	MAR	ACDEFGV
Mint-Ramipril	02421313	MNT	ACDEFGV
NRA-Ramipril	02486180	NRA	ACDEFGV
pharma-Ramipril	02469073	PMS	ACDEFGV
Pro-Ramipril	02310074	PDL	ACDEFGV
Ramipril	02374854	SAS	ACDEFGV
Ramipril	02287935	SIV	ACDEFGV
Taro-Ramipril	02310538	SUN	ACDEFGV
Teva-Ramipril	02247946	TEV	ACDEFGV

Cap Orl 10 mg

Altace	02221853	BSL	ACDEFGV
Apo-Ramipril	02251582	APX	ACDEFGV
Auro-Ramipril	02387417	ARO	ACDEFGV
Jamp-Ramipril	02331144	JPC	ACDEFGV
Mar-Ramipril	02420481	MAR	ACDEFGV
Mint-Ramipril	02421321	MNT	ACDEFGV
NRA-Ramipril	02486199	NRA	ACDEFGV
pharma-Ramipril	02469081	PMS	ACDEFGV
Pro-Ramipril	02310104	PDL	ACDEFGV
Ramipril	02374862	SAS	ACDEFGV
Ramipril	02287943	SIV	ACDEFGV
Taro-Ramipril	02310546	SUN	ACDEFGV
Teva-Ramipril	02247947	TEV	ACDEFGV

Cap Orl 15 mg

Altace	02281112	BSL	ACDEFGV
Apo-Ramipril	02325381	APX	ACDEFGV

C09AA06 QUINAPRIL

Tab Orl 5 mg

Accupril	01947664	PFI	ACDEFGV
Apo-Quinapril	02248499	APX	ACDEFGV
pms-Quinapril	02340550	PMS	ACDEFGV

Tab Orl 10 mg

Accupril	01947672	PFI	ACDEFGV
Apo-Quinapril	02248500	APX	ACDEFGV
Jamp Quinapril	02517450	JPC	ACDEFGV
pms-Quinapril	02340569	PMS	ACDEFGV

C09AA06 QUINAPRIL

Tab Orl 20 mg

Accupril 01947680 PFI ACDEFGV

Apo-Quinapril 02248501 APX ACDEFGV

Jamp Quinapril 02517469 JPC ACDEFGV

pms-Quinapril 02340577 PMS ACDEFGV

Tab Orl 40 mg

Accupril 01947699 PFI ACDEFGV

Apo-Quinapril 02248502 APX ACDEFGV

Jamp Quinapril 02517477 JPC ACDEFGV

pms-Quinapril 02340585 PMS ACDEFGV

C09AA07 BENAZEPRIL

Tab Orl 5 mg

Benazepril 02290332 AAP ACDEFGV

Tab Orl 10 mg

Benazepril 02290340 AAP ACDEFGV

Tab Orl 20 mg

Benazepril 02273918 AAP ACDEFGV

C09AA08 CILAZAPRIL

Tab Orl 1 mg

Mylan-Cilazapril 02283778 MYL ACDEFGV

Tab Orl 2.5 mg

Inhibace 01911473 MSD ACDEFGV

Apo-Cilazapril 02291142 APX ACDEFGV

Mylan-Cilazapril 02283786 MYL ACDEFGV

Tab Orl 5 mg

Inhibace 01911481 MSD ACDEFGV

Apo-Cilazapril 02291150 APX ACDEFGV

Mylan-Cilazapril 02283794 MYL ACDEFGV

C09AA09 FOSINOPRIL

Tab Orl 10 mg

Apo-Fosinopril 02266008 APX ACDEFGV

Fosinopril 02459388 SAS ACDEFGV

Jamp-Fosinopril 02331004 JPC ACDEFGV

Ran-Fosinopril 02294524 RAN ACDEFGV

Teva-Fosinopril 02247802 TEV ACDEFGV

Tab Orl 20 mg

Apo-Fosinopril 02266016 APX ACDEFGV

Fosinopril 02459396 SAS ACDEFGV

Jamp-Fosinopril 02331012 JPC ACDEFGV

Ran-Fosinopril 02294532 RAN ACDEFGV

Teva-Fosinopril 02247803 TEV ACDEFGV

C09AA10 TRANDOLAPRIL

Cap Orl 0.5 mg

Mavik 02231457 BGP ACDEFGV
Auro-Trandolapril 02471868 ARO ACDEFGV
pms-Trandolapril 02357755 PMS ACDEFGV
Sandoz Trandolapril 02325721 SDZ ACDEFGV

Cap Orl 1 mg

Mavik 02231459 BGP ACDEFGV
Auro-Trandolapril 02471876 ARO ACDEFGV
pms-Trandolapril 02357763 PMS ACDEFGV
Sandoz Trandolapril 02325748 SDZ ACDEFGV
Trandolapril 02525046 SAS ACDEFGV
Trandolapril 02526565 SIV ACDEFGV

Cap Orl 2 mg

Mavik 02231460 BGP ACDEFGV
Auro-Trandolapril 02471884 ARO ACDEFGV
pms-Trandolapril 02357771 PMS ACDEFGV
Sandoz Trandolapril 02325756 SDZ ACDEFGV
Trandolapril 02525054 SAS ACDEFGV
Trandolapril 02526573 SIV ACDEFGV

Cap Orl 4 mg

Mavik 02239267 BGP ACDEFGV
Auro-Trandolapril 02471892 ARO ACDEFGV
pms-Trandolapril 02357798 PMS ACDEFGV
Sandoz Trandolapril 02325764 SDZ ACDEFGV
Trandolapril 02525070 SAS ACDEFGV
Trandolapril 02526581 SIV ACDEFGV

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 ACDEFGV

Tab Orl 10 mg / 25 mg

Vaseretic 00657298 ORG ACDEFGV
Enalapril/HCTZ 02352931 AAP ACDEFGV

C09BA03 LISINOPRIL AND DIURETICS
 LISINOPRIL / HYDROCHLOROTHIAZIDE

C09BA03		LISINOPRIL AND DIURETICS			
		LISINOPRIL / HYDROCHLOROTHIAZIDE			
Tab	Orl	10 mg / 12.5 mg	Zestoretic	02103729	SLP ACDEFGV
			Lisinopril HCTZ (Type Z)	02362945	SAS ACDEFGV
			Sandoz Lisinopril HCT	02302365	SDZ ACDEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301768	TEV ACDEFGV
Tab	Orl	20 mg / 12.5 mg	Zestoretic	02045737	SLP ACDEFGV
			Lisinopril HCTZ (Type Z)	02362953	SAS ACDEFGV
			Sandoz Lisinopril HCT	02302373	SDZ ACDEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301776	TEV ACDEFGV
Tab	Orl	20 mg / 25 mg	Zestoretic	02045729	SLP ACDEFGV
			Lisinopril HCTZ (Type Z)	02362961	SAS ACDEFGV
			Sandoz Lisinopril HCT	02302381	SDZ ACDEFGV
			Teva-Lisinopril HCTZ (Type P)	02302152	TEV ACDEFGV
			Teva-Lisinopril HCTZ (Type Z)	02301784	TEV ACDEFGV
C09BA04		PERINDOPRIL AND DIURETICS			
		PERINDOPRIL / INDAPAMIDE			
Tab	Orl	4 mg / 1.25 mg	Coversyl Plus	02246569	SEV ACDEFGV
			Apo-Perindopril-Indapamide	02297574	APX ACDEFGV
			Perindopril Erbumine/Indapamide	02479834	SIV ACDEFGV
			Perindopril/Indapamide	02519720	SAS ACDEFGV
			pms-Perindopril-Indapamide	02538008	PMS ACDEFGV
			Sandoz Perindopril/Indapamide	02470438	SDZ ACDEFGV
			Teva-Perindopril/Indapamide	02464020	TEV ACDEFGV
Tab	Orl	8 mg / 2.5 mg	Coversyl Plus HD	02321653	SEV ACDEFGV
			Apo-Perindopril-Indapamide	02453061	APX ACDEFGV
			Perindopril Erbumine/Indapamide	02479842	SIV ACDEFGV
			Perindopril/Indapamide	02519739	SAS ACDEFGV
			pms-Perindopril-Indapamide	02537982	PMS ACDEFGV
			Sandoz Perindopril/Indapamide	02470446	SDZ ACDEFGV
			Teva-Perindopril/Indapamide	02464039	TEV ACDEFGV
C09BA05		RAMIPRIL AND DIURETICS			
		RAMIPRIL / HYDROCHLOROTHIAZIDE			
Tab	Orl	2.5 mg / 12.5 mg	Altace HCT	02283131	BSL ACDEFGV
			Taro-Ramipril HCTZ	02449439	SUN ACDEFGV

C09BA05		RAMIPRIL AND DIURETICS					
		RAMIPRIL / HYDROCHLOROTHIAZIDE					
Tab	Orl	5 mg / 12.5 mg		Altace HCT	02283158	BSL	ACDEFGV
				Taro-Ramipril HCTZ	02449447	SUN	ACDEFGV
Tab	Orl	5 mg / 25 mg		Altace HCT	02283174	BSL	ACDEFGV
				Taro-Ramipril HCTZ	02449463	SUN	ACDEFGV
Tab	Orl	10 mg / 12.5 mg		Altace HCT	02283166	BSL	ACDEFGV
				pms-Ramipril-HCTZ	02342154	PMS	ACDEFGV
				Taro-Ramipril HCTZ	02449455	SUN	ACDEFGV
Tab	Orl	10 mg / 25 mg		Altace HCT	02283182	BSL	ACDEFGV
				pms-Ramipril-HCTZ	02342170	PMS	ACDEFGV
				Taro-Ramipril HCTZ	02449471	SUN	ACDEFGV
C09BA06		QUINAPRIL AND DIURETICS					
		QUINAPRIL / HYDROCHLOROTHIAZIDE					
Tab	Orl	10 mg / 12.5 mg		Accuretic	02237367	PFI	ACDEFGV
				Apo-Quinapril/HCTZ	02408767	APX	ACDEFGV
				Auro-Quinapril HCTZ	02473291	ARO	ACDEFGV
Tab	Orl	20 mg / 12.5 mg		Accuretic	02237368	PFI	ACDEFGV
				Apo-Quinapril/HCTZ	02408775	APX	ACDEFGV
				Auro-Quinapril HCTZ	02473305	ARO	ACDEFGV
Tab	Orl	20 mg / 25 mg		Accuretic	02237369	PFI	ACDEFGV
				Apo-Quinapril/HCTZ	02408783	APX	ACDEFGV
				Auro-Quinapril HCTZ	02473321	ARO	ACDEFGV
C09BA08		CILAZAPRIL AND DIURETICS					
		CILAZAPRIL / HYDROCHLOROTHIAZIDE					
Tab	Orl	5 mg / 12.5 mg		Inhibace Plus	02181479	HLR	ACDEFGV
				Apo-Cilazapril/HCTZ	02284987	APX	ACDEFGV
				Teva-Cilazapril/HCTZ	02313731	TEV	ACDEFGV
C09C		ANGIOTENSIN II ANTAGONISTS, PLAIN					
C09CA		ANGIOTENSIN II ANTAGONISTS, PLAIN					
C09CA01		LOSARTAN					

C09CA01 LOSARTAN

Tab Orl 25 mg

Cozaar	02182815	ORG	ACDEFGV
Apo-Losartan	02379058	APX	ACDEFGV
Auro-Losartan	02403323	ARO	ACDEFGV
Jamp-Losartan	02398834	JPC	ACDEFGV
Losartan	02388863	SAS	ACDEFGV
Losartan	02388790	SIV	ACDEFGV
Mint-Losartan	02405733	MNT	ACDEFGV
pms-Losartan	02309750	PMS	ACDEFGV
Sandoz Losartan	02313332	SDZ	ACDEFGV
Septa-Losartan	02424967	SPT	ACDEFGV
Teva-Losartan	02380838	TEV	ACDEFGV

Tab Orl 50 mg

Cozaar	02182874	ORG	ACDEFGV
Apo-Losartan	02353504	APX	ACDEFGV
Auro-Losartan	02403331	ARO	ACDEFGV
Jamp-Losartan	02398842	JPC	ACDEFGV
Losartan	02388871	SAS	ACDEFGV
Losartan	02388804	SIV	ACDEFGV
Mint-Losartan	02405741	MNT	ACDEFGV
pms-Losartan	02309769	PMS	ACDEFGV
Sandoz Losartan	02313340	SDZ	ACDEFGV
Septa-Losartan	02424975	SPT	ACDEFGV
Teva-Losartan	02357968	TEV	ACDEFGV

Tab Orl 100 mg

Cozaar	02182882	ORG	ACDEFGV
Apo-Losartan	02353512	APX	ACDEFGV
Auro-Losartan	02403358	ARO	ACDEFGV
Jamp-Losartan	02398850	JPC	ACDEFGV
Losartan	02388898	SAS	ACDEFGV
Losartan	02388812	SIV	ACDEFGV
Mint-Losartan	02405768	MNT	ACDEFGV
pms-Losartan	02309777	PMS	ACDEFGV
Sandoz Losartan	02313359	SDZ	ACDEFGV
Septa-Losartan	02424983	SPT	ACDEFGV
Teva-Losartan	02357976	TEV	ACDEFGV

C09CA02 EPROSARTAN

Tab Orl 400 mg

Teveten (Disc/non disp Sep 18/24) 02240432 BGP ACDEFGV

Tab Orl 600 mg

Teveten (Disc/non disp Sep 18/24) 02243942 BGP ACDEFGV

C09CA03 VALSARTAN

Tab Orl 40 mg

Diovan	02270528	NVR	ACDEFGV
Auro-Valsartan	02414201	ARO	ACDEFGV
M-Valsartan	02524511	MRA	ACDEFGV
Sandoz Valsartan	02356740	SDZ	ACDEFGV
Taro-Valsartan	02363062	SUN	ACDEFGV
Teva-Valsartan	02356643	TEV	ACDEFGV
Valsartan	02366940	SAS	ACDEFGV
Valsartan	02384523	SIV	ACDEFGV

Tab Orl 80 mg

Diovan	02244781	NVR	ACDEFGV
Auro-Valsartan	02414228	ARO	ACDEFGV
M-Valsartan	02524538	MRA	ACDEFGV
Sandoz Valsartan	02356759	SDZ	ACDEFGV
Taro-Valsartan	02363100	SUN	ACDEFGV
Teva-Valsartan	02356651	TEV	ACDEFGV
Valsartan	02366959	SAS	ACDEFGV
Valsartan	02384531	SIV	ACDEFGV

Tab Orl 160 mg

Diovan	02244782	NVR	ACDEFGV
Auro-Valsartan	02414236	ARO	ACDEFGV
M-Valsartan	02524546	MRA	ACDEFGV
Sandoz Valsartan	02356767	SDZ	ACDEFGV
Taro-Valsartan	02363119	SUN	ACDEFGV
Teva-Valsartan	02356678	TEV	ACDEFGV
Valsartan	02366967	SAS	ACDEFGV
Valsartan	02384558	SIV	ACDEFGV

Tab Orl 320 mg

Diovan	02289504	NVR	ACDEFGV
Auro-Valsartan	02414244	ARO	ACDEFGV
Sandoz Valsartan	02356775	SDZ	ACDEFGV
Teva-Valsartan	02356686	TEV	ACDEFGV
Valsartan	02366975	SAS	ACDEFGV
Valsartan	02384566	SIV	ACDEFGV

C09CA04 IRBESARTAN

C09CA04 IRBESARTAN

Tab Orl 75 mg

Avapro	02237923	SAV	ACDEFGV
Auro-Irbesartan	02406098	ARO	ACDEFGV
Irbesartan	02365197	PDL	ACDEFGV
Irbesartan	02372347	SAS	ACDEFGV
Irbesartan	02385287	SIV	ACDEFGV
M-Irbesartan	02524813	MRA	ACDEFGV
Mint-Irbesartan	02422980	MNT	ACDEFGV
pms-Irbesartan	02317060	PMS	ACDEFGV
Sandoz Irbesartan	02328461	SDZ	ACDEFGV
Taro-Irbesartan	02406810	SUN	ACDEFGV
Teva-Irbesartan	02316390	TEV	ACDEFGV

Tab Orl 150 mg

Avapro	02237924	SAV	ACDEFGV
Auro-Irbesartan	02406101	ARO	ACDEFGV
Irbesartan	02365200	PDL	ACDEFGV
Irbesartan	02372371	SAS	ACDEFGV
Irbesartan	02385295	SIV	ACDEFGV
M-Irbesartan	02524821	MRA	ACDEFGV
Mint-Irbesartan	02422999	MNT	ACDEFGV
pms-Irbesartan	02317079	PMS	ACDEFGV
Sandoz Irbesartan	02328488	SDZ	ACDEFGV
Taro-Irbesartan	02406829	SUN	ACDEFGV
Teva-Irbesartan	02316404	TEV	ACDEFGV

Tab Orl 300 mg

Avapro	02237925	SAV	ACDEFGV
Auro-Irbesartan	02406128	ARO	ACDEFGV
Irbesartan	02365219	PDL	ACDEFGV
Irbesartan	02372398	SAS	ACDEFGV
Irbesartan	02385309	SIV	ACDEFGV
M-Irbesartan	02524848	MRA	ACDEFGV
Mint-Irbesartan	02423006	MNT	ACDEFGV
pms-Irbesartan	02317087	PMS	ACDEFGV
Sandoz Irbesartan	02328496	SDZ	ACDEFGV
Taro-Irbesartan	02406837	SUN	ACDEFGV
Teva-Irbesartan	02316412	TEV	ACDEFGV

C09CA06 CANDESARTAN

C09CA06 CANDESARTAN

Tab Orl 4 mg

Atacand	02239090	AZE	ACDEFGV
Apo-Candesartan	02365340	APX	ACDEFGV
Auro-Candesartan	02445786	ARO	ACDEFGV
Candesartan	02388901	SAS	ACDEFGV
Candesartan	02528258	SIV	ACDEFGV
Candesartan Cilexetil	02379260	AHI	ACDEFGV
Mint-Candesartan	02476908	MNT	ACDEFGV
pms-Candesartan	02391171	PMS	ACDEFGV
Sandoz Candesartan	02326957	SDZ	ACDEFGV
Taro-Candesartan	02380684	SUN	ACDEFGV

Tab Orl 8 mg

Atacand	02239091	AZE	ACDEFGV
Apo-Candesartan	02365359	APX	ACDEFGV
Auro-Candesartan	02445794	ARO	ACDEFGV
Candesartan	02388928	SAS	ACDEFGV
Candesartan	02388707	SIV	ACDEFGV
Candesartan Cilexetil	02379279	AHI	ACDEFGV
Jamp-Candesartan	02386518	JPC	ACDEFGV
Mint-Candesartan	02476916	MNT	ACDEFGV
pms-Candesartan	02391198	PMS	ACDEFGV
Sandoz Candesartan	02326965	SDZ	ACDEFGV
Taro-Candesartan	02380692	SUN	ACDEFGV
Teva-Candesartan	02366312	TEV	ACDEFGV

Tab Orl 16 mg

Atacand	02239092	AZE	ACDEFGV
Apo-Candesartan	02365367	APX	ACDEFGV
Auro-Candesartan	02445808	ARO	ACDEFGV
Candesartan	02388936	SAS	ACDEFGV
Candesartan	02388715	SIV	ACDEFGV
Candesartan Cilexetil	02379287	AHI	ACDEFGV
Jamp-Candesartan	02386526	JPC	ACDEFGV
Mint-Candesartan	02476924	MNT	ACDEFGV
pms-Candesartan	02391201	PMS	ACDEFGV
Sandoz Candesartan	02326973	SDZ	ACDEFGV
Taro-Candesartan	02380706	SUN	ACDEFGV
Teva-Candesartan	02366320	TEV	ACDEFGV

C09CA06 CANDESARTAN

Tab Orl 32 mg

Atacand	02311658	AZE	ACDEFGV
Apo-Candesartan	02399105	APX	ACDEFGV
Auro-Candesartan	02445816	ARO	ACDEFGV
Candesartan	02435845	SAS	ACDEFGV
Candesartan	02528266	SIV	ACDEFGV
Candesartan Cilexetil	02379295	AHI	ACDEFGV
Jamp-Candesartan	02386534	JPC	ACDEFGV
Mint-Candesartan	02476932	MNT	ACDEFGV
pms-Candesartan	02391228	PMS	ACDEFGV
Sandoz Candesartan	02417340	SDZ	ACDEFGV
Taro-Candesartan	02380714	SUN	ACDEFGV
Teva-Candesartan	02366339	TEV	ACDEFGV

C09CA07 TELMISARTAN

Tab Orl 40 mg

Micardis	02240769	BOE	ACDEFGV
Auro-Telmisartan	02453568	ARO	ACDEFGV
Jamp Telmisartan	02386755	JPC	ACDEFGV
Mint-Telmisartan	02486369	MNT	ACDEFGV
NRA-Telmisartan	02503794	NRA	ACDEFGV
pms-Telmisartan	02499622	PMS	ACDEFGV
Sandoz Telmisartan	02375958	SDZ	ACDEFGV
Telmisartan	02407485	AHI	ACDEFGV
Telmisartan	02388944	SAS	ACDEFGV
Telmisartan	02390345	SIV	ACDEFGV
Teva-Telmisartan	02320177	TEV	ACDEFGV

Tab Orl 80 mg

Micardis	02240770	BOE	ACDEFGV
Auro-Telmisartan	02453576	ARO	ACDEFGV
Jamp Telmisartan	02386763	JPC	ACDEFGV
Mint-Telmisartan	02486377	MNT	ACDEFGV
NRA-Telmisartan	02503808	NRA	ACDEFGV
pms-Telmisartan	02499630	PMS	ACDEFGV
Sandoz Telmisartan	02375966	SDZ	ACDEFGV
Telmisartan	02407493	AHI	ACDEFGV
Telmisartan	02388952	SAS	ACDEFGV
Telmisartan	02390353	SIV	ACDEFGV
Teva-Telmisartan	02320185	TEV	ACDEFGV

C09CA08 OLMESARTAN MEDOXOMIL

C09CA08 OLMESARTAN MEDOXOMIL

Tab Orl 20 mg

Olmetec	02318660	ORG	ACDEFGV
Ach-Olmesartan	02456311	AHI	ACDEFGV
Apo-Olmesartan	02453452	APX	ACDEFGV
Auro-Olmesartan	02443864	ARO	ACDEFGV
GLN-Olmesartan	02469812	GLM	ACDEFGV
Jamp-Olmesartan	02461641	JPC	ACDEFGV
NRA-Olmesartan	02499258	NRA	ACDEFGV
Olmesartan	02481057	SAS	ACDEFGV
pms-Olmesartan	02461307	PMS	ACDEFGV
Sandoz Olmesartan	02443414	SDZ	ACDEFGV
Teva-Olmesartan	02442191	TEV	ACDEFGV

Tab Orl 40 mg

Olmetec	02318679	ORG	ACDEFGV
Ach-Olmesartan	02456338	AHI	ACDEFGV
Apo-Olmesartan	02453460	APX	ACDEFGV
Auro-Olmesartan	02443872	ARO	ACDEFGV
GLN-Olmesartan	02469820	GLM	ACDEFGV
Jamp-Olmesartan	02461668	JPC	ACDEFGV
NRA-Olmesartan	02499266	NRA	ACDEFGV
Olmesartan	02481065	SAS	ACDEFGV
pms-Olmesartan	02461315	PMS	ACDEFGV
Sandoz Olmesartan	02443422	SDZ	ACDEFGV
Teva-Olmesartan	02442205	TEV	ACDEFGV

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	ORG	ACDEFGV
Auro-Losartan HCT	02423642	ARO	ACDEFGV
Losartan HCT	02388960	SIV	ACDEFGV
Losartan/HCTZ	02427648	SAS	ACDEFGV
Mint-Losartan/HCTZ	02389657	MNT	ACDEFGV
pms-Losartan-HCTZ	02392224	PMS	ACDEFGV
Sandoz Losartan HCT	02313375	SDZ	ACDEFGV
Teva-Losartan HCTZ	02358263	TEV	ACDEFGV

C09DA01		LOSARTAN AND DIURETICS			
		LOSARTAN / HYDROCHLOROTHIAZIDE			
Tab	Orl	100 mg / 12.5 mg	Hyzaar	02297841	ORG ACDEFGV
			Auro-Losartan HCT	02423650	ARO ACDEFGV
			Losartan HCT	02388979	SIV ACDEFGV
			Losartan/HCTZ	02427656	SAS ACDEFGV
			Mint-Losartan/HCTZ	02389665	MNT ACDEFGV
			pms-Losartan-HCTZ	02392232	PMS ACDEFGV
			Sandoz Losartan HCT	02362449	SDZ ACDEFGV
			Teva-Losartan HCTZ	02377144	TEV ACDEFGV
Tab	Orl	100 mg / 25 mg	Hyzaar DS	02241007	ORG ACDEFGV
			Auro-Losartan HCT	02423669	ARO ACDEFGV
			Losartan HCT	02388987	SIV ACDEFGV
			Losartan/HCTZ	02427664	SAS ACDEFGV
			Mint-Losartan/HCTZ DS	02389673	MNT ACDEFGV
			pms-Losartan-HCTZ	02392240	PMS ACDEFGV
			Sandoz Losartan HCT	02313383	SDZ ACDEFGV
			Teva-Losartan HCTZ	02377152	TEV ACDEFGV
C09DA02		EPROSARTAN AND DIURETICS			
		EPROSARTAN / HYDROCHLOROTHIAZIDE			
Tab	Orl	600 mg / 12.5 mg	Teveten Plus (Disc/non disp Sep 18/24)	02253631	BGP ACDEFGV
C09DA03		VALSARTAN AND DIURETICS			
		VALSARTAN / HYDROCHLOROTHIAZIDE			
Tab	Orl	80 mg / 12.5 mg	Diovan HCT	02241900	NVR ACDEFGV
			Auro-Valsartan HCT	02408112	ARO ACDEFGV
			Sandoz Valsartan HCT	02356694	SDZ ACDEFGV
			Teva-Valsartan/ HCTZ	02356996	TEV ACDEFGV
			Valsartan HCT	02384736	SIV ACDEFGV
			Valsartan/HCTZ	02367009	SAS ACDEFGV
Tab	Orl	160 mg / 12.5 mg	Diovan HCT	02241901	NVR ACDEFGV
			Auro-Valsartan HCT	02408120	ARO ACDEFGV
			Sandoz Valsartan HCT	02356708	SDZ ACDEFGV
			Teva-Valsartan/ HCTZ	02357003	TEV ACDEFGV
			Valsartan HCT	02384744	SIV ACDEFGV
			Valsartan/HCTZ	02367017	SAS ACDEFGV

C09DA03 VALSARTAN AND DIURETICS

VALSARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	160 mg / 25 mg	Diovan HCT	02246955	NVR	ACDEFGV
			Auro-Valsartan HCT	02408139	ARO	ACDEFGV
			Sandoz Valsartan HCT	02356716	SDZ	ACDEFGV
			Teva-Valsartan/ HCTZ	02357011	TEV	ACDEFGV
			Valsartan HCT	02384752	SIV	ACDEFGV
			Valsartan/HCTZ	02367025	SAS	ACDEFGV

Tab	Orl	320 mg / 12.5 mg	Diovan HCT	02308908	NVR	ACDEFGV
			Auro-Valsartan HCT	02408147	ARO	ACDEFGV
			Sandoz Valsartan HCT	02356724	SDZ	ACDEFGV
			Teva-Valsartan/ HCTZ	02357038	TEV	ACDEFGV
			Valsartan HCT	02384760	SIV	ACDEFGV
			Valsartan/HCTZ	02367033	SAS	ACDEFGV

Tab	Orl	320 mg / 25 mg	Diovan HCT	02308916	NVR	ACDEFGV
			Auro-Valsartan HCT	02408155	ARO	ACDEFGV
			Sandoz Valsartan HCT	02356732	SDZ	ACDEFGV
			Teva-Valsartan/ HCTZ	02357046	TEV	ACDEFGV
			Valsartan/HCTZ	02367041	SAS	ACDEFGV

C09DA04 IRBESARTAN AND DIURETICS

IRBESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	150 mg / 12.5 mg	Avalide	02241818	SAV	ACDEFGV
			Auro-Irbesartan HCT	02447878	ARO	ACDEFGV
			Irbesartan HCT	02385317	SIV	ACDEFGV
			Irbesartan/HCTZ	02372886	SAS	ACDEFGV
			pms-Irbesartan HCTZ	02328518	PMS	ACDEFGV
			Sandoz Irbesartan HCT	02337428	SDZ	ACDEFGV
			Teva-Irbesartan HCTZ	02330512	TEV	ACDEFGV

Tab	Orl	300 mg / 12.5 mg	Avalide	02241819	SAV	ACDEFGV
			Auro-Irbesartan HCT	02447886	ARO	ACDEFGV
			Irbesartan HCT	02385325	SIV	ACDEFGV
			Irbesartan/HCTZ	02372894	SAS	ACDEFGV
			pms-Irbesartan HCTZ	02328526	PMS	ACDEFGV
			Sandoz Irbesartan HCT	02337436	SDZ	ACDEFGV
			Teva-Irbesartan HCTZ	02330520	TEV	ACDEFGV

C09DA04 IRBESARTAN AND DIURETICS
 IRBESARTAN / HYDROCHLOROTHIAZIDE

Tab Orl 300 mg / 25 mg

Auro-Irbesartan HCT	02447894	ARO	ACDEFGV
Irbesartan HCT	02385333	SIV	ACDEFGV
Irbesartan/HCTZ	02372908	SAS	ACDEFGV
pms-Irbesartan HCTZ	02328534	PMS	ACDEFGV
Sandoz Irbesartan HCT	02337444	SDZ	ACDEFGV
Teva-Irbesartan HCTZ	02330539	TEV	ACDEFGV

C09DA06 CANDESARTAN AND DIURETICS
 CANDESARTAN / HYDROCHLOROTHIAZIDE

Tab Orl 16 mg / 12.5 mg

Atacand Plus	02244021	AZE	ACDEFGV
Auro-Candesartan HCT	02421038	ARO	ACDEFGV
Candesartan HCT	02394812	SIV	ACDEFGV
Candesartan/HCTZ	02394804	SAS	ACDEFGV
Jamp-Candesartan HCT	02473240	JPC	ACDEFGV
NRA-Candesartan HCTZ	02531240	NRA	ACDEFGV
pms-Candesartan-HCTZ	02391295	PMS	ACDEFGV
Sandoz Candesartan Plus	02327902	SDZ	ACDEFGV
Teva-Candesartan/HCTZ	02395541	TEV	ACDEFGV

Tab Orl 32 mg / 12.5 mg

Atacand Plus	02332922	AZE	ACDEFGV
Auro-Candesartan HCT	02421046	ARO	ACDEFGV
Jamp-Candesartan HCT	02473259	JPC	ACDEFGV
NRA-Candesartan HCTZ	02531259	NRA	ACDEFGV
Sandoz Candesartan Plus	02420732	SDZ	ACDEFGV
Teva-Candesartan/HCTZ	02395568	TEV	ACDEFGV

Tab Orl 32 mg / 25 mg

Atacand Plus	02332957	AZE	ACDEFGV
Auro-Candesartan HCT	02421054	ARO	ACDEFGV
Jamp-Candesartan HCT	02473267	JPC	ACDEFGV
NRA-Candesartan HCTZ	02531267	NRA	ACDEFGV
Sandoz Candesartan Plus	02420740	SDZ	ACDEFGV

C09DA07 TELMISARTAN AND DIURETICS
 TELMISARTAN / HYDROCHLOROTHIAZIDE

C09DA07 TELMISARTAN AND DIURETICS
 TELMISARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	80 mg / 12.5 mg	Micardis Plus	02244344	BOE	ACDEFGV
			ACH-Telmisartan HCTZ	02419114	AHI	ACDEFGV
			Auro-Telmisartan HCTZ	02456389	ARO	ACDEFGV
			Jamp Telmisartan-HCT	02389940	JPC	ACDEFGV
			NRA-Telmisartan HCTZ	02504146	NRA	ACDEFGV
			Sandoz Telmisartan HCT	02393557	SDZ	ACDEFGV
			Telmisartan HCTZ	02390302	SIV	ACDEFGV
			Telmisartan/HCTZ	02395355	SAS	ACDEFGV
			Teva-Telmisartan HCTZ	02330288	TEV	ACDEFGV

Tab	Orl	80 mg / 25 mg	Micardis Plus	02318709	BOE	ACDEFGV
			ACH-Telmisartan HCTZ	02419122	AHI	ACDEFGV
			Auro-Telmisartan HCTZ	02456397	ARO	ACDEFGV
			Jamp Telmisartan-HCT	02389959	JPC	ACDEFGV
			NRA-Telmisartan HCTZ	02504138	NRA	ACDEFGV
			Sandoz Telmisartan HCT	02393565	SDZ	ACDEFGV
			Telmisartan HCTZ	02390310	SIV	ACDEFGV
			Telmisartan/HCTZ	02395363	SAS	ACDEFGV
			Teva-Telmisartan HCTZ	02379252	TEV	ACDEFGV

C09DA08 OLMESARTAN AND DIURETICS
 OLMESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	20 mg / 12.5 mg	Olmotec Plus	02319616	ORG	ACDEFGV
			ACH-Olmesartan HCTZ	02468948	AHI	ACDEFGV
			Act Olmesartan HCT	02443112	TEV	ACDEFGV
			Apo-Olmesartan/HCTZ	02453606	APX	ACDEFGV
			Auro-Olmesartan HCTZ	02476487	ARO	ACDEFGV
			GLN-Olmesartan HCTZ	02475707	GLM	ACDEFGV
			NRA-Olmesartan HCTZ	02508273	NRA	ACDEFGV
			Olmesartan/HCTZ	02509601	SAS	ACDEFGV
			PRZ-Olmesartan/HCTZ	02526468	PRZ	ACDEFGV

C09DA08 OLMESARTAN AND DIURETICS
OLMESARTAN / HYDROCHLOROTHIAZIDE

Tab	Orl	40 mg / 12.5 mg	Olmetec Plus	02319624	ORG	ACDEFGV
			ACH-Olmesartan HCTZ	02468956	AHI	ACDEFGV
			Act Olmesartan HCT	02443120	TEV	ACDEFGV
			Apo-Olmesartan/HCTZ	02453614	APX	ACDEFGV
			Auro-Olmesartan HCTZ	02476495	ARO	ACDEFGV
			GLN-Olmesartan HCTZ	02475715	GLM	ACDEFGV
			NRA-Olmesartan HCTZ	02508281	NRA	ACDEFGV
			Olmesartan/HCTZ	02509636	SAS	ACDEFGV
			PRZ-Olmesartan/HCTZ	02526476	PRZ	ACDEFGV

Tab	Orl	40 mg / 25 mg	Olmetec Plus	02319632	ORG	ACDEFGV
			ACH-Olmesartan HCTZ	02468964	AHI	ACDEFGV
			Act Olmesartan HCT	02443139	TEV	ACDEFGV
			Apo-Olmesartan/HCTZ	02453622	APX	ACDEFGV
			Auro-Olmesartan HCTZ	02476509	ARO	ACDEFGV
			GLN-Olmesartan HCTZ	02475723	GLM	ACDEFGV
			NRA-Olmesartan HCTZ	02508303	NRA	ACDEFGV
			Olmesartan/HCTZ	02509628	SAS	ACDEFGV
			PRZ-Olmesartan/HCTZ	02526484	PRZ	ACDEFGV

C09DB ANGIOTENSIN II ANTAGONISTS AND CALCIUM CHANNEL BLOCKERS

C09DB04 TELMISARTAN AND AMLODIPINE

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

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	ACDEFGV
Auro-Simvastatin	02405148	ARO	ACDEFGV
Jamp-Simvastatin	02375591	JPC	ACDEFGV
Mint-Simvastatin	02372932	MNT	ACDEFGV
pharma-Simvastatin	02469979	PMS	ACDEFGV
Simvastatin	02284723	SAS	ACDEFGV
Simvastatin	02386291	SIV	ACDEFGV
Taro-Simvastatin	02329131	SUN	ACDEFGV
Teva-Simvastatin	02250144	TEV	ACDEFGV

Tab Orl 10 mg

Zocor	00884332	ORG	ACDEFGV
Apo-Simvastatin	02247012	APX	ACDEFGV
Auro-Simvastatin	02405156	ARO	ACDEFGV
Jamp-Simvastatin	02375605	JPC	ACDEFGV
Mar-Simvastatin	02375044	MAR	ACDEFGV
Mint-Simvastatin	02372940	MNT	ACDEFGV
pharma-Simvastatin	02469987	PMS	ACDEFGV
Simvastatin	02284731	SAS	ACDEFGV
Simvastatin	02386305	SIV	ACDEFGV
Simvastatin-10	02247221	PDL	ACDEFGV
Taro-Simvastatin	02329158	SUN	ACDEFGV
Teva-Simvastatin	02250152	TEV	ACDEFGV

Tab Orl 20 mg

Zocor	00884340	ORG	ACDEFGV
Apo-Simvastatin	02247013	APX	ACDEFGV
Auro-Simvastatin	02405164	ARO	ACDEFGV
Jamp-Simvastatin	02375613	JPC	ACDEFGV
Mar-Simvastatin	02375052	MAR	ACDEFGV
Mint-Simvastatin	02372959	MNT	ACDEFGV
pharma-Simvastatin	02469995	PMS	ACDEFGV
Simvastatin	02284758	SAS	ACDEFGV
Simvastatin	02386313	SIV	ACDEFGV
Simvastatin-20	02247222	PDL	ACDEFGV
Taro-Simvastatin	02329166	SUN	ACDEFGV
Teva-Simvastatin	02250160	TEV	ACDEFGV

C10AA01 SIMVASTATIN

Tab Orl 40 mg

Zocor	00884359	ORG	ACDEFGV
Apo-Simvastatin	02247014	APX	ACDEFGV
Auro-Simvastatin	02405172	ARO	ACDEFGV
Jamp-Simvastatin	02375621	JPC	ACDEFGV
Mar-Simvastatin	02375060	MAR	ACDEFGV
Mint-Simvastatin	02372967	MNT	ACDEFGV
pharma-Simvastatin	02470004	PMS	ACDEFGV
Simvastatin	02284766	SAS	ACDEFGV
Simvastatin	02386321	SIV	ACDEFGV
Simvastatin-40	02247223	PDL	ACDEFGV
Taro-Simvastatin	02329174	SUN	ACDEFGV
Teva-Simvastatin	02250179	TEV	ACDEFGV

Tab Orl 80 mg

Apo-Simvastatin	02247015	APX	ACDEFGV
Auro-Simvastatin	02405180	ARO	ACDEFGV
Jamp-Simvastatin	02375648	JPC	ACDEFGV
Mint-Simvastatin	02372975	MNT	ACDEFGV
pharma-Simvastatin	02470012	PMS	ACDEFGV
Simvastatin	02284774	SAS	ACDEFGV
Simvastatin	02386348	SIV	ACDEFGV
Simvastatin-80	02247224	PDL	ACDEFGV
Taro-Simvastatin	02329182	SUN	ACDEFGV
Teva-Simvastatin	02250187	TEV	ACDEFGV

C10AA02 LOVASTATIN

Tab Orl 20 mg

Act Lovastatin	02248572	TEV	ACDEFGV
Lovastatin	02220172	AAP	ACDEFGV

Tab Orl 40 mg

Act Lovastatin	02248573	TEV	ACDEFGV
Lovastatin	02220180	AAP	ACDEFGV

C10AA03 PRAVASTATIN

C10AA03 PRAVASTATIN

Tab Orl 10 mg

Ach-Pravastatin	02440644	AHI	ACDEFGV
Apo-Pravastatin	02243506	APX	ACDEFGV
Auro-Pravastatin	02458977	ARO	ACDEFGV
Jamp-Pravastatin	02330954	JPC	ACDEFGV
M-Pravastatin	02476274	MRA	ACDEFGV
Mar-Pravastatin	02432048	MAR	ACDEFGV
Mint-Pravastatin	02317451	MNT	ACDEFGV
pms-Pravastatin	02247655	PMS	ACDEFGV
Pravastatin	02356546	SAS	ACDEFGV
Pravastatin	02389703	SIV	ACDEFGV
Pravastatin-10	02243824	PDL	ACDEFGV
Sandoz Pravastatin	02468700	SDZ	ACDEFGV
Taro-Pravastatin	02284421	SUN	ACDEFGV
Teva-Pravastatin	02247008	TEV	ACDEFGV

Tab Orl 20 mg

Ach-Pravastatin	02440652	AHI	ACDEFGV
Apo-Pravastatin	02243507	APX	ACDEFGV
Auro-Pravastatin	02458985	ARO	ACDEFGV
Jamp-Pravastatin	02330962	JPC	ACDEFGV
M-Pravastatin	02476282	MRA	ACDEFGV
Mar-Pravastatin	02432056	MAR	ACDEFGV
Mint-Pravastatin	02317478	MNT	ACDEFGV
pms-Pravastatin	02247656	PMS	ACDEFGV
Pravastatin	02356554	SAS	ACDEFGV
Pravastatin	02389738	SIV	ACDEFGV
Pravastatin-20	02243825	PDL	ACDEFGV
Sandoz Pravastatin	02468719	SDZ	ACDEFGV
Taro-Pravastatin	02284448	SUN	ACDEFGV
Teva-Pravastatin	02247009	TEV	ACDEFGV

C10AA03 PRAVASTATIN

Tab Orl 40 mg

Ach-Pravastatin	02440660	AHI	ACDEFGV
Apo-Pravastatin	02243508	APX	ACDEFGV
Auro-Pravastatin	02458993	ARO	ACDEFGV
Jamp-Pravastatin	02330970	JPC	ACDEFGV
M-Pravastatin	02476290	MRA	ACDEFGV
Mar-Pravastatin	02432064	MAR	ACDEFGV
Mint-Pravastatin	02317486	MNT	ACDEFGV
pms-Pravastatin	02247657	PMS	ACDEFGV
Pravastatin	02356562	SAS	ACDEFGV
Pravastatin	02389746	SIV	ACDEFGV
Pravastatin-40	02243826	PDL	ACDEFGV
Sandoz Pravastatin	02468727	SDZ	ACDEFGV
Taro-Pravastatin	02284456	SUN	ACDEFGV
Teva-Pravastatin	02247010	TEV	ACDEFGV

C10AA04 FLUVASTATIN

Cap Orl 20 mg

Teva-Fluvastatin 02299224 TEV ACDEFGV

Cap Orl 40 mg

Teva-Fluvastatin 02299232 TEV ACDEFGV

C10AA05 ATORVASTATIN

C10AA05 ATORVASTATIN

Tab Orl 10 mg

Lipitor	02230711	BGP	ACDEFGV
ACH-Atorvastatin Calcium	02457741	AHI	ACDEFGV
Apo-Atorvastatin	02295261	APX	ACDEFGV
Atorvastatin	02346486	PDL	ACDEFGV
Atorvastatin	02475022	RIV	ACDEFGV
Atorvastatin	02348705	SAS	ACDEFGV
Atorvastatin	02411350	SIV	ACDEFGV
Auro-Atorvastatin	02407256	ARO	ACDEFGV
Jamp Atorvastatin Calcium	02504197	JPC	ACDEFGV
Jamp-Atorvastatin	02391058	JPC	ACDEFGV
M-Atorvastatin	02471167	MRA	ACDEFGV
Mar-Atorvastatin	02454017	MAR	ACDEFGV
Mint-Atorvastatin	02479508	MNT	ACDEFGV
Mylan-Atorvastatin	02392933	MYL	ACDEFGV
NRA-Atorvastatin	02476517	NRA	ACDEFGV
pms-Atorvastatin	02477149	PMS	ACDEFGV
pmsc-Atorvastatin	02507234	PMS	ACDEFGV
PRZ-Atorvastatin	02521555	PRZ	ACDEFGV
Reddy-Atorvastatin	02417936	RCH	ACDEFGV
Sandoz Atorvastatin	02324946	SDZ	ACDEFGV
Taro-Atorvastatin	02313707	SUN	ACDEFGV
Teva-Atorvastatin	02310899	TEV	ACDEFGV

C10AA05 ATORVASTATIN

Tab Orl 20 mg

Lipitor	02230713	BGP	ACDEFGV
ACH-Atorvastatin Calcium	02457768	AHI	ACDEFGV
Apo-Atorvastatin	02295288	APX	ACDEFGV
Atorvastatin	02346494	PDL	ACDEFGV
Atorvastatin	02475030	RIV	ACDEFGV
Atorvastatin	02348713	SAS	ACDEFGV
Atorvastatin	02411369	SIV	ACDEFGV
Auro-Atorvastatin	02407264	ARO	ACDEFGV
Jamp Atorvastatin Calcium	02504200	JPC	ACDEFGV
Jamp-Atorvastatin	02391066	JPC	ACDEFGV
M-Atorvastatin	02471175	MRA	ACDEFGV
Mar-Atorvastatin	02454025	MAR	ACDEFGV
Mint-Atorvastatin	02479516	MNT	ACDEFGV
Mylan-Atorvastatin	02392941	MYL	ACDEFGV
NRA-Atorvastatin	02476525	NRA	ACDEFGV
pms-Atorvastatin	02477157	PMS	ACDEFGV
pmsc-Atorvastatin	02507242	PMS	ACDEFGV
PRZ-Atorvastatin	02521563	PRZ	ACDEFGV
Reddy-Atorvastatin	02417944	RCH	ACDEFGV
Sandoz Atorvastatin	02324954	SDZ	ACDEFGV
Taro-Atorvastatin	02313715	SUN	ACDEFGV
Teva-Atorvastatin	02310902	TEV	ACDEFGV

C10AA05 ATORVASTATIN

Tab Orl 40 mg

Lipitor	02230714	BGP	ACDEFGV
ACH-Atorvastatin Calcium	02457776	AHI	ACDEFGV
Apo-Atorvastatin	02295296	APX	ACDEFGV
Atorvastatin	02346508	PDL	ACDEFGV
Atorvastatin	02475049	RIV	ACDEFGV
Atorvastatin	02348721	SAS	ACDEFGV
Atorvastatin	02411377	SIV	ACDEFGV
Auro-Atorvastatin	02407272	ARO	ACDEFGV
Jamp Atorvastatin Calcium	02504219	JPC	ACDEFGV
Jamp-Atorvastatin	02391074	JPC	ACDEFGV
M-Atorvastatin	02471183	MRA	ACDEFGV
Mar-Atorvastatin	02454033	MAR	ACDEFGV
Mint-Atorvastatin	02479524	MNT	ACDEFGV
Mylan-Atorvastatin	02392968	MYL	ACDEFGV
NRA-Atorvastatin	02476533	NRA	ACDEFGV
pms-Atorvastatin	02477165	PMS	ACDEFGV
pmsc-Atorvastatin	02507250	PMS	ACDEFGV
PRZ-Atorvastatin	02521571	PRZ	ACDEFGV
Reddy-Atorvastatin	02417952	RCH	ACDEFGV
Sandoz Atorvastatin	02324962	SDZ	ACDEFGV
Taro-Atorvastatin	02313723	SUN	ACDEFGV
Teva-Atorvastatin	02310910	TEV	ACDEFGV

C10AA05 ATORVASTATIN

Tab Orl 80 mg

Lipitor	02243097	BGP	ACDEFGV
ACH-Atorvastatin Calcium	02457784	AHI	ACDEFGV
Apo-Atorvastatin	02295318	APX	ACDEFGV
Atorvastatin	02346516	PDL	ACDEFGV
Atorvastatin	02475057	RIV	ACDEFGV
Atorvastatin	02348748	SAS	ACDEFGV
Atorvastatin	02411385	SIV	ACDEFGV
Auro-Atorvastatin	02407280	ARO	ACDEFGV
Jamp Atorvastatin Calcium	02504235	JPC	ACDEFGV
Jamp-Atorvastatin	02391082	JPC	ACDEFGV
M-Atorvastatin	02471191	MRA	ACDEFGV
Mar-Atorvastatin	02454041	MAR	ACDEFGV
Mint-Atorvastatin	02479532	MNT	ACDEFGV
Mylan-Atorvastatin	02392976	MYL	ACDEFGV
NRA-Atorvastatin	02476541	NRA	ACDEFGV
pms-Atorvastatin	02477173	PMS	ACDEFGV
pmsc-Atorvastatin	02507269	PMS	ACDEFGV
PRZ-Atorvastatin	02521598	PRZ	ACDEFGV
Reddy-Atorvastatin	02417960	RCH	ACDEFGV
Sandoz Atorvastatin	02324970	SDZ	ACDEFGV
Taro-Atorvastatin	02313758	SUN	ACDEFGV
Teva-Atorvastatin	02310929	TEV	ACDEFGV

C10AA07 ROSUVASTATIN

C10AA07 ROSUVASTATIN

Tab Orl 5 mg

Crestor	02265540	AZE	ACDEFGV
ACH-Rosuvastatin	02438917	AHI	ACDEFGV
Apo-Rosuvastatin	02337975	APX	ACDEFGV
Auro-Rosuvastatin	02442574	ARO	ACDEFGV
Jamp Rosuvastatin Calcium	02498332	JPC	ACDEFGV
Jamp-Rosuvastatin	02391252	JPC	ACDEFGV
M-Rosuvastatin	02496534	MRA	ACDEFGV
Mar-Rosuvastatin	02413051	MAR	ACDEFGV
Mint-Rosuvastatin	02397781	MNT	ACDEFGV
NRA-Rosuvastatin	02477483	NRA	ACDEFGV
pms-Rosuvastatin	02378523	PMS	ACDEFGV
PRZ-Rosuvastatin	02505576	PRZ	ACDEFGV
Rosuvastatin	02381176	PDL	ACDEFGV
Rosuvastatin	02405628	SAS	ACDEFGV
Rosuvastatin	02411628	SIV	ACDEFGV
Sandoz Rosuvastatin	02338726	SDZ	ACDEFGV
Taro-Rosuvastatin	02382644	SUN	ACDEFGV
Teva-Rosuvastatin	02354608	TEV	ACDEFGV

Tab Orl 10 mg

Crestor	02247162	AZE	ACDEFGV
ACH-Rosuvastatin	02438925	AHI	ACDEFGV
Apo-Rosuvastatin	02337983	APX	ACDEFGV
Auro-Rosuvastatin	02442582	ARO	ACDEFGV
Jamp Rosuvastatin Calcium	02498340	JPC	ACDEFGV
Jamp-Rosuvastatin	02391260	JPC	ACDEFGV
M-Rosuvastatin	02496542	MRA	ACDEFGV
Mar-Rosuvastatin	02413078	MAR	ACDEFGV
Mint-Rosuvastatin	02397803	MNT	ACDEFGV
NRA-Rosuvastatin	02477491	NRA	ACDEFGV
pms-Rosuvastatin	02378531	PMS	ACDEFGV
PRZ-Rosuvastatin	02505584	PRZ	ACDEFGV
Rosuvastatin	02381184	PDL	ACDEFGV
Rosuvastatin	02405636	SAS	ACDEFGV
Rosuvastatin	02411636	SIV	ACDEFGV
Sandoz Rosuvastatin	02338734	SDZ	ACDEFGV
Taro-Rosuvastatin	02382652	SUN	ACDEFGV
Teva-Rosuvastatin	02354616	TEV	ACDEFGV

C10AA07 ROSUVASTATIN

Tab Orl 20 mg

Crestor	02247163	AZE	ACDEFGV
ACH-Rosuvastatin	02438933	AHI	ACDEFGV
Apo-Rosuvastatin	02337991	APX	ACDEFGV
Auro-Rosuvastatin	02442590	ARO	ACDEFGV
Jamp Rosuvastatin Calcium	02498359	JPC	ACDEFGV
Jamp-Rosuvastatin	02391279	JPC	ACDEFGV
M-Rosuvastatin	02496550	MRA	ACDEFGV
Mar-Rosuvastatin	02413086	MAR	ACDEFGV
Mint-Rosuvastatin	02397811	MNT	ACDEFGV
NRA-Rosuvastatin	02477505	NRA	ACDEFGV
pms-Rosuvastatin	02378558	PMS	ACDEFGV
PRZ-Rosuvastatin	02505592	PRZ	ACDEFGV
Rosuvastatin	02381192	PDL	ACDEFGV
Rosuvastatin	02405644	SAS	ACDEFGV
Rosuvastatin	02411644	SIV	ACDEFGV
Sandoz Rosuvastatin	02338742	SDZ	ACDEFGV
Taro-Rosuvastatin	02382660	SUN	ACDEFGV
Teva-Rosuvastatin	02354624	TEV	ACDEFGV

Tab Orl 40 mg

Crestor	02247164	AZE	ACDEFGV
ACH-Rosuvastatin	02438941	AHI	ACDEFGV
Apo-Rosuvastatin	02338009	APX	ACDEFGV
Auro-Rosuvastatin	02442604	ARO	ACDEFGV
Jamp Rosuvastatin Calcium	02498367	JPC	ACDEFGV
Jamp-Rosuvastatin	02391287	JPC	ACDEFGV
M-Rosuvastatin	02496569	MRA	ACDEFGV
Mar-Rosuvastatin	02413108	MAR	ACDEFGV
Mint-Rosuvastatin	02397838	MNT	ACDEFGV
NRA-Rosuvastatin	02477513	NRA	ACDEFGV
pms-Rosuvastatin	02378566	PMS	ACDEFGV
PRZ-Rosuvastatin	02505606	PRZ	ACDEFGV
Rosuvastatin	02381206	PDL	ACDEFGV
Rosuvastatin	02405652	SAS	ACDEFGV
Rosuvastatin	02411652	SIV	ACDEFGV
Sandoz Rosuvastatin	02338750	SDZ	ACDEFGV
Taro-Rosuvastatin	02382679	SUN	ACDEFGV
Teva-Rosuvastatin	02354632	TEV	ACDEFGV

C10AB FIBRATES

C10AB04	GEMFIBROZIL								
	Cap	Orl	300 mg		pms-Gemfibrozil	02239951	PMS	ACDEFGV	
	Tab	Orl	600 mg		Teva-Gemfibrozil	02142074	TEV	ACDEFGV	
C10AB05	FENOFIBRATE								
	Cap	Orl	67 mg		AA-Feno Micro	02243180	AAP	ACDEFGV	
	Cap	Orl	200 mg		AA-Feno-Micro	02239864	AAP	ACDEFGV	
	Tab	Orl	48 mg		Lipidil EZ	02269074	BGP	ACDEFGV	
					Sandoz Fenofibrate E	02390698	SDZ	ACDEFGV	
	Tab	Orl	100 mg		AA-Feno-Super	02246859	AAP	ACDEFGV	
	Tab	Orl	145 mg		Lipidil EZ	02269082	BGP	ACDEFGV	
					Sandoz Fenofibrate E	02390701	SDZ	ACDEFGV	
					Taro-Fenofibrate E	02454696	SUN	ACDEFGV	
	Tab	Orl	160 mg		Lipidil Supra	02241602	BGP	ACDEFGV	
					AA-Feno-Super	02246860	AAP	ACDEFGV	
C10AC		BILE ACID SEQUESTRANTS							
C10AC01	CHOLESTYRAMINE								
	Pws	Orl	4 g		Cholestyramine-Odan	02455609	ODN	ACDEFGV	
					Jamp-Cholestyramine	02478595	JPC	ACDEFGV	
C10AC02	COLESTIPOL								
	Pws	Orl	5 g		Colestid	00642975	PFI	ACDEFGV	
	Tab	Orl	1 mg		Colestid	02132680	PFI	ACDEFGV	
C10AC04	COLESEVELAM								
	Pws	Orl	3.75 g		Lodalis	02432463	BSL	ACDEFGV	
	Tab	Orl	625 mg		Lodalis	02373955	BSL	ACDEFGV	
					Apo-Colesevelam	02494051	APX	ACDEFGV	
C10AX		OTHER LIPID MODIFYING AGENTS							
C10AX06	OMEGA-3-TRIGLYCERIDES INCL. OTHER ESTERS AND ACIDS								
	ICOSAPENT ETHYL								
	Cap	Orl	1 g		Vascepa	02495244	HLS	(SA)	

C10AX09 EZETIMIBE

Tab Orl 10 mg

Ezetrol	02247521	ORG	ACDEFGV
ACH-Ezetimibe	02425610	AHI	ACDEFGV
Apo-Ezetimibe	02427826	APX	ACDEFGV
Auro-Ezetimibe	02469286	ARO	ACDEFGV
Ezetimibe	02422549	PDL	ACDEFGV
Ezetimibe	02431300	SAS	ACDEFGV
Ezetimibe	02429659	SIV	ACDEFGV
GLN-Ezetimibe	02460750	GLM	ACDEFGV
Jamp-Ezetimibe	02423235	JPC	ACDEFGV
M-Ezetimibe	02467437	MRA	ACDEFGV
Mar-Ezetimibe	02422662	MAR	ACDEFGV
Mint-Ezetimibe	02423243	MNT	ACDEFGV
NRA-Ezetimibe	02481669	NRA	ACDEFGV
pms-Ezetimibe	02416409	PMS	ACDEFGV
Ran-Ezetimibe	02419548	RAN	ACDEFGV
Sandoz Ezetimibe	02416778	SDZ	ACDEFGV
Teva-Ezetimibe	02354101	TEV	ACDEFGV

C10AX13 EVOLOCUMAB

Liq SC 120 mg/mL

Repatha (prefilled mini-doser) 02459779 AGA (SA)

Liq SC 140 mg/mL

Repatha (autoinjector) 02446057 AGA (SA)

C10AX14 ALIROCUMAB

Liq SC 75 mg/mL

Praluent (prefilled pen) 02453819 SAV (SA)

Liq SC 150 mg/mL

Praluent (prefilled pen) 02453835 SAV (SA)

D DERMATOLOGICALS**D01 ANTIFUNGALS FOR DERMATOLOGICAL USE****D01A ANTIFUNGALS FOR TOPICAL USE****D01AA ANTIBIOTICS**

D01AA01 NYSTATIN

Crm Top 100 000 IU

Nyaderm 00716871 TAR ACDEFGV

D01AC IMIDAZOLE AND TRIAZOLE DERIVATIVES

D01AC01 CLOTRIMAZOLE

Crm Top 1%

Clotrimaderm 00812382 TAR ACDEFGV

D01AC02 MICONAZOLE

D01AC02		MICONAZOLE							
Crm	Top	2%			Micatin	02085852	WLS	ACDEFGV	
					Monistat Derm	02126567	INP	ACDEFGV	
D01AC08		KETOCONAZOLE							
Crm	Top	2%			Ketoderm	02245662	TPH	ACDEFGV	
D01AC20		IMIDAZOLES AND TRIAZOLES IN COMBINATION WITH CORTICOSTEROIDS							
		CLOTRIMAZOLE / BETAMETHASONE							
Crm	Top	1% / 0.05%			Lotriderm	00611174	ORG	ACDEFGV	
					Taro-Clotrimazole/Betamethasone Dipropionate	02496410	TAR	ACDEFGV	
D01AE OTHER ANTIFUNGALS FOR TOPICAL USE									
D01AE14		CICLOPIROX							
Crm	Top	1%			Loprox	02221802	BSL	ACDEFGV	
Lot	Top	1%			Loprox	02221810	BSL	ACDEFGV	
D01AE15		TERBINAFINE							
Crm	Top	1%			Lamisil	02031094	NVR	ACDEFGV	
Spr	Top	1%			Lamisil	02238703	NVR	ACDEFGV	
D01B ANTIFUNGALS, SYSTEMIC PREPARATIONS									
D01BA ANTIFUNGALS FOR SYSTEMIC USE									
D01BA02		TERBINAFINE							
Tab	Orl	250 mg			Lamisil	02031116	NVR	ACDEFGV	
					Act Terbinafine	02254727	TEV	ACDEFGV	
					Apo-Terbinafine	02239893	APX	ACDEFGV	
					Auro-Terbinafine	02320134	ARO	ACDEFGV	
					pms-Terbinafine	02294273	PMS	ACDEFGV	
					Terbinafine	02353121	SAS	ACDEFGV	
					Terbinafine	02385279	SIV	ACDEFGV	
D04 ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.									
D04A ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.									
D04AB ANESTHETICS FOR TOPICAL USE									
D04AB01		LIDOCAINE							
Gel	Top	2%			Lidodan Jelly	02143879	ODN	ACDEFGV	
					Xylocaine Jelly	00001694	APN	ACDEFGV	
					Xylocaine Jelly	00385484	APN	ACDEFGV	

D04AB01	LIDOCAINE								
Ont	Top	5%		Xylocaine Ointment 5%	00001961	APN	ACDEFGV		
D05	ANTIPSORIATICS								
D05A	ANTIPSORIATICS FOR TOPICAL USE								
D05AA	TARS								
D05AA99	TARS								
Liq	Top	20%		Odans LCD	00358495	ODN	ACDEFGV		
D05AX	OTHER ANTIPSORIATICS FOR TOPICAL USE								
D05AX02	CALCIPOTRIOL								
Ont	Top	50 mcg		Dovonex	01976133	LEO	ACDEFV		
D05AX05	TAZAROTENE								
	HALOBÉTASOL PROPIONATE / TAZAROTÈNE								
Lot	Top	0.01% / 0.045%		Duobrii	02499967	BSL	ACDEFGV		
Crm	Top	0.05%		Tazorac Cream (Disc/non disp Mar 6/24)	02243894	ALL	(SA)		
Lot	Top	0.045%		Arazlo	02517868	BSL	ACDEFGV		
D05AX52	CALCIPOTRIOL, COMBINATIONS								
	CALCIPOTRIOL / BETAMETHASONE								
Aer	Top	50 mcg 0.5 mg		Enstilar	02457393	LEO	ACDEFGV		
Gel	Top	50 mcg / 0.5 mg		Dovobet	02319012	LEO	ACDEFGV		
				Taro-Calcipotriol/Betamethasone Gel	02525178	TAR	ACDEFGV		
Ont	Top	50 mcg / 0.5 mg		Dovobet	02244126	LEO	ACDEFGV		
				Teva-Betamethasone/Calcipotriol	02427419	TEV	ACDEFGV		
D05B	ANTIPSORIATICS FOR SYSTEMIC USE								
D05BB	RETINOIDS FOR TREATMENT OF PSORIASIS								
D05BB02	ACITRETIN								
Cap	Orl	10 mg		Soriatane	02070847	ALL	ACDEFGV		
				Mint-Acitretin	02468840	MNT	ACDEFGV		
				Taro-Acitretin	02466074	TAR	ACDEFGV		
Cap	Orl	25 mg		Soriatane	02070863	ALL	ACDEFGV		
				Mint-Acitretin	02468859	MNT	ACDEFGV		
				Taro-Acitretin	02466082	TAR	ACDEFGV		

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	ACDEFGV	
Ont	Top	2%				Fucidin	00586676	LEO	ACDEFGV	
D06AX09	MUPIROCIN									
Ont	Top	2%				Taro-Mupirocin	02279983	TAR	ACDEFGV	
D06B	CHEMOTHERAPEUTICS FOR TOPICAL USE									
D06BA	SULFONAMIDES									
D06BA01	SILVER SULFADIAZINE									
Crm	Top	1%				Flamazine	00323098	SNE	ACDEFGVW	
D06BB	ANTIVIRALS									
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	ACDEFGV	
Gel	Top	1%				Metrogel	02297809	GAC	ACDEFGV	
D07	CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS									
D07A	CORTICOSTEROIDS, PLAIN									
D07AA	CORTICOSTEROIDS, WEAK (GROUP I)									
D07AA02	HYDROCORTISONE									
	HYDROCORTISONE ACETATE									
Crm	Top	0.5%				Cortate	80021088	BAY	AEFGV	
						Hydrosone	00564281	TEV	AEFGV	
Crm	Top	1%				Hyderm	00716839	TAR	ACDEFGV	
						Jamp-Hydrocortisone	80057189	JPC	ACDEFGV	
						Jamp-Hydrocortisone Acetate	80057178	JPC	ACDEFGV	
						Sandoz Hydrocortisone	02412926	SDZ	ACDEFGV	
Lot	Top	1%				Jamp-Hydrocortisone	80057191	JPC	ACDEFGV	

D07AA02	HYDROCORTISONE									
	HYDROCORTISONE ACETATE									
	Ont	Top	1%				Cortoderm	00716693	TAR	ACDEFGV
	HYDROCORTISONE VALERATE									
	Crm	Top	0.2%				Hydroval	02242984	TPH	ACDEFGV
	Ont	Top	0.2%				Hydroval	02242985	TPH	ACDEFGV
	HYDROCORTISONE/UREA									
	Crm	Top	1%				Dermaflex HC	00681989	PAL	ACDEFGV
							Jamp-Hydrocortisone Acetate-Urea	80061501	JPC	ACDEFGV
							M-HC 1% Urea 10%	80073645	MRA	ACDEFGV
	Lot	Top	1%				Dermaflex HC	00681997	PAL	ACDEFGV
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	ACDEFGV
	Ont	Top	0.05%				pdp-Desonide	02229323	PDP	ACDEFGV
D07AB09	TRIAMCINOLONE									
	Crm	Top	0.1%				Aristocort R	02194058	BSL	ACDEFGV
	Crm	Top	0.5%				Aristocort C	02194066	BSL	ACDEFGV
	Ont	Top	0.1%				Aristocort R	02194031	BSL	ACDEFGV
D07AC CORTICOSTEROIDS, POTENT (GROUP III)										
D07AC01	BETAMETHASONE									
	BETAMETHASONE DIPROPIONATE									
	Crm	Top	0.05%				Diprosone	00323071	ORG	ACDEFGV
							Teva-Topilene	00849650	TEV	ACDEFGV
							Teva-Topisone	00804991	TEV	ACDEFGV
	Lot	Top	0.05%				Diprosone	00417246	ORG	ACDEFGV
							Teva-Topilene	01927914	TEV	ACDEFGV
							Teva-Topisone	00809187	TEV	ACDEFGV

D07AC01	BETAMETHASONE								
	BETAMETHASONE DIPROPIONATE								
Ont	Top	0.05%			Diprolene Glycol	00629367	ORG	ACDEFGV	
					Diprosone	00344923	ORG	ACDEFGV	
					Teva-Topilene Glycol	00849669	TEV	ACDEFGV	
					Teva-Topisone	00805009	TEV	ACDEFGV	
	BETAMETHASONE VALERATE								
Crm	Top	0.05%			Celestoderm V/2	02357860	BSL	ACDEFGV	
					Betaderm	00716618	TAR	ACDEFGV	
					Teva-Ectosone Mild	00535427	TEV	ACDEFGV	
Crm	Top	0.1%			Betaderm	00716626	TAR	ACDEFGV	
					Celestoderm V	02357844	PMS	ACDEFGV	
					Teva-Ectosone	00535435	TEV	ACDEFGV	
Lot	Top	0.05%			Teva-Ectosone Mild	00653209	TEV	ACDEFGV	
Lot	Top	0.1%			Betaderm	00716634	TAR	ACDEFGV	
					Teva-Ectosone	00750050	TEV	ACDEFGV	
					Teva-Ectosone Scalp	00653217	TEV	ACDEFGV	
Ont	Top	0.05%			Celestoderm V/2	02357879	BSL	ACDEFGV	
					Betaderm	00716642	TAR	ACDEFGV	
Ont	Top	0.1%			Celestoderm V	02357852	BSL	ACDEFGV	
					Betaderm	00716650	TAR	ACDEFGV	
D07AC03	DESOXIMETASONE								
Crm	Top	0.05%			Topicort Mild	02221918	BSL	ACDEFGV	
Crm	Top	0.25%			Topicort	02221896	BSL	ACDEFGV	
Gel	Top	0.05%			Topicort	02221926	BSL	ACDEFGV	
Ont	Top	0.25%			Topicort	02221934	BSL	ACDEFGV	
D07AC04	FLUOCINOLONE								
Liq	Top	0.01%			Derma-Smoothe	00873292	HLZ	ACDEFGV	
D07AC08	FLUOCINONIDE								

D07AC08 FLUOCINONIDE

Crm Top 0.05%

Lidemol 02163152 BSL ACDEFGV

Lidex 02161923 BSL ACDEFGV

Lyderm 00716863 TPH ACDEFGV

Gel Top 0.05%

Lidex Gel 02161974 BSL ACDEFGV

Lyderm 02236997 TPH ACDEFGV

Ont Top 0.05%

Lidex 02161966 BSL ACDEFGV

Lyderm 02236996 TPH ACDEFGV

D07AC11 AMCINONIDE

Crm Top 0.1%

Taro-Amcinonide 02246714 TAR ACDEFGV

D07AC13 MOMETASONE

Crm Top 0.1%

Elocom 00851744 ORG ACDEFGV

Taro-Mometasone 02367157 TAR ACDEFGV

Lot Top 0.1%

Elocom 00871095 ORG ACDEFGV

Taro-Mometasone 02266385 TAR ACDEFGV

Ont Top 0.1%

Elocom 00851736 ORG ACDEFGV

Teva-Mometasone 02248130 TEV ACDEFGV

D07AC21 ULOBETASOL

HALOBETASOL

Lot Top 0.01%

Bryhali 02506262 BSL ACDEFGV

D07AD CORTICOSTEROIDS, VERY POTENT (GROUP IV)

D07AD01 CLOBETASOL

Crm Top 0.05%

Dermovate 02213265 TPH ACDEFGV

Mylan-Clobetasol 02024187 MYL ACDEFGV

ratio-Clobetasol 01910272 TEV ACDEFGV

Taro-Clobetasol Cream 02245523 TAR ACDEFGV

Lot Top 0.05%

Dermovate 02213281 TPH ACDEFGV

Mylan-Clobetasol Propionate 02216213 MYL ACDEFGV

ratio-Clobetasol 01910299 TEV ACDEFGV

Taro-Clobetasol Topical Sol'n 02245522 TAR ACDEFGV

D07AD01	CLOBETASOL								
Ont	Top	0.05%				Dermovate	02213273	TPH	ACDEFGV
						Mylan-Clobetasol	02026767	MYL	ACDEFGV
						ratio-Clobetasol	01910280	TEV	ACDEFGV
						Taro-Clobetasol Ointment	02245524	TAR	ACDEFGV
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	ACDEFGV
	HYDROCORTISONE / FUSIDIC ACID								
Crm	Top	1% / 2%				Fucidin H	02238578	LEO	ACDEFGV
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	ACDEFGV
Ont	Top	1 mg / 2.5 mg / 100 000 IU / 0.25 mg				Viaderm K-C	00717029	TAR	ACDEFGV
D07CB05	FLUMETASONE AND ANTIBIOTICS								
	FLUMETASONE / CLIOQUINOL								
Crm	Top	0.02% / 3%				Locacorten-Vioform	00074462	PAL	ACDEFGV
D07CC	CORTICOSTEROIDS, POTENT, COMBINATIONS WITH ANTIBIOTICS								
D07CC01	BETAMETHASONE AND ANTIBIOTICS								
	BETAMETHASONE / GENTAMICIN								
Crm	Top	0.1% / 0.1%				Valisone G	00177016	BSL	ACDEFGV
D07X	CORTICOSTEROIDS, OTHER COMBINATIONS								
D07XA	CORTICOSTEROIDS, WEAK, OTHER COMBINATIONS								
D07XA01	HYDROCORTISONE								
	HYDROCORTISONE / PRAMOXINE								
Crm	Top	1% / 1%				Pramox HC	00770957	DPT	ACDEFGV
D07XC	CORTICOSTEROIDS, POTENT, OTHER COMBINATIONS								
D07XC01	BETAMETHASONE								
	BETAMETHASONE / SALICYLIC ACID								
Lot	Top	0.5 mg / 20 mg				ratio-Topisalic	02245688	TEV	ACDEFGV

D07XC01	BETAMETHASONE								
	BETAMETHASONE / SALICYLIC ACID								
Ont	Top	0.5 mg / 30 mg		Diprosalic	00578436	ORG	ACDEFGV		
D09	MEDICATED DRESSINGS								
D09A	MEDICATED DRESSINGS								
D09AA	MEDICATED DRESSINGS WITH ANTIINFECTIVES								
D09AA01	FRAMYCETIN								
Dre	Top	1%		Sofra-Tulle (10cm x 10cm)	01988840	ERF	ACDEFGVW		
				Sofra-Tulle (10cm x 30cm)	01987682	ERF	ACDEFGVW		
D10	ANTI-ACNE PREPARATIONS								
D10A	ANTI-ACNE PREPARATIONS FOR TOPICAL USE								
D10AD	RETINOIDS FOR TOPICAL USE IN ACNE								
D10AD01	TRETINOIN								
Crm	Top	0.01%		Stieva-A	00657204	GSK	CDEFG		
Crm	Top	0.025%		Stieva-A (Disc/non disp Nov 29/24)	00578576	GSK	CDEFG		
Crm	Top	0.05%		Retin-A	00443794	BSL	CDEFG		
				Stieva-A (Disc/non disp Nov 29/24)	00518182	GSK	CDEFG		
Gel	Top	0.01%		Vitamin A Acid	01926462	BSL	CDEFG		
Gel	Top	0.025%		Vitamin A Acid	01926470	BSL	CDEFG		
Gel	Top	0.05%		Vitamin A Acid	01926489	BSL	CDEFG		
D10AF	ANTIINFECTIVES FOR TREATMENT OF ACNE								
D10AF01	CLINDAMYCIN								
Liq	Top	1%		Clindamycin Phosphate Topical Solution	02483769	HIK	ACDEFGV		
				Taro-Clindamycin	02266938	TAR	ACDEFGV		
D10AX	OTHER ANTI ACNE PREPARATIONS FOR TOPICAL USE								
D10AX03	AZELAIC ACID								
Gel	Top	15%		Finacea	02270811	LEO	ACDEFGV		
D10B	ANTI ACNE PREPARATIONS FOR SYSTEMIC USE								
D10BA	RETINOIDS FOR TREATMENT OF ACNE								
D10BA01	ISOTRETINOIN								

D10BA01		ISOTRETINOIN							
Cap	Orl	10 mg			Accutane Roche	00582344	HLR	ACDEFGV	
					Epuris	02396971	CIP	ACDEFGV	
					Clarus	02257955	MYL	ACDEFGV	
Cap	Orl	20 mg			Epuris	02396998	CIP	ACDEFGV	
Cap	Orl	30 mg			Epuris	02397005	CIP	ACDEFGV	
Cap	Orl	40 mg			Accutane Roche	00582352	HLR	ACDEFGV	
					Epuris	02397013	CIP	ACDEFGV	
					Clarus	02257963	MYL	ACDEFGV	
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)	
D11AH05		DUPILUMAB							
Liq	SC	200 mg / 1.14 mL			Dupixent	02492504	SAV	(SA)	
					Dupixent (prefilled pen)	02524252	SAV	(SA)	
Liq	SC	300 mg / 2 mL			Dupixent (autoinjector)	02510049	SAV	(SA)	
					Dupixent (prefilled syringe)	02470365	SAV	(SA)	
D11AH08		ABROCITINIB							
Tab	Orl	50 mg			Cibinqo	02528363	PFI	(SA)	
Tab	Orl	100 mg			Cibinqo	02528371	PFI	(SA)	
Tab	Orl	200 mg			Cibinqo	02528398	PFI	(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	ACDEFGV	

G01AA10		CLINDAMYCIN							
	Crm	Vag	20 mg/g		Dalacin Vaginal Cream	02060604	PAL	ACDEFGV	
G01AF		IMIDAZOLE DERIVATIVES							
G01AF01		METRONIDAZOLE							
	Crm	Vag	10%		Flagyl	01926861	SAV	ACDEFGV	
	Gel	Vag	0.75%		Nidagel	02125226	BSL	ACDEFGV	
G01AF02		CLOTTRIMAZOLE							
	Crm	Vag	1%		Canesten	02150891	BAY	ACDEFGV	
	Crm	Vag	2%		Canesten 3	02150905	BAY	ACDEFGV	
	Crm	Vag	500 mg/1%		Canesten 1 Comfortab	02264102	BAY	ACDEFGV	
					Canesten 3 Comfortab Combi-Pak	02264099	BAY	ACDEFGV	
G01AF04		MICONAZOLE							
	Crm	Vag	1 200 mg / 2%		Monistat 3 Dual Pak	02126249	INP	ACDEFGV	
	Sup	Vag	400 mg		Monistat-3	02126605	INP	ACDEFGV	
G01AG		TRIAZOLE DERIVATIVES							
G01AG02		TERCONAZOLE							
	Crm	Vag	0.4%		Taro-Terconazole	02247651	TAR	ACDEFGV	
G02		OTHER GYNECOLOGICALS							
G02B		CONTRACEPTIVES FOR TOPICAL USE							
G02BA		INTRAUTERINE CONTRACEPTIVES							
G02BA03		PLASTIC IUD WITH PROGESTERONE LEVONORGESTREL							
	Ins	Vag	19.5 mg		Kyleena	02459523	BAY	CDEFGV	
	Ins	Vag	52 mg		Mirena	02243005	BAY	ACDEFGV	
G02BB		INTRAUTERINE CONTRACEPTIVES							
G02BB01		VAGINAL RING WITH PROGESTOGEN AND ESTROGEN ETHINYL ESTRADIOL / ETONOGESTREL							
	Ins	Vag	2.6 mg / 11.4 mg		NuvaRing	02253186	ORG	CDEFG	
					Haloette	02520028	SLP	CDEFG	
G02C		OTHER GYNECOLOGICALS							

G02CB PROLACTINE INHIBITORS**G02CB01 BROMOCRIPTINE**

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

G02CB03 CABERGOLINE

Tab	Orl	0.5 mg	Dostinex	02242471	PAL	ACDEFGV
			Apo-Cabergoline	02455897	APX	ACDEFGV

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

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

G03AA07 LEVONORGESTREL AND ETHINYL ESTRADIOL

Tab	Orl	0.1 mg / 0.02 mg	Alesse (21)	02236974	PFI	CDEFGV
			Alesse (28)	02236975	PFI	CDEFGV
			Alysena (21)	02387875	APX	CDEFGV
			Alysena (28)	02387883	APX	CDEFGV
			Audrina (21)	02532174	JPC	CDEFGV
			Audrina (28)	02532182	JPC	CDEFGV
			Aviane (21)	02298538	TEV	CDEFGV
			Aviane (28)	02298546	TEV	CDEFGV

G03AA07 LEVONORGESTREL AND ETHINYL ESTRADIOL

Tab	Orl	0.15 mg / 0.03 mg	Min-Ovral (21)	02042320	PFI	CDEFGV
			Min-Ovral (28)	02042339	PFI	CDEFGV
			Ovima (21)	02387085	APX	CDEFGV
			Ovima (28)	02387093	APX	CDEFGV
			Portia (21)	02295946	TEV	CDEFGV
			Portia (28)	02295954	TEV	CDEFGV

G03AA09 DESOGESTREL AND ETHINYL ESTRADIOL

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

G03AA12 DROSPIRENONE AND ETHINYLESTRADIOL

Tab	Orl	3 mg / 0.02 mg	Yaz	02321157	BAY	CDEFGV
			Drospirenone and Ethinyl Estradiol	02462060	GLM	CDEFGV
			Mya	02415380	APX	CDEFGV
Tab	Orl	3 mg / 0.03 mg	Yasmin (21)	02261723	BAY	CDEFGV
			Yasmin (28)	02261731	BAY	CDEFGV
			Drospirenone and Ethinyl Estradiol-21	02421437	GLM	CDEFGV
			Drospirenone and Ethinyl Estradiol-28	02421445	GLM	CDEFGV
			Zamine (21)	02410788	APX	CDEFGV
			Zamine (28)	02410796	APX	CDEFGV

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	CDEFGV
			Triquilar (28)	00707503	BAY	CDEFGV

G03AB04 NORETHISTERONE (NORETHINDRONE) AND ETHINYL ESTRADIOL

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

G03AB09 NORGESTIMATE AND ETHINYL ESTRADIOL

Tab	Orl	0.18 mg,0.215 mg, 0.25 mg / 0.035 mg	Tri-Cira (21)	02508087	APX	CDEFGV
			Tri-Cira (28)	02508095	APX	CDEFGV
			Tri-Jordyna (21)	02486296	GLM	CDEFGV
			Tri-Jordyna (28)	02486318	GLM	CDEFGV
Tab	Orl	0.215 mg,0.18 mg, 0.025 mg / 0.025 mg	Tricira LO (21)	02401967	APX	CDEFGV
			Tricira LO (28)	02401975	APX	CDEFGV

G03AC PROGESTOGENS

G03AC01 NORETHISTERONE (NORETHINDRONE)

Tab	Orl	0.35 mg	Jencycla (28)	02441306	LUP	CDEFGV
			Movisse (28)	02410303	MYL	CDEFGV

G03AC06 MEDROXYPROGESTERONE

Sus	Inj	150 mg/mL	Depo-Provera	02523493	PFI	CDEFGV
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G03AC08 ETONOGESTREL

Imp	SC	68 mg	Nexplanon	02499509	ORG	CDEFGV
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G03AD EMERGENCY CONTRACEPTIVES

G03AD01 LEVONORGESTREL

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

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)
Gel	Top	50 mg	AndroGel Packets	02245346	BGP	(SA)
			Taro-Testosterone Gel	02463806	TAR	(SA)

G03BA03 TESTOSTERONE

Liq IM 100 mg/mL

Depo-Testosterone 00030783 PFI ACDEFGV

Taro-Testosterone 02496003 TAR ACDEFGV

Liq Inj 200 mg/mL

Delatesteryl 00029246 BSL ACDEFGV

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

G03CA03 ESTRADIOL

Gel Trd 0.06%

Estrogel 02238704 ORG ACDEFGV

Gel Trd 0.25 mg

Divigel 02424924 SLP ACDEFGV

Gel Trd 0.5 mg

Divigel 02424835 SLP ACDEFGV

Gel Trd 1 mg

Divigel 02424843 SLP ACDEFGV

Ins Vag 2 mg

Estring 02168898 PAL ACDEFGV

Ins Vag 4 mcg

Imvexxy 02503689 KNI ACDEFV

Ins Vag 10 mcg

Imvexxy 02503697 KNI ACDEFV

Pth Trd 25 mcg

Climara 25 02247499 BAY ACDEFGV

Estradot 02245676 SDZ ACDEFGV

Pth Trd 37.5 mcg

Estradot 02243999 SDZ ACDEFGV

Pth Trd 50 mcg

Climara 50 02231509 BAY ACDEFGV

Estradot 02244000 SDZ ACDEFGV

Sandoz Estradiol Derm Srd 02246967 SDZ ACDEFGV

Pth Trd 75 mcg

Climara 75 02247500 BAY ACDEFGV

Estradot 02244001 SDZ ACDEFGV

Sandoz Estradiol Derm Srd 02246968 SDZ ACDEFGV

Pth Trd 100 mcg

Estradot 02244002 SDZ ACDEFGV

Sandoz Estradiol Derm Srd 02246969 SDZ ACDEFGV

Tab Orl 0.5 mg

Estrace 02225190 PMS ACDEFGV

Lupin-Estradiol 02449048 LUP ACDEFGV

G03CA03 ESTRADIOL

Tab Orl 1 mg

Estrace 02148587 PMS ACDEFGV
Lupin-Estradiol 02449056 LUP ACDEFGV

Tab Orl 2 mg

Estrace 02148595 PMS ACDEFGV
Lupin-Estradiol 02449064 LUP ACDEFGV

Tab Vag 10 mcg

Vagifem 10 02325462 NNO ACDEFGV

G03CA07 ESTRONE

Crm Vag 1 mg

Estragyn 00727369 SLP ACDEFGV

G03CA57 CONJUGATED ESTROGENS

Crm Vag 0.625 mg

Premarin 02043440 PFI ACDEFGV

Tab Orl 0.3 mg

Premarin 02414678 PFI ACDEFGV

Tab Orl 0.625 mg

Premarin 02414686 PFI ACDEFGV

Tab Orl 1.25 mg

Premarin 02414694 PFI ACDEFGV

G03D PROGESTOGENS

G03DA PREGNEN (4) DERIVATIVES

G03DA02 MEDROXYPROGESTERONE

Tab Orl 2.5 mg

Provera 00708917 PFI ACDEFGV
Apo-Medroxy 02244726 APX ACDEFGV
Teva-Medroxyprogesterone 02221284 TEV ACDEFGV

Tab Orl 5 mg

Provera 00030937 PFI ACDEFGV
Apo-Medroxy 02244727 APX ACDEFGV
Teva-Medroxyprogesterone 02221292 TEV ACDEFGV

Tab Orl 10 mg

Provera 00729973 PFI ACDEFGV
Apo-Medroxy 02277298 APX ACDEFGV
Teva-Medroxyprogesterone 02221306 TEV ACDEFGV

Tab Orl 100 mg

Apo-Medroxy 02267640 APX ACDEFGV

G03DA04 PROGESTERONE

G03DA04 PROGESTERONE

Cap Orl 100 mg

Prometrium	02166704	ORG	ACDEFGV
Auro-Progesterone	02493578	ARO	ACDEFGV
pms-Progesterone	02476576	PMS	ACDEFGV
Progesterone	02516187	SAS	ACDEFGV
Reddy-Progesterone	02463113	RCH	ACDEFGV
Teva-Progesterone	02439913	TEV	ACDEFGV

G03DB PREGNADIEN DERIVATIVES**G03DB08 DIENOGEST**

Tab Orl 2 mg

Visanne	02374900	BAY	(SA)
Aspen-Dienogest	02493055	APN	(SA)
Jamp Dienogest	02498189	JPC	(SA)

G03DC ESTREN DERIVATIVES**G03DC02 NORETHISTERONE (NORETHINDRONE)**

Tab Orl 5 mg

Norlutate	00023760	SLP	(SA)
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G03F PROGESTOGENS AND ESTROGENS IN COMBINATION**G03FA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS****G03FA01 NORETHISTERONE (NORETHINDRONE) AND ESTROGEN**

Pth Trd 140 mcg / 50 mcg

Estalis	02241835	SDZ	ACDEFGV
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Pth Trd 250 mcg / 50 mcg

Estalis	02241837	SDZ	ACDEFGV
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G03FA04 PROGESTERONE AND ESTROGEN

Cap Orl 1 mg / 100 mg

Bijuva	02505223	KNI	ACDEFV
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G03H ANTIANDROGENS**G03HA ANTIANDROGENS, PLAIN****G03HA01 CYPROTERONE**

Tab Orl 50 mg

Androcur	00704431	PMS	ACDEFV
Med-Cyproterone	02390760	GMP	ACDEFV

G03HB ANTIANDROGENS AND ESTROGENS**G03HB01 CYPROTERONE AND ESTROGENS**

Tab Orl 2 mg / 0.035 mg

Diane-35	02233542	BAY	CDEFGV
Cléo-35	02436736	ATS	CDEFGV
Cyestra-35	02290308	PAL	CDEFGV
Teva-Cyproterone/Ethinyl Estradiol	02309556	TEV	CDEFGV

G03X OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM**G03XA ANTIGONADOTROPHINS AND SIMILAR AGENTS**

G03XA01 DANAZOL

Cap Orl 50 mg Cyclomen 02018144 SAV ACDEFV

Cap Orl 100 mg Cyclomen 02018152 SAV ACDEFV

Cap Orl 200 mg Cyclomen 02018160 SAV ACDEFV

G03XB PROGESTERONE RECEPTOR MODULATORS

G03XB51 MIFEPRISTONE, COMBINATIONS

MIFEPRISTONE / MISOPROSTOL

Tab Orl 200 mg / 200 mcg Mifegymiso 02444038 LIN CJ

G03XC OTHER SEX HORMONES

G03XC01 RALOXIFENE

Tab Orl 60 mg Evista 02239028 LIL ACDEFV

Act Raloxifene 02358840 TEV ACDEFV

Apo-Raloxifene 02279215 APX ACDEFV

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

G04BD04 OXYBUTYNIN

Syr Orl 1 mg pms-Oxybutynin 02223376 PMS ACDEFGV

Tab Orl 5 mg Apo-Oxybutynin 02163543 APX ACDEFGV

Novo-Oxybutynin 02230394 TEV ACDEFGV

Oxybutynin 02350238 SAS ACDEFGV

pms-Oxybutynin 02240550 PMS ACDEFGV

G04BD06 PROPIVERINE

Tab Orl 5 mg Mictoryl Pediatric 02460289 DUI (SA)

G04BD07 TOLTERODINE

ERC Orl 2 mg Detrol LA 02244612 BGP ACDEFGV

Sandoz Tolterodine LA 02413140 SDZ ACDEFGV

Teva-Tolterodine LA 02412195 TEV ACDEFGV

ERC Orl 4 mg Detrol LA 02244613 BGP ACDEFGV

Sandoz Tolterodine LA 02413159 SDZ ACDEFGV

Teva-Tolterodine LA 02412209 TEV ACDEFGV

G04BD07 TOLTERODINE

Tab Orl 1 mg

Detrol	02239064	BGP	ACDEFGV
Jamp Tolterodine	02496836	JPC	ACDEFGV
Mint-Tolterodine	02423308	MNT	ACDEFGV
Teva-Tolterodine	02299593	TEV	ACDEFGV

Tab Orl 2 mg

Detrol	02239065	BGP	ACDEFGV
Jamp Tolterodine	02496844	JPC	ACDEFGV
Mint-Tolterodine	02423316	MNT	ACDEFGV
Teva-Tolterodine	02299607	TEV	ACDEFGV

G04BD08 SOLIFENACIN

Tab Orl 5 mg

Vesicare	02277263	ASL	ACDEFGV
ACH-Solifenacin Succinate	02439344	AHI	ACDEFGV
Auro-Solifenacin	02446375	ARO	ACDEFGV
Jamp Solifenacin Succinate	02428911	JPC	ACDEFGV
Jamp-Solifenacin	02424339	JPC	ACDEFGV
M-Solifenacin Succinate	02529696	MRA	ACDEFGV
pms-Solifenacin	02417723	PMS	ACDEFGV
PRZ-Solifenacin	02493039	PRZ	ACDEFGV
Sandoz Solifenacin	02399032	SDZ	ACDEFGV
Solifenacin	02458241	SAS	ACDEFGV
Taro-Solifenacin	02437988	SUN	ACDEFGV
Teva-Solifenacin	02397900	TEV	ACDEFGV

Tab Orl 10 mg

Vesicare	02277271	ASL	ACDEFGV
ACH-Solifenacin Succinate	02439352	AHI	ACDEFGV
Auro-Solifenacin	02446383	ARO	ACDEFGV
Jamp Solifenacin Succinate	02428938	JPC	ACDEFGV
Jamp-Solifenacin	02424347	JPC	ACDEFGV
M-Solifenacin Succinate	02529718	MRA	ACDEFGV
pms-Solifenacin	02417731	PMS	ACDEFGV
PRZ-Solifenacin	02493047	PRZ	ACDEFGV
Sandoz Solifenacin	02399040	SDZ	ACDEFGV
Solifenacin	02458268	SAS	ACDEFGV
Taro-Solifenacin	02437996	SUN	ACDEFGV
Teva-Solifenacin	02397919	TEV	ACDEFGV

G04BD09 TROSPIMUM

G04BD09		TROSPIUM					
Tab	Orl	20 mg		Trosec	02275066	SNV	(SA)
				Jamp Trospium	02506661	JPC	(SA)
				Mar-Trospium	02488353	MAR	(SA)
G04BD10		DARIFENACIN					
ERT	Orl	7.5 mg		Enablex	02273217	SLP	(SA)
				Apo-Darifenacin	02452510	APX	(SA)
				Jamp Darifenacin	02491869	JPC	(SA)
ERT	Orl	15 mg		Enablex	02273225	SLP	(SA)
				Apo-Darifenacin	02452529	APX	(SA)
				Jamp Darifenacin	02491877	JPC	(SA)
G04BD11		FESOTERODINE					
ERT	Orl	4 mg		Toviaz	02380021	PFI	(SA)
				Sandoz Fesoterodine Fumarate	02521768	SDZ	(SA)
ERT	Orl	8 mg		Toviaz	02380048	PFI	(SA)
				Sandoz Fesoterodine Fumarate	02521776	SDZ	(SA)
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	ACDEFGV
G04C		DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY					
G04CA		ALPHA-ADRENORECEPTOR ANTAGONISTS					
G04CA01		ALFUZOSIN					
ERT	Orl	10 mg		Xatral	02245565	SAV	ACDEFGV
				Alfuzosin	02519844	SAS	ACDEFGV
				Alfuzosin	02447576	SIV	ACDEFGV
				Apo-Alfuzosin	02315866	APX	ACDEFGV
				Auro-Alfuzosin	02443201	ARO	ACDEFGV
				Sandoz Alfuzosin	02304678	SDZ	ACDEFGV
G04CA02		TAMSULOSIN					

G04CA02 TAMSULOSIN

ERT Orl 0.4 mg

SRC Orl 0.4 mg

G04CA03 TERAZOSIN

Tab Orl 1 mg

Tab Orl 2 mg

Tab Orl 5 mg

Tab Orl 10 mg

Flomax CR 02270102 BOE ACDEFV

Apo-Tamsulosin CR 02362406 APX ACDEFV

Sandoz Tamsulosin CR 02340208 SDZ ACDEFV

Tamsulosin CR 02427117 SAS ACDEFV

Tamsulosin CR 02429667 SIV ACDEFV

Teva-Tamsulosin CR 02368242 TEV ACDEFV

Sandoz Tamsulosin 02319217 SDZ ACDEFV

Apo-Terazosin 02234502 APX ACDEFV

pms-Terazosin 02243518 PMS ACDEFV

Apo-Terazosin 02234503 APX ACDEFV

pms-Terazosin 02243519 PMS ACDEFV

Apo-Terazosin 02234504 APX ACDEFV

pms-Terazosin 02243520 PMS ACDEFV

Teva-Terazosin 02230807 TEV ACDEFV

Apo-Terazosin 02234505 APX ACDEFV

pms-Terazosin 02243521 PMS ACDEFV

G04CB TESTOSTERONE-5-ALPHA REDUCTASE INHIBITORS

G04CB01 FINASTERIDE

Tab Orl 5 mg

Proscar 02010909 ORG ACDEFGV

Apo-Finasteride 02365383 APX ACDEFGV

Auro-Finasteride 02405814 ARO ACDEFGV

Finasteride 02355043 AHI ACDEFGV

Finasteride 02445077 SAS ACDEFGV

Finasteride 02447541 SIV ACDEFGV

Jamp-Finasteride 02357224 JPC ACDEFGV

M-Finasteride 02522489 MRA ACDEFGV

Mint-Finasteride 02389878 MNT ACDEFGV

pms-Finasteride 02310112 PMS ACDEFGV

Riva-Finasteride 02455013 RIV ACDEFGV

Sandoz Finasteride 02322579 SDZ ACDEFGV

Teva-Finasteride 02348500 TEV ACDEFGV

G04CB02 DUTASTERIDE

G04CB02 DUTASTERIDE

Cap Orl 0.5 mg

Avodart	02247813	GSK	ACDEFGV
Apo-Dutasteride	02404206	APX	ACDEFGV
Auro-Dutasteride	02469308	ARO	ACDEFGV
Dutasteride	02443058	SAS	ACDEFGV
Dutasteride	02429012	SIV	ACDEFGV
Jamp-Dutasteride	02484870	JPC	ACDEFGV
Med-Dutasteride	02416298	GMP	ACDEFGV
Mint-Dutasteride	02428873	MNT	ACDEFGV
pms-Dutasteride	02393220	PMS	ACDEFGV
Priva-Dutasteride	02490587	NRA	ACDEFGV
Sandoz Dutasteride	02424444	SDZ	ACDEFGV
Teva-Dutasteride	02408287	TEV	ACDEFGV

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)

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)

H01AC01 SOMATROPIN

Liq	Inj	20 mg	Saizen	02350149	EMD	T (SA)
Liq	Inj	20 mg / 2 mL	Nutropin AQ NuSpin	02399083	HLR	T (SA)
Liq	SC	5 mg / 1.5 mL	Norditropin FlexPro	02529181	NNO	(SA)
Liq	SC	10 mg / 1.5 mL	Norditropin FlexPro	02529203	NNO	(SA)
Liq	SC	15 mg / 1.5 mL	Norditropin FlexPro	02529211	NNO	(SA)
Pws	Inj	5 mg	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)

H01AC03 MECASERMIN

Liq	SC	10 mg/mL	Increlex	02509733	IPS	(SA)
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H01AC08 SOMATROGON

Liq	SC	24 mg / 1.2 mL	Ngenla	02521679	PFI	(SA)
Liq	SC	60 mg / 1.2 mL	Ngenla	02521687	PFI	(SA)

H01B POSTERIOR PITUITARY LOBE HORMONES

H01BA VASOPRESSIN AND ANALOGUES

H01BA02 DESMOPRESSIN

H01BA02 DESMOPRESSIN

Aem	Nas	10 mcg	Desmopressin Spray	02242465	AAP	(SA)
Liq	Inj	4 mcg/mL	DDAVP	00873993	FEI	ACDEFGV
			Bipazen	02513579	KVR	ACDEFGV
ODT	Slg	60 mcg	DDAVP Melt	02284995	FEI	CDEF-18G (SA)
ODT	Slg	120 mcg	DDAVP Melt	02285002	FEI	CDEF-18G (SA)
Tab	Orl	0.1 mg	Apo-Desmopressin	02284030	APX	CDEF-18G (SA)
			pms-Desmopressin	02304368	PMS	CDEF-18G (SA)
Tab	Orl	0.2 mg	Apo-Desmopressin	02284049	APX	CDEF-18G (SA)
			pms-Desmopressin	02304376	PMS	CDEF-18G (SA)

H01C HYPOTHALAMIC HORMONES

H01CA GONADOTROPIN-RELEASING HORMONES

H01CA02 NAFARELIN

Liq	Nas	2 mg/mL	Synarel	02188783	PFI	ACDEFGV
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H01CB SOMATOSTATIN AND ANALOGUES

H01CB02 OCTREOTIDE

Liq	Inj	0.05 mg/mL	Sandostatin	00839191	NVR	ACDEFGVW
			Octreotide Acetate Omega	02248639	OMG	ACDEFGVW
Liq	Inj	0.1 mg/mL	Sandostatin	00839205	NVR	ACDEFGVW
			Octreotide Acetate Omega	02248640	OMG	ACDEFGVW
Liq	Inj	0.2 mg/mL	Octreotide Acetate Omega	02248642	OMG	ACDEFGVW
Liq	Inj	0.5 mg/mL	Octreotide Acetate Omega	02248641	OMG	ACDEFGVW
Pws	Inj	10 mg	Sandostatin LAR	02239323	NVR	ACDEFGVW
			Octreotide for Injectable Suspension	02503751	TEV	ACDEFGVW
Pws	Inj	20 mg	Sandostatin LAR	02239324	NVR	ACDEFGVW
			Octreotide for Injectable Suspension	02503778	TEV	ACDEFGVW
Pws	Inj	30 mg	Sandostatin LAR	02239325	NVR	ACDEFGVW
			Octreotide for Injectable Suspension	02503786	TEV	ACDEFGVW

H01CB03 LANREOTIDE

H01CB03		LANREOTIDE					
Liq	SC	60 mg / 0.5 mL		Somatuline Autogel (prefilled syringe)	02283395	IPS	ACDEFGV
Liq	SC	90 mg / 0.5 mL		Somatuline Autogel (prefilled syringe)	02283409	IPS	ACDEFGV
Liq	SC	120 mg / 0.5 mL		Somatuline Autogel (prefilled syringe)	02283417	IPS	ACDEFGV
H02		CORTICOSTEROIDS FOR SYSTEMIC USE					
H02A		CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN					
H02AA		MINERALOCORTICIDS					
H02AA02		FLUDROCORTISONE					
Tab	Orl	0.1 mg		Florinef	02086026	PAL	ACDEFGV
H02AB		GLUCOCORTICIDS					
H02AB01		BETAMETHASONE					
Sus	IM	3 mg / 3 mg		Celestone Soluspan	00028096	ORG	ACDEFGV
H02AB02		DEXAMETHASONE					
Liq	Inj	4 mg/mL		Dexamethasone sodium phosphate	00664227	SDZ	ACDEFGVW
				Dexamethasone sodium phosphate	01977547	STR	ACDEFGVW
				Dexamethasone-Omega	02204266	OMG	ACDEFGVW
Tab	Orl	0.5 mg		Apo-Dexamethasone	02261081	APX	ACDEFGVW
				pms-Dexamethasone	01964976	PMS	ACDEFGVW
Tab	Orl	2 mg		pms-Dexamethasone	02279363	PMS	ACDEFGVW
Tab	Orl	4 mg		Apo-Dexamethasone	02250055	APX	ACDEFGVW
				pms-Dexamethasone	01964070	PMS	ACDEFGVW
H02AB04		METHYLPREDNISOLONE					
Pws	Inj	40 mg		Solu-Medrol (Act-O-Vial)	02367947	PFI	ACDEFGVW
Pws	Inj	125 mg		Solu-Medrol (Act-O-Vial)	02367955	PFI	ACDEFGVW
Pws	Inj	500 mg		Solu-Medrol	00030678	PFI	ACDEFGVW
				Solu-Medrol (Act-O-Vial)	02367963	PFI	ACDEFGVW
Pws	Inj	1 g		Solu-Medrol	00036137	PFI	ACDEFGVW
				Solu-Medrol (Act-O-Vial)	02367971	PFI	ACDEFGVW
Sus	Inj	20 mg/mL		Depo-Medrol	01934325	PFI	ACDEFGVW

H02AB04	METHYLPREDNISOLONE							
	Sus	Inj	40 mg/mL		Depo-Medrol	00030759	PFI	ACDEFGVW
					Depo-Medrol	01934333	PFI	ACDEFGVW
	Sus	Inj	80 mg/mL		Depo-Medrol	00030767	PFI	ACDEFGVW
					Depo-Medrol	01934341	PFI	ACDEFGVW
	Tab	Orl	4 mg		Medrol	00030988	PFI	ACDEFGVW
	Tab	Orl	16 mg		Medrol	00036129	PFI	ACDEFGVW
H02AB06	PREDNISOLONE							
	Liq	Orl	5 mg / 5 mL		Pediapred (Disc/non disp Mar 1/25)	02230619	SAV	ACDEFGVW
					pms-Prednisolone	02245532	PMS	ACDEFGVW
H02AB07	PREDNISONE							
	Tab	Orl	1 mg		Winpred	00271373	AAP	ACDEFGRVW
	Tab	Orl	5 mg		Apo-Prednisone	00312770	APX	ABCDEFGRVW
					Teva-Prednisone	00021695	TEV	ABCDEFGRVW
	Tab	Orl	50 mg		Apo-Prednisone	00550957	APX	ACDEFGRVW
					Teva-Prednisone	00232378	TEV	ACDEFGRVW
H02AB08	TRIAMCINOLONE							
	Sus	IA	10 mg/mL		Kenalog-10	01999761	BRI	ACDEFGV
	Sus	IA	20 mg/mL		Trispan	02470632	MDX (SA)	
	Sus	IA	40 mg/mL		Kenalog-40	01999869	BRI	ACDEFGV
					Triamcinolone Acetonide	01977563	STR	ACDEFGV
H02AB09	HYDROCORTISONE							
	Pws	Inj	100 mg		Solu-Cortef (Act-O-Vial)	00030600	PFI	ACDEFGVW
	Pws	Inj	250 mg		Solu-Cortef (Act-O-Vial)	00030619	PFI	ACDEFGVW
	Pws	Inj	500 mg		Solu-Cortef (Act-O-Vial)	00030627	PFI	ACDEFGVW
	Pws	Inj	1 g		Solu-Cortef (Act-O-Vial)	00030635	PFI	ACDEFGVW
	Tab	Orl	10 mg		Cortef	00030910	PFI	ACDEFGVW
					Auro-Hydrocortisone	02524465	ARO	ACDEFGVW

H02AB09		HYDROCORTISONE							
Tab	Orl	20 mg			Cortef	00030929	PFI	ACDEFGVW	
					Auro-Hydrocortisone	02524473	ARO	ACDEFGVW	
H02AB10		CORTISONE							
Tab	Orl	25 mg			Cortisone	00280437	BSL	ACDEFGVW	
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	ACDEFGVW	
H03		THYROID THERAPY							
H03A		THYROID PREPARATIONS							
H03AA		THYROID HORMONES							
H03AA01		LEVOTHYROXINE SODIUM							
Tab	Orl	0.025 mg			Synthroid	02172062	BGP	ACDEFGV	
Tab	Orl	0.05 mg			Synthroid	02172070	BGP	ACDEFGV	
					Eltroxin	02213192	APN	ACDEFGV	
Tab	Orl	0.075 mg			Synthroid	02172089	BGP	ACDEFGV	
Tab	Orl	0.088 mg			Synthroid	02172097	BGP	ACDEFGV	
Tab	Orl	0.1 mg			Synthroid	02172100	BGP	ACDEFGV	
					Eltroxin	02213206	APN	ACDEFGV	
Tab	Orl	0.112 mg			Synthroid	02171228	BGP	ACDEFGV	
Tab	Orl	0.125 mg			Synthroid	02172119	BGP	ACDEFGV	
Tab	Orl	0.137 mg			Synthroid	02233852	BGP	ACDEFGV	
Tab	Orl	0.15 mg			Synthroid	02172127	BGP	ACDEFGV	
					Eltroxin	02213214	APN	ACDEFGV	
Tab	Orl	0.175 mg			Synthroid	02172135	BGP	ACDEFGV	
Tab	Orl	0.2 mg			Synthroid	02172143	BGP	ACDEFGV	
					Eltroxin	02213222	APN	ACDEFGV	

H03AA01	LEVOTHYROXINE SODIUM							
Tab	Orl	0.3 mg			Synthroid	02172151	BGP	ACDEFGV
H03AA02	LIOTHYRONINE SODIUM							
Tab	Orl	5 mcg			Cytomel	01919458	PFI	ACDEFGV
					Teva-Liothyronine	02494337	TEV	ACDEFGV
Tab	Orl	25 mcg			Cytomel	01919466	PFI	ACDEFGV
					Teva-Liothyronine	02494345	TEV	ACDEFGV
H03AA05	THYROID GLAND PREPARATIONS DESICCATED THYROID							
Tab	Orl	30 mg			Thyroid	00023949	ERF	ACDEFGV
Tab	Orl	60 mg			Thyroid	00023957	ERF	ACDEFGV
Tab	Orl	125 mg			Thyroid	00023965	ERF	ACDEFGV
H03B	ANTITHYROID PREPARATIONS							
H03BA	THIOURACILS							
H03BA02	PROPYLTHIOURACIL							
Tab	Orl	50 mg			Halycil	02521059	ARN	ACDEFGV
					Propylthiouracil	02523019	PCI	ACDEFGV
H03BB	SULPHUR-CONTAINING IMIDAZOLE DERIVATIVES							
H03BB02	THIAMAZOLE (METHIMAZOLE)							
Tab	Orl	5 mg			Tapazole	00015741	PAL	ACDEFGV
					Jamp Methimazole	02490625	JPC	ACDEFGV
					Mar-Methimazole	02480107	MAR	ACDEFGV
Tab	Orl	10 mg			Tapazole	02296039	PAL	ACDEFGV
					Jamp Methimazole	02490633	JPC	ACDEFGV
					Mar-Methimazole	02480115	MAR	ACDEFGV
H04	PANCREATIC HORMONES							
H04A	GLYCOGENOLYTIC HORMONES							
H04AA	GLYCOGENOLYTIC HORMONES							
H04AA01	GLUCAGON							
Kit	Inj	1 mg			Glucagen	02333619	PAL	ACDEFGV
					Glucagen Hypokit	02333627	PAL	ACDEFGV
					Glucagon (Disc/non disp Dec 18/24)	02243297	LIL	ACDEFGV
					Glucagon Injection (Temporary Benefit)	09858279	APM	ACDEFGV

H04AA01 GLUCAGON

Pws Nas 3 mg

Baqsimi 02492415 LIL (SA)

H05 CALCIUM HOMEOSTASIS

H05B ANTI-PARATHYROID AGENTS

H05BA CALCITONIN PREPARATIONS

H05BA01 CALCITONIN (SALMON SYNTHETIC)

Liq Inj 200 U/mL

Calcimar 01926691 SAV ACDEFGV

H05BX OTHER ANTI-PARATHYROID AGENTS

H05BX01 CINACALCET

Tab Orl 30 mg

Sensipar 02257130 AGA ACDEFGV

Apo-Cinacalcet 02452693 APX ACDEFGV

Auro-Cinacalcet 02478900 ARO ACDEFGV

Cinacalcet 02524880 SAS ACDEFGV

Jamp Cinacalcet 02500094 JPC ACDEFGV

M-Cinacalcet 02481987 MRA ACDEFGV

Mar-Cinacalcet 02480298 MAR ACDEFGV

pms-Cinacalcet 02517604 PMS ACDEFGV

Teva-Cinacalcet 02441624 TEV ACDEFGV

Tab Orl 60 mg

Sensipar 02257149 AGA ACDEFGV

Apo-Cinacalcet 02452707 APX ACDEFGV

Auro-Cinacalcet 02478919 ARO ACDEFGV

Jamp Cinacalcet 02500108 JPC ACDEFGV

M-Cinacalcet 02481995 MRA ACDEFGV

Mar-Cinacalcet 02480301 MAR ACDEFGV

pms-Cinacalcet 02517612 PMS ACDEFGV

Teva-Cinacalcet 02441632 TEV ACDEFGV

Tab Orl 90 mg

Sensipar 02257157 AGA ACDEFGV

Apo-Cinacalcet 02452715 APX ACDEFGV

Auro-Cinacalcet 02478943 ARO ACDEFGV

Jamp Cinacalcet 02500116 JPC ACDEFGV

M-Cinacalcet 02482002 MRA ACDEFGV

Mar-Cinacalcet 02480328 MAR ACDEFGV

pms-Cinacalcet 02517620 PMS ACDEFGV

Teva-Cinacalcet 02441640 TEV ACDEFGV

J ANTIINFECTIVES FOR SYSTEMIC USE

J01 ANTIBACTERIALS FOR SYSTEMIC USE

J01A	TETRACYCLINES									
J01AA	TETRACYCLINES									
J01AA02	DOXYCYCLINE									
Cap	Orl	100 mg				Apo-Doxy	00740713	APX	ABCDEFGVW	
						Doxycycline	02351234	SAS	ABCDEFGVW	
						Teva-Doxycycline	00725250	TEV	ABCDEFGVW	
Tab	Orl	100 mg				Doxycin	00860751	RIV	ABCDEFGVW	
						Apo-Doxy	00874256	APX	ABCDEFGVW	
						Doxycycline	02351242	SAS	ABCDEFGVW	
						Teva-Doxycycline	02158574	TEV	ABCDEFGVW	
J01AA07	TETRACYCLINE									
Cap	Orl	250 mg				Tetra	00580929	AAP	ACDEFGVW	
J01AA08	MINOCYCLINE									
Cap	Orl	50 mg				Minocycline	02084090	AAP	ACDEFGV	
Cap	Orl	100 mg				Minocycline	02084104	AAP	ACDEFGV	
J01AA12	TIGECYCLINE									
Pws	IV	50 mg				Tygacil	02285401	PFI	W (SA)	
J01C	BETA LACTAM ANTIBACTERIALS, PENICILLINS									
J01CA	PENICILLIN WITH EXTENDED SPECTRUMS									
J01CA01	AMPICILLIN									
Cap	Orl	250 mg				Teva-Ampicillin	00020877	TEV	ACDEFGVW	
Cap	Orl	500 mg				Teva-Ampicillin	00020885	TEV	ACDEFGVW	
Pws	Inj	500 mg				Ampicillin Sodium	00872652	TEV	ACDEFGVW	
Pws	Inj	1 g				Ampicillin Sodium	01933345	TEV	ACDEFGVW	
Pws	Inj	2 g				Ampicillin Sodium	01933353	TEV	ACDEFGVW	
J01CA04	AMOXICILLIN									
Cap	Orl	250 mg				Amoxicillin Capsules BP	02525348	SAS	ABCDEFGVW	
						Apo-Amoxi	00628115	APX	ABCDEFGVW	
						Auro-Amoxicillin	02388073	ARO	ABCDEFGVW	
						Jamp-Amoxicillin	02433060	JPC	ABCDEFGVW	
						Novamoxin	00406724	TEV	ABCDEFGVW	

J01CA04 AMOXICILLIN

Cap Orl 500 mg

Amoxicillin 02401509 SIV ABCDEFGVW
 Amoxicillin Capsules BP 02525356 SAS ABCDEFGVW
 Apo-Amoxi 00628123 APX ABCDEFGVW
 Auro-Amoxicillin 02388081 ARO ABCDEFGVW
 Jamp-Amoxicillin 02433079 JPC ABCDEFGVW
 Novamoxin 00406716 TEV ABCDEFGVW

Pws Orl 125 mg / 5 mL

Apo-Amoxi 00628131 APX ABCDEFGVW
 Jamp-Amoxicillin 02535793 JPC ABCDEFGVW

Pws Orl 250 mg / 5 mL

Amoxicillin 02352753 SAS ABCDEFGVW
 Amoxicillin 02401541 SIV ABCDEFGVW
 Amoxicillin (sugar-reduced) 02352788 SAS ABCDEFGVW
 Apo-Amoxi 00628158 APX ABCDEFGVW
 Auro-Amoxicillin 02458594 ARO ABCDEFGVW
 Jamp-Amoxicillin 02535815 JPC ABCDEFGVW
 Moxilen (Temporary Benefit) 09858237 JNO ABCDEFGVW
 Novamoxin 00452130 TEV ABCDEFGVW
 Novamoxin (sugar-reduced) 01934163 TEV ABCDEFGVW

TabC Orl 250 mg

Novamoxin chew 02036355 TEV ABCDEFGVW

J01CE BETA-LACTAMASE SENSITIVE PENICILLINS

J01CE02 PHENOXYMETHYLPENICILLIN (PENICILLIN V)

Tab Orl 300 mg

Pen VK 00642215 AAP ACDEFGVW

J01CE08 BENZATHINE BENZYL PENICILLIN (PENICILLIN G BENZATHINE)

Sus Inj 1 200 000 unit / 2 mL

Bicillin L-A 02291924 PFI ACDEFGV

J01CF BETA-LACTAMASE RESISTANT PENICILLINS

J01CF02 CLOXACILLIN

Cap Orl 250 mg

Jamp Cloxacillin 02510731 JPC ACDEFGVW
 Teva-Cloxacillin 00337765 TEV ACDEFGVW

Cap Orl 500 mg

Jamp Cloxacillin 02510758 JPC ACDEFGVW
 Teva-Cloxacillin 00337773 TEV ACDEFGVW

Pws Inj 2 g

Cloxacillin 02367424 STR ACDEFGVW

Pws Orl 125 mg / 5 mL

Teva-Cloxacillin 00337757 TEV ACDEFGVW

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	ABCDEFGVW
Pws	Orl	200 mg / 28.5 mg / 5 mL	Clavulin 200	02238831	GSK	ABCDEFGVW
Pws	Orl	250 mg / 62.5 mg / 5 mL	Clavulin-250 F	01916874	GSK	ABCDEFGVW
Pws	Orl	400 mg / 57 mg / 5 mL	Clavulin 400	02238830	GSK	ABCDEFGVW
			M-Amoxi Clav	02530694	MRA	ABCDEFGVW
Tab	Orl	250 mg / 125 mg	Apo-Amoxi Clav	02243350	APX	ABCDEFGVW
			Auro-Amoxi Clav	02471671	ARO	ABCDEFGVW
			Jamp Amoxi Clav	02508249	JPC	ABCDEFGVW
Tab	Orl	500 mg / 125 mg	Clavulin-500 F	01916858	GSK	ABCDEFGVW
			Apo-Amoxi Clav	02243351	APX	ABCDEFGVW
			Auro-Amoxi Clav	02471698	ARO	ABCDEFGVW
			Jamp Amoxi Clav	02508257	JPC	ABCDEFGVW
			Sandoz Amoxi-Clav	02482576	SDZ	ABCDEFGVW
Tab	Orl	875 mg / 125 mg	Clavulin	02238829	GSK	ABCDEFGVW
			Apo-Amoxi Clav	02245623	APX	ABCDEFGVW
			Auro-Amoxi Clav	02471701	ARO	ABCDEFGVW
			Jamp Amoxi Clav	02508265	JPC	ABCDEFGVW
			Sandoz Amoxi-Clav	02482584	SDZ	ABCDEFGVW

J01CR05 PIPERACILLIN AND ENZYME INHIBITOR**PIPERACILLIN / TAZOBACTAM**

Pws	Inj	2 g / 0.25 g	Piperacillin and Tazobactam	02308444	APX	ACDEFGVW
			Piperacillin and Tazobactam	02401312	HIK	ACDEFGVW
			Piperacillin and Tazobactam	02299623	SDZ	ACDEFGVW
			Piperacillin and Tazobactam	02362619	STR	ACDEFGVW
Pws	Inj	3 g / 0.375 g	Piperacillin and Tazobactam	02308452	APX	ACDEFGVW
			Piperacillin and Tazobactam	02401320	HIK	ACDEFGVW
			Piperacillin and Tazobactam	02299631	SDZ	ACDEFGVW
			Piperacillin and Tazobactam	02362627	STR	ACDEFGVW
			Piperacillin/Tazobactam	02370166	TEV	ACDEFGVW

J01CR05 PIPERACILLIN AND ENZYME INHIBITOR
 PIPERACILLIN / TAZOBACTAM

Pws Inj 4 g / 0.5 g

Piperacillin and Tazobactam	02308460	APX	ACDEFGVW
Piperacillin and Tazobactam	02401339	HIK	ACDEFGVW
Piperacillin and Tazobactam	02299658	SDZ	ACDEFGVW
Piperacillin and Tazobactam	02362635	STR	ACDEFGVW
Piperacillin/Tazobactam	02370174	TEV	ACDEFGVW

Pws Inj 12 g / 1.5 g

Piperacillin and Tazobactam	02330547	SDZ	ACDEFGVW
Piperacillin and Tazobactam	02377748	STR	ACDEFGVW

J01D OTHER BETA LACTAM ANTIBACTERIALS

J01DB FIRST GENERATION CEPHALOSPORINS

J01DB01 CEPHALEXIN

Cap Orl 250 mg

Teva-Cephalexin 00342084 TEV ABCDEFGVW

Cap Orl 500 mg

Teva-Cephalexin 00342114 TEV ABCDEFGVW

Pws Orl 125 mg / 5 mL

Jamp Cephalexin Suspension	02528436	JPC	ABCDEFGVW
Lupin-Cephalexin	02469170	LUP	ABCDEFGVW
Teva-Cephalexin	00342106	TEV	ABCDEFGVW

Pws Orl 250 mg / 5 mL

Jamp Cephalexin Suspension	02528444	JPC	ABCDEFGVW
Lupin-Cephalexin	02469189	LUP	ABCDEFGVW
Teva-Cephalexin	00342092	TEV	ABCDEFGVW

Tab Orl 250 mg

Apo-Cephalex	00768723	APX	ABCDEFGVW
Auro-Cephalexin	02470578	ARO	ABCDEFGVW
Cephalexin	02521253	SAS	ABCDEFGVW
Jamp Cephalexin	02494698	JPC	ABCDEFGVW
Teva-Cephalexin	00583413	TEV	ABCDEFGVW

Tab Orl 500 mg

Apo-Cephalex	00768715	APX	ABCDEFGVW
Auro-Cephalexin	02470586	ARO	ABCDEFGVW
Cephalexin	02521261	SAS	ABCDEFGVW
Cephalexin	02495651	SIV	ABCDEFGVW
Jamp Cephalexin	02494701	JPC	ABCDEFGVW
Teva-Cephalexin	00583421	TEV	ABCDEFGVW

J01DB04 CEFAZOLIN

J01DB04	CEFAZOLIN								
	Pws	Inj	500 mg			Cefazolin for Injection	02108119	TEV	ACDEFGVW
						Cefazolin Sodium	02308932	SDZ	ACDEFGVW
	Pws	Inj	1 g			Cefazolin for Injection	02108127	TEV	ACDEFGVW
						Cefazolin Sodium	02308959	SDZ	ACDEFGVW
	Pws	Inj	10 g			Cefazolin for Injection	02437120	HIK	ACDEFGVW
J01DB05	CEFADROXIL								
	Cap	Orl	500 mg			Apo-Cefadroxil	02240774	APX	ACDEFGVW
						Teva-Cefadroxil	02235134	TEV	ACDEFGVW
J01DC SECOND GENERATION CEPHALOSPORINS									
J01DC01	CEFOXITIN								
	Pws	Inj	1 g			Cefoxitin Sodium	02128187	TEV	ACDEFGVW
	Pws	Inj	2 g			Cefoxitin Sodium	02128195	TEV	ACDEFGVW
J01DC02	CEFUROXIME								
	Liq	Orl	125 mg/mL			Ceftin	02212307	SDZ	ABCDEFGVW
	Pws	Inj	750 mg			Cefuroxime	02241638	FKB	ACDEFGVW
	Pws	Inj	1.5 g			Cefuroxime	02241639	FKB	ACDEFGVW
	Tab	Orl	250 mg			Apo-Cefuroxime	02244393	APX	ABCDEFGVW
						Auro-Cefuroxime	02344823	ARO	ABCDEFGVW
	Tab	Orl	500 mg			Apo-Cefuroxime	02244394	APX	ABCDEFGVW
						Auro-Cefuroxime	02344831	ARO	ABCDEFGVW
J01DC10	CEFPROZIL								
	Pws	Orl	125 mg / 5 mL			Taro-Cefprozil	02329204	SUN	ACDEFGVW
	Pws	Orl	250 mg / 5 mL			Taro-Cefprozil	02293579	SUN	ACDEFGVW
	Tab	Orl	250 mg			Taro-Cefprozil	02293528	SUN	ACDEFGVW
	Tab	Orl	500 mg			Auro-Cefprozil	02347253	ARO	ACDEFGVW
						Taro-Cefprozil	02293536	SUN	ACDEFGVW

J01DD THIRD GENERATION CEPHALOSPORINS**J01DD01 CEFOTAXIME**

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

J01DD02 CEFTAZIDIME

Pws	Inj	1 g	Ceftazidime	00886971	FKB	ACDEFGVW
Pws	Inj	2 g	Ceftazidime	00886955	FKB	ACDEFGVW
Pws	Inj	6 g	Ceftazidime for Injection	02437864	STR	ACDEFGVW

J01DD04 CEFTRIAXONE

Pws	Inj	250 mg	Ceftriaxone Sodium	02325594	STR	ACDEFGVW
Pws	Inj	1 g	Ceftriaxone Sodium	02325616	STR	ACDEFGVW
			Ceftriaxone Sodium	02287633	TEV	ACDEFGVW
			Ceftriaxone Sodium for Injection	02292270	SDZ	ACDEFGVW
Pws	Inj	2 g	Ceftriaxone Sodium	02325624	STR	ACDEFGVW
			Ceftriaxone Sodium for Injection	02292289	SDZ	ACDEFGVW
Pws	Inj	10 g	Ceftriaxone Sodium for Injection	02292297	SDZ	ACDEFGVW
			Ceftriaxone Sodium for Injection	02325632	STR	ACDEFGVW

J01DD08 CEFIXIME

Pws	Orl	100 mg / 5mL	Suprax	00868965	ODN	ACDEFGVW
			Auro-Cefixime	02468689	ARO	ACDEFGVW
Tab	Orl	400 mg	Suprax	00868981	ODN	ACDEFGVW
			Auro-Cefixime	02432773	ARO	ACDEFGVW

J01DE FOURTH GENERATION CEPHALOSPORINS**J01DE01 CEFEPIME**

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

J01DF MONOBACTAMS**J01DF01 AZTREONAM**

Pwr	Inh	75 mg	Cayston	02329840	GIL	(SA)
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J01DH CARBAPENEMS**J01DH02 MEROPENEM**

Pws Inj 500 mg

Meropenem 02378787 SDZ ACDEFGVW

Meropenem for Injection 02493330 STR ACDEFGVW

Taro-Meropenem 02421518 SUN ACDEFGVW

Pws Inj 1 g

Meropenem for Injection 02378795 SDZ ACDEFGVW

Meropenem for Injection 02493349 STR ACDEFGVW

Taro-Meropenem 02421526 SUN ACDEFGVW

J01DH03 ERTAPENEM

Pws Inj 1 g

Invanz 02247437 FRS ACDEFGVW

J01DH51 IMIPENEM AND ENZYME INHIBITOR**IMIPENEM / CILASTATIN**

Pws Inj 250 mg / 250 mg

Taro-Imipenem-Cilastatin 02351692 SUN ACDEFGVW

Pws Inj 500 mg / 500 mg

Taro-Imipenem-Cilastatin 02351706 SUN ACDEFGVW

J01DI OTHER CEPHALOSPORINS AND PENEMS**J01DI54 CEFTOLOZANE AND BETA-LACTAMASE INHIBITOR****CEFTOLOZANE / TAZOBACTAM**

Pws IV 1 g / 0.5 g

Zerbaxa 02446901 FRS W (SA)

J01E SULFONAMIDES AND TRIMETHOPRIM**J01EA TRIMETHOPRIM AND DERIVATIVES****J01EA01 TRIMETHOPRIM**

Tab Orl 100 mg

Trimethoprim 02243116 AAP ACDEFGV

Tab Orl 200 mg

Trimethoprim 02243117 AAP ACDEFGV

J01EE COMBINATIONS OF SULFONAMIDES AND TRIMETHOPRIM, INCLUDING DERIVATIVES**J01EE01 SULFAMETHOXASOLE AND TRIMETHOPRIM**

Sus Orl 40 mg / 8 mg

Teva-Trimel 00726540 TEV ABCDEFGVW

Tab Orl 100 mg / 20 mg

Sulfatrim 00445266 AAP ABCDEFGVW

Tab Orl 400 mg / 80 mg

Sulfatrim 00445274 AAP ABCDEFGVW

Teva-Trimel 00510637 TEV ABCDEFGVW

Tab Orl 800 mg / 160 mg

Sulfatrim DS 00445282 AAP ABCDEFGVW

J01FA MACROLIDES

Erythro 00682020 AAP ACDEFGVW

Rovamycine 500 01927817 ODN ACDEFGVW

Taro-Clarithromycin 02361434 SUN ACDEFGVW

Zithromax 02239952 PFI ACDEFGVW

J01FA10 AZITHROMYCIN

Pws Orl 100 mg / 5 mL

Zithromax 02223716 PFI ABCDEFGVW
Auro-Azithromycin 02482363 ARO ABCDEFGVW
Sandoz Azithromycin 02332388 SDZ ABCDEFGVW

Pws Orl 200 mg / 5 mL

Zithromax 02223724 PFI ABCDEFGVW
Auro-Azithromycin 02482371 ARO ABCDEFGVW
Sandoz Azithromycin 02332396 SDZ ABCDEFGVW

Tab Orl 250 mg

Zithromax 02212021 PFI ABCDEFGVW
Apo-Azithromycin Z 02415542 APX ABCDEFGVW
Azithromycin 02330881 SAS ABCDEFGVW
Azithromycin 02442434 SIV ABCDEFGVW
Jamp-Azithromycin 02452308 JPC ABCDEFGVW
M-Azithromycin 02502038 MRA ABCDEFGVW
Mar-Azithromycin 02452324 MAR ABCDEFGVW
NRA-Azithromycin 02479680 NRA ABCDEFGVW
pms-Azithromycin 02261634 PMS ABCDEFGVW
Riva-Azithromycin 02275309 RIV ABCDEFGVW
Sandoz Azithromycin 02265826 SDZ ABCDEFGVW
Teva-Azithromycin 02267845 TEV ABCDEFGVW

Tab Orl 600 mg

pms-Azithromycin 02261642 PMS (SA)

J01FF LINCOSAMIDES

J01FF01 CLINDAMYCIN

Cap Orl 150 mg

Dalacin C 00030570 PFI ACDEFGVW
Auro-Clindamycin 02436906 ARO ACDEFGVW
Clindamycin 02400529 SAS ACDEFGVW
Jamp-Clindamycin 02483734 JPC ACDEFGVW
M-Clindamycin 02479923 MRA ACDEFGVW
Med-Clindamycin 02462656 GMP ACDEFGVW
NRA-Clindamycin 02493748 NRA ACDEFGVW
Riva-Clindamycin 02468476 RIV ACDEFGVW
Teva-Clindamycin 02241709 TEV ACDEFGVW

J01FF01		CLINDAMYCIN												
Cap	Orl	300 mg					Dalacin C	02182866	PFI	ACDEFGVW				
							Auro-Clindamycin	02436914	ARO	ACDEFGVW				
							Clindamycin	02400537	SAS	ACDEFGVW				
							Jamp-Clindamycin	02483742	JPC	ACDEFGVW				
							M-Clindamycin	02479931	MRA	ACDEFGVW				
							Med-Clindamycin	02462664	GMP	ACDEFGVW				
							NRA-Clindamycin	02493756	NRA	ACDEFGVW				
							Riva-Clindamycin	02468484	RIV	ACDEFGVW				
							Teva-Clindamycin	02241710	TEV	ACDEFGVW				
Liq	Inj	150 mg/mL					Dalacin C Phosphate	00260436	PFI	ACDEFGVW				
							Clindamycin (2mL, 4mL, 6mL vials)	02230540	SDZ	ACDEFGVW				
							Clindamycin (bulk vials)	02230535	SDZ	ACDEFGVW				
Pws	Orl	75 mg / 5 mL					Dalacin C	00225851	PFI	ACDEFGVW				
J01G		AMINOGLYCOSIDE ANTIBACTERIALS												
J01GB		OTHER AMINOGLYCOSIDES												
J01GB01		TOBRAMYCIN												
Liq	Inh	300 mg / 5 mL					Tobi	02239630	BGP	ABCDEFGV				
							Teva-Tobramycin	02389622	TEV	ABCDEFGV				
Liq	Inj	40 mg/mL					Tobramycin (PF)	02241210	SDZ	ABCDEFGVW				
Pwr	Inh	28 mg					Tobi Podhaler	02365154	BGP	(SA)				
J01GB03		GENTAMICIN												
Liq	Inj	40 mg/mL					Gentamicin	02242652	SDZ	ACDEFGVW				
J01GB06		AMIKACIN												
Liq	Inj	250 mg/mL					Amikacin	02242971	SDZ	ACDEFGPVW				
							Amikacin Sulfate Injection	02529459	JPC	ACDEFGPVW				
J01M		QUINOLONE ANTIBACTERIALS												
J01MA		FLUOROQUINOLONES												
J01MA02		CIPROFLOXACIN												
Liq	IV	2 mg/mL					Ciprofloxacin Intravenous Infusion BP	02304759	SDZ	ACDEFGVW				
Liq	Orl	500 mg / 5 mL					Cipro Oral Suspension	02237514	BAY	W (SA)				

J01MA02 CIPROFLOXACIN

Tab Orl 250 mg

Act Ciprofloxacin	02247339	TEV	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)
pms-Ciprofloxacin	02248437	PMS	BW (SA)
Sandoz Ciprofloxacin	02248756	SDZ	BW (SA)
Taro-Ciproflox	02303728	SUN	BW (SA)

Tab Orl 500 mg

Act Ciprofloxacin	02247340	TEV	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)
NRA-Ciprofloxacin	02492008	NRA	BW (SA)
pms-Ciprofloxacin	02248438	PMS	BW (SA)
Sandoz Ciprofloxacin	02248757	SDZ	BW (SA)
Taro-Ciproflox	02303736	SUN	BW (SA)

Tab Orl 750 mg

Act Ciprofloxacin	02247341	TEV	BW (SA)
Jamp-Ciprofloxacin	02380374	JPC	BW (SA)
Mar-Ciprofloxacin	02379708	MAR	BW (SA)
pms-Ciprofloxacin	02248439	PMS	BW (SA)
Sandoz Ciprofloxacin	02248758	SDZ	BW (SA)
Taro-Ciproflox	02303744	SUN	BW (SA)

J01MA06 NORFLOXACIN

Tab Orl 400 mg

Norfloxacin	02229524	AAP	ACDEFGVW
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J01MA12 LEVOFLOXACIN

Liq Inh 240 mg / 2.4 mL

Quinsair	02442302	HRZ	(SA)
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Liq Inj 5 mg/mL

Levofloxacin	02314932	PFI	W
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Tab Orl 250 mg

Act Levofloxacin	02315424	TEV	BVW (SA)
Apo-Levofloxacin	02284707	APX	BVW (SA)
Mint-Levofloxacin	02505797	MNT	BVW (SA)
Sandoz Levofloxacin	02298635	SDZ	BVW (SA)

J01MA12 LEVOFLOXACIN

Tab Orl 500 mg

Act Levofloxacin 02315432 TEV BVW (SA)
 Apo-Levofloxacin 02284715 APX BVW (SA)
 Mint-Levofloxacin 02505819 MNT BVW (SA)
 Sandoz Levofloxacin 02298643 SDZ BVW (SA)

Tab Orl 750 mg

Act Levofloxacin 02315440 TEV BVW (SA)
 Apo-Levofloxacin 02325942 APX BVW (SA)
 Sandoz Levofloxacin 02298651 SDZ BVW (SA)

J01MA14 MOXIFLOXACIN

Tab Orl 400 mg

Apo-Moxifloxacin 02404923 APX BVW (SA)
 Auro-Moxifloxacin 02432242 ARO BVW (SA)
 Jamp-Moxifloxacin 02443929 JPC BVW (SA)
 Jamp-Moxifloxacin 02447061 JPC BVW (SA)
 M-Moxifloxacin 02472791 MRA BVW (SA)
 Mar-Moxifloxacin 02447053 MAR BVW (SA)
 Med-Moxifloxacin 02457814 GMP BVW (SA)
 Moxifloxacin 02520710 SAS BVW (SA)
 Sandoz Moxifloxacin 02383381 SDZ BVW (SA)
 Teva-Moxifloxacin 02375702 TEV BVW (SA)

J01X OTHER ANTIBACTERIALS

J01XA GLYCOPEPTIDE ANTIBACTERIALS

J01XA01 VANCOMYCIN

Cap Orl 125 mg

Vancocin 00800430 SLP ACDEFGVW
 Jamp-Vancomycin 02407744 JPC ACDEFGVW

Pws Inj 500 mg

Sterile Vancomycin (Disc/non disp Jan 9/25) 02230191 PFI ABCDEFGVW
 Vancomycin Hydrochloride 02502593 JPC ABCDEFGVW
 Vancomycin Hydrochloride USP 02342855 STR ABCDEFGVW
 Vancomycin 02394626 SDZ ABCDEFGVW

Pws Inj 1 g

Vancomycin 02394634 SDZ ABCDEFGVW
 Vancomycin 02342863 STR ABCDEFGVW
 Vancomycin Hydrochloride 02502607 JPC ABCDEFGVW

Pws Inj 5g

Vancomycin Hydrochloride 02394642 SDZ ABCDEFGVW
 Vancomycin Hydrochloride 02405822 STR ABCDEFGVW

J01XB POLYMYXINS

J01XB01	COLISTIN								
Pws	IM	150 mg			Coly-Mycin M Parenteral	00476420	ERF	ACDEFGV	
J01XD	IMIDAZOLE DERIVATIVES								
J01XD01	METRONIDAZOLE								
Liq	Inj	5 mg/mL			Metronidazole	00870420	BAX	ACDEFGVW	
					Metronidazole	00649074	PFI	ACDEFGVW	
J01XE	NITROFURAN DERIVATIVES								
J01XE01	NITROFURANTOIN								
Cap	Orl	50 mg			Teva-Nitrofurantoin	02231015	TEV	ACDEFGV	
Cap	Orl	100 mg			pms-Nitrofurantoin	02455676	PMS	ACDEFGV	
Tab	Orl	50 mg			Nitrofurantoin	00319511	AAP	ACDEFGV	
Tab	Orl	100 mg			Nitrofurantoin	00312738	AAP	ACDEFGV	
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	SLP	ACDEFGV	
J01XX08	LINEZOLID								
Tab	Orl	600 mg			Apo-Linezolid	02426552	APX	(SA)	
					Jamp Linezolid	02520354	JPC	(SA)	
					Sandoz Linezolid	02422689	SDZ	(SA)	
J01XX09	DAPTOMYCIN								
Pws	IV	500 mg / 10 mL			Cubicin RF	02465493	CBP	W (SA)	
J02	ANTIMYCOTICS FOR SYSTEMIC USE								
J02A	ANTIMYCOTICS FOR SYSTEMIC USE								
J02AA	ANTIBIOTICS								
J02AA01	AMPHOTERICIN B								
Pws	Inj	50 mg			AmBisome	02241630	ASL	ACDEFGVW	
					Fungizone	00029149	XPI	ACDEFGVW	
J02AB	IMIDAZOLE DERIVATIVES								

J02AB02 KETOCONAZOLE

Tab Orl 200 mg

Apo-Ketoconazole 02237235 APX ACDEFGVW

Teva-Ketoconazole 02231061 TEV ACDEFGVW

J02AC TRIAZOLE DERIVATIVES

J02AC01 FLUCONAZOLE

Cap Orl 150 mg

Diflucan 02141442 CHC ACDEFGVW

Apo-Fluconazole 02241895 APX ACDEFGVW

Fluconazole-150 02521229 SAS ACDEFGVW

Jamp Fluconazole 02432471 JPC ACDEFGVW

Mar-Fluconazole-150 02428792 MAR ACDEFGVW

Liq Inj 2 mg/mL

Diflucan 00891835 PFI ACDEFGVW

Pws Orl 50 mg / 5 mL

Diflucan 02024152 PFI (SA)

Tab Orl 50 mg

Act Fluconazole 02281260 TEV ACDEFGVW

Apo-Fluconazole 02237370 APX ACDEFGVW

Fluconazole 02517396 SAS ACDEFGVW

Fluconazole 02534886 SIV ACDEFGVW

Mylan-Fluconazole 02245292 MYL ACDEFGVW

Novo-Fluconazole 02236978 TEV ACDEFGVW

pms-Fluconazole 02245643 PMS ACDEFGVW

Tab Orl 100 mg

Act Fluconazole 02281279 TEV ACDEFGVW

Apo-Fluconazole 02237371 APX ACDEFGVW

Fluconazole 02517418 SAS ACDEFGVW

Fluconazole 02534894 SIV ACDEFGVW

Mylan-Fluconazole 02245293 MYL ACDEFGVW

Novo-Fluconazole 02236979 TEV ACDEFGVW

pms-Fluconazole 02245644 PMS ACDEFGVW

J02AC02 ITRACONAZOLE

Cap Orl 100 mg

Sporanox 02047454 JAN ACDEFGV

Mint-Itraconazole 02462559 MNT ACDEFGV

Liq Orl 10 mg/mL

Sporanox (Disc/non disp Oct 1/24) 02231347 JAN (SA)

Jamp-Itraconazole 02484315 JPC (SA)

Odan-Itraconazole 02495988 ODN (SA)

J02AC03 VORICONAZOLE

J02AC03	VORICONAZOLE								
	Pws	Inj	200 mg		Voriconazole for Injection	02381966	SDZ	ACDEFGV	
	Tab	Orl	50 mg		Vfend	02256460	PFI	(SA)	
					Jamp Voriconazole	02525771	JPC	(SA)	
					Sandoz Voriconazole	02399245	SDZ	(SA)	
					Teva-Voriconazole	02396866	TEV	(SA)	
	Tab	Orl	200 mg		Vfend	02256479	PFI	(SA)	
					Jamp Voriconazole	02525798	JPC	(SA)	
					Sandoz Voriconazole	02399253	SDZ	(SA)	
					Teva-Voriconazole	02396874	TEV	(SA)	
J02AC05	ISAVUCONAZOLE								
	Cap	Orl	100 mg		Cresemba	02483971	AVI	(SA)	
	Pws	IV	200 mg		Cresemba	02483998	AVI	(SA)	
J02AX	ANTIMYCOTICS FOR SYSTEMIC USE								
J02AX04	CASPOFUNGIN								
	Pws	Inj	50 mg		Candidas IV	02244265	FRS	ACDEFGVW	
					Caspofungin for Injection	02460947	JNO	ACDEFGVW	
	Pws	Inj	70 mg		Candidas IV	02244266	FRS	ACDEFGVW	
					Caspofungin for Injection	02460955	JNO	ACDEFGVW	
J02AX05	MICAFUNGIN								
	Pws	IV	50 mg		Mycamine	02294222	ASL	ACDEFGVW	
	Pws	IV	100 mg		Mycamine	02311054	ASL	ACDEFGVW	
J04	ANTIMYCOBACTERIALS								
J04A	DRUGS FOR TREATMENT OF TUBERCULOSIS								
J04AB	ANTIBIOTICS								
J04AB02	RIFAMPICIN								
	Cap	Orl	150 mg		Rofact	00393444	BSL	ACDEFGPVW	
	Cap	Orl	300 mg		Rofact	00343617	BSL	ACDEFGPVW	
J04AB04	RIFABUTIN								
	Cap	Orl	150 mg		Mycobutin	02063786	PFI	P (SA)	

J04AC HYDRAZIDES

J04AC01 ISONIAZID

Syr Orl 10 mg/mL

pdp-Isoniazid 00577812 PMS P

Tab Orl 100 mg

pdp-Isoniazid 00577790 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-Pyrazinamide 00618810 PMS P

J04AK02 ETHAMBUTOL

Tab Orl 100 mg

Etibi 00247960 BSL ACDEFGPV

Tab Orl 400 mg

Etibi 00247979 BSL ACDEFGPV

J04B DRUGS FOR TREATMENT OF LEPROSY**J04BA DRUGS FOR TREATMENT OF LEPROSY**

J04BA02 DAPSONE

Tab Orl 100 mg

Dapsone 02041510 JCB ACDEFGV

Mar-Dapsone 02481227 MAR ACDEFGV

Riva-Dapsone 02489058 RIV ACDEFGV

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 ACDEFGW

Liq Inj 50 mg/mL

Acyclovir Sodium 02236926 FKB ACDEFGW

Sus Orl 200 mg / 5 mL

Zovirax 00886157 GSK ACDEFGV

Tab Orl 200 mg

Apo-Acyclovir 02207621 APX ACDEFGV

Mint-Acyclovir 02524708 MNT ACDEFGV

Mylan-Acyclovir 02242784 MYL ACDEFGV

Teva-Acyclovir 02285959 TEV ACDEFGV

J05AB01 ACYCLOVIR

Tab Orl 400 mg

Apo-Acyclovir	02207648	APX	ACDEFGV
Mint-Acyclovir	02524716	MNT	ACDEFGV
Mylan-Acyclovir	02242463	MYL	ACDEFGV
Teva-Acyclovir	02285967	TEV	ACDEFGV

Tab Orl 800 mg

Apo-Acyclovir	02207656	APX	ACDEFGV
Mint-Acyclovir	02524724	MNT	ACDEFGV
Mylan-Acyclovir	02242464	MYL	ACDEFGV
Teva-Acyclovir	02285975	TEV	ACDEFGV

J05AB06 GANCICLOVIR

Pws Inj 500 mg

Cytovene	02162695	MCK	ACDEFGV
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J05AB09 FAMCICLOVIR

Tab Orl 125 mg

Famvir	02229110	NVR	ACDEFGV
Act Famciclovir	02305682	TEV	ACDEFGV
Apo-Famciclovir	02292025	APX	ACDEFGV

Tab Orl 250 mg

Famvir	02229129	NVR	ACDEFGV
Act Famciclovir	02305690	TEV	ACDEFGV
Apo-Famciclovir	02292041	APX	ACDEFGV

Tab Orl 500 mg

Famvir	02177102	NVR	ACDEFGV
Act Famciclovir	02305704	TEV	ACDEFGV
Apo-Famciclovir	02292068	APX	ACDEFGV

J05AB11 VALACYCLOVIR

Tab Orl 500 mg

Valtrex	02219492	GSK	ACDEFGV
Apo-Valacyclovir	02295822	APX	ACDEFGV
Auro-Valacyclovir	02405040	ARO	ACDEFGV
Jamp Valacyclovir	02440598	JPC	ACDEFGV
Jamp-Valacyclovir	02441454	JPC	ACDEFGV
Mylan-Valacyclovir	02351579	MYL	ACDEFGV
pms-Valacyclovir	02298457	PMS	ACDEFGV
Sandoz Valacyclovir	02347091	SDZ	ACDEFGV
Teva-Valacyclovir	02357534	TEV	ACDEFGV
Valacyclovir	02454645	SAS	ACDEFGV
Valacyclovir	02442000	SIV	ACDEFGV

J05AB11 VALACYCLOVIR

Tab Orl 1 000 mg

Valtrex	02246559	GSK	ACDEFGV
Apo-Valacyclovir	02354705	APX	ACDEFGV
Auro-Valacyclovir	02405059	ARO	ACDEFGV
Mylan-Valacyclovir	02351560	MYL	ACDEFGV
pms-Valacyclovir	02381230	PMS	ACDEFGV
Valacyclovir	02519585	SAS	ACDEFGV
Valacyclovir	02442019	SIV	ACDEFGV

J05AB14 VALGANCICLOVIR

Pws Orl 50 mg/mL

Valcyte	02306085	XPI	(SA)
Auro-Valganciclovir	02535483	ARO	(SA)

Tab Orl 450 mg

Valcyte	02245777	XPI	ACDEFGV
Auro-Valganciclovir	02435179	ARO	ACDEFGV
Mint-Valganciclovir	02495457	MNT	ACDEFGV
Teva-Valganciclovir	02413825	TEV	ACDEFGV

J05AE PROTEASE INHIBITORS

J05AE03 RITONAVIR

Tab Orl 100 mg

Norvir	02357593	ABV	ACDEFGUV
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J05AE07 FOSAMPRENAVIR

Sus Orl 50 mg/mL

Telzir	02261553	VIV	ACDEFGUV
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Tab Orl 700 mg

Telzir	02261545	VIV	ACDEFGUV
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J05AE08 ATAZANAVIR

Cap Orl 150 mg

Jamp Atazanavir	02513102	JPC	ACDEFGUV
Mylan-Atazanavir	02456877	MYL	ACDEFGUV
Teva-Atazanavir	02443791	TEV	ACDEFGUV

Cap Orl 200 mg

Reyataz	02248611	BRI	ACDEFGUV
Jamp Atazanavir	02513110	JPC	ACDEFGUV
Mylan-Atazanavir	02456885	MYL	ACDEFGUV
Teva-Atazanavir	02443813	TEV	ACDEFGUV

Cap Orl 300 mg

Reyataz	02294176	BRI	ACDEFGUV
Jamp Atazanavir	02513129	JPC	ACDEFGUV
Mylan-Atazanavir	02456893	MYL	ACDEFGUV
Teva-Atazanavir	02443821	TEV	ACDEFGUV

J05AE09	TIPRANA VIR								
Cap	Orl	250 mg			Aptivus	02273322	BOE	(SA)	
J05AE10	DARUNA VIR								
Tab	Orl	75 mg		Prezista (Disc/non disp Oct 1/24)	02338432	JAN	ACDEFGUV		
Tab	Orl	150 mg		Prezista (Disc/non disp Oct 1/24)	02369753	JAN	ACDEFGUV		
Tab	Orl	600 mg		Prezista (Disc/non disp Oct 1/24)	02324024	JAN	ACDEFGUV		
				Apo-Darunavir	02487241	APX	ACDEFGUV		
				Auro-Darunavir	02486121	ARO	ACDEFGUV		
				Darunavir	02521342	JPC	ACDEFGUV		
Tab	Orl	800 mg		Prezista (Disc/non disp Oct 1/24)	02393050	JAN	ACDEFGUV		
				Apo-Darunavir	02487268	APX	ACDEFGUV		
				Auro-Darunavir	02486148	ARO	ACDEFGUV		
				Darunavir	02521350	JPC	ACDEFGUV		
J05AF	NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS								
J05AF01	ZIDOVUDINE								
Cap	Orl	100 mg		Apo-Zidovudine	01946323	APX	ACDEFGUV		
Liq	Inj	10 mg/mL		Retrovir	01902644	VIV	ACDEFGUV		
Syr	Orl	50 mg / 5 mL		Retrovir	01902652	VIV	ACDEFGUV		
J05AF05	LAMIVUDINE								
Liq	Orl	10 mg/mL		3TC	02192691	VIV	ACDEFGUV		
Tab	Orl	100 mg		Apo-Lamivudine HBV	02393239	APX	(SA)		
				Jamp-Lamivudine HBV	02512467	JPC	(SA)		
Tab	Orl	150 mg		3TC	02192683	VIV	ACDEFGUV		
				Apo-Lamivudine	02369052	APX	ACDEFGUV		
				Jamp Lamivudine	02507110	JPC	ACDEFGUV		
Tab	Orl	300 mg		3TC	02247825	VIV	ACDEFGUV		
				Apo-Lamivudine	02369060	APX	ACDEFGUV		
				Jamp Lamivudine	02507129	JPC	ACDEFGUV		
J05AF06	ABACA VIR								
Liq	Orl	20 mg/mL		Ziagen	02240358	VIV	ACDEFGUV		

J05AF06 ABACAVIR
 Tab Orl 300 mg

Ziagen 02240357 VIV ACDEFGUV
 Apo-Abacavir 02396769 APX ACDEFGUV
 Mint-Abacavir 02480956 MNT ACDEFGUV

J05AF07 TENOFOVIR DISOPROXIL
 Tab Orl 300 mg

Viread 02247128 GIL ACDEFGUV
 Apo-Tenofovir 02451980 APX ACDEFGUV
 Auro-Tenofovir 02460173 ARO ACDEFGUV
 Jamp-Tenofovir 02479087 JPC ACDEFGUV
 Mint-Tenofovir 02512939 MNT ACDEFGUV
 Mylan-Tenofovir Disoproxil 02452634 MYL ACDEFGUV
 Nat-Tenofovir 02472511 NAT ACDEFGUV
 pms-Tenofovir 02453940 PMS ACDEFGUV
 Tenofovir 02523922 SIV ACDEFGUV
 Tenofovir Disoproxil Fumarate 02512327 SAS ACDEFGUV
 Teva-Tenofovir 02403889 TEV ACDEFGUV

J05AF10 ENTECAVIR
 Tab Orl 0.5 mg

Baraclude 02282224 BRI ACDEFGV
 Apo-Entecavir 02396955 APX ACDEFGV
 Auro-Entecavir 02448777 ARO ACDEFGV
 Entecavir 02527154 SAS ACDEFGV
 Entecavir 02453797 STD ACDEFGV
 Jamp-Entecavir 02467232 JPC ACDEFGV
 Mint-Entecavir 02485907 MNT ACDEFGV
 pms-Entecavir 02430576 PMS ACDEFGV

J05AG NON-NUCLEOSIDES REVERSE TRANSCRIPTASE INHIBITORS

J05AG01 NEVIRAPINE
 Tab Orl 200 mg

Auro-Nevirapine 02318601 ARO ACDEFGUV
 Jamp-Nevirapine 02405776 JPC ACDEFGUV
 Mylan-Nevirapine 02387727 MYL ACDEFGUV

J05AG03 EFAVIRENZ
 Tab Orl 600 mg

Auro-Efavirenz 02418428 ARO ACDEFGUV
 Jamp-Efavirenz 02458233 JPC ACDEFGUV
 Mylan-Efavirenz 02381524 MYL ACDEFGUV
 Teva-Efavirenz 02389762 TEV ACDEFGUV

J05AG04 ETRAVIRINE

J05AG04	ETRAVIRINE								
	Tab	Orl	100 mg			Intelence	02306778	JAN	(SA)
	Tab	Orl	200 mg			Intelence	02375931	JAN	(SA)
J05AG05	RILPIVIRINE								
	Tab	Orl	25 mg			Edurant	02370603	JAN	ACDEFGUV
J05AG06	DORAVIRINE								
	Tab	Orl	100 mg			Pifeltro	02481545	FRS	U (SA)
J05AH NEURAMINIDASE INHIBITORS									
J05AH01	ZANAMIVIR								
	Pwr	Inh	5 mg			Relenza	02240863	GSK	(SA)
J05AH02	OSELTAMIVIR								
	Cap	Orl	30 mg			Tamiflu	02304848	HLR	(SA)
						Jamp-Oseltamivir	02497409	JPC	(SA)
						Mar-Oseltamivir	02497352	MAR	(SA)
						Mint-Oseltamivir	02497441	MNT	(SA)
						Nat-Oseltamivir	02472635	NAT	(SA)
						Osetamivir	02504006	STD	(SA)
	Cap	Orl	45 mg			Tamiflu	02304856	HLR	(SA)
						Mar-Oseltamivir	02497360	MAR	(SA)
						Nat-Oseltamivir	02472643	NAT	(SA)
						Osetamivir	02504014	STD	(SA)
	Cap	Orl	75 mg			Tamiflu	02241472	HLR	(SA)
						Jamp-Oseltamivir	02497425	JPC	(SA)
						Mar-Oseltamivir	02497379	MAR	(SA)
						Mint-Oseltamivir	02497476	MNT	(SA)
						Nat-Oseltamivir	02457989	NAT	(SA)
						Osetamivir	02504022	STD	(SA)
	Pws	Orl	6 mg/mL			Tamiflu	02381842	HLR	(SA)
						Nat-Oseltamivir	02499894	NAT	(SA)
J05AJ INTEGRASE INHIBITORS									
J05AJ01	RALTEGRAVIR								
	Tab	Orl	400 mg			Isentress	02301881	FRS	ACDEFGUV

J05AJ03	DOLUTEGRAVIR								
Tab	Orl	50 mg				Tivicay	02414945	VIV	ACDEFGUV
J05AJ04	CABOTEGRAVIR								
Tab	Orl	30 mg				Vocabria	02497204	VIV	U (SA)
J05AP	ANTIVIRALS FOR TREATMENT OF HCV INFECTIONS								
J05AP08	SOFOSBUVIR								
Tab	Orl	400 mg				Sovaldi	02418355	GIL	(SA)
J05AP51	SOFOSBUVIR AND LEDIPASVIR								
Tab	Orl	400 mg / 90 mg				Harvoni	02432226	GIL	(SA)
J05AP55	SOFOSBUVIR AND VELPATASVIR								
Tab	Orl	400 mg / 100 mg				Eplclusa	02456370	GIL	(SA)
J05AP56	SOFOSBUVIR, VELPATASVIR AND VOXILAPREVIR								
Tab	Orl	400 mg /100 mg / 100mg				Vosevi	02467542	GIL	(SA)
J05AP57	GLECAPREVIR AND 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	ACDEFGUV
						Apo-Lamivudine/Zidovudine	02375540	APX	ACDEFGUV
						Auro-Lamivudine/Zidovudine	02414414	ARO	ACDEFGUV
						Jamp-Lamivudine/Zidovudine	02502801	JPC	ACDEFGUV
J05AR02	LAMIVUDINE AND ABACAVIR								
Tab	Orl	300 mg / 600 mg				Kivexa	02269341	VIV	ACDEFGUV
						Apo-Abacavir-Lamivudine	02399539	APX	ACDEFGUV
						Auro-Abacavir/Lamivudine	02454513	ARO	ACDEFGUV
						Jamp Abacavir/Lamivudine	02497654	JPC	ACDEFGUV
						Mylan-Abacavir/Lamivudine	02450682	MYL	ACDEFGUV
						pms-Abacavir-Lamivudine	02458381	PMS	ACDEFGUV
						Teva-Abacavir/Lamivudine	02416662	TEV	ACDEFGUV
J05AR03	TENOFOVIR DISOPROXIL AND EMTRICITABINE								

J05AR03	TENOFIVIR DISOPROXIL AND EMTRICITABINE				
Tab	Orl	300 mg / 200 mg	Truvada	02274906	GIL ACDEFGUV
			Apo- Emtricitabine-Tenofovir	02452006	APX ACDEFGUV
			Auro-Emtricitabine/Tenofovir	02490684	ARO ACDEFGUV
		Jamp-Emtricitabine-Tenofovir Disoproxil Fumarate	02487012	JPC	ACDEFGUV
		Mint-Emtricitabine/Tenofovir	02521547	MNT	ACDEFGUV
		Mylan-Emtricitabine/Tenofovir Disoproxil	02443902	MYL	ACDEFGUV
		pms-Emtricitabine-Tenofovir	02461110	PMS	ACDEFGUV
		Teva-Emtricitabine/Tenofovir	02399059	TEV	ACDEFGUV
J05AR04	ZIDOVUDINE, LAMIVUDINE AND ABACAVIR				
Tab	Orl	300 mg / 150 mg / 300 mg	Apo-Abacavir-Lamivudine-Zidovudine	02416255	APX ACDEFGUV
J05AR06	EMTRICITABINE, TENOFIVIR DISOPROXIL AND EFAVIRENZ				
Tab	Orl	200 mg / 300 mg / 600 mg	Apo-Efavirenz/Emtricitabine/Tenofovir	02468247	APX ACDEFGUV
			Auro-Efavirenz-Emtricitabine-Tenofovir	02478404	ARO ACDEFGUV
		Jamp Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate	02519461	JPC	ACDEFGUV
		Mylan-Efavirenz/Emtricitabine/Tenofovir Disoproxil Fumarate	02461412	MYL	ACDEFGUV
		pms-Efavirenz-Emtricitabine-Tenofovir	02487284	PMS	ACDEFGUV
		Teva-Efavirenz/Emtricitabine/Tenofovir	02393549	TEV	ACDEFGUV
J05AR08	EMTRICITABINE, TENOFIVIR DISOPROXIL AND RILPIVIRINE				
Tab	Orl	200 mg / 300 mg / 25 mg	Complera	02374129	GIL ACDEFGUV
J05AR09	EMTRICITABINE, TENOFIVIR DISOPROXIL, ELVITEGRAVIR AND COBICSTAT				
Tab	Orl	200 mg / 300 mg / 150 mg / 150 mg	Stribild	02397137	GIL U (SA)
J05AR10	LOPINAVIR AND RITONAVIR				
Liq	Orl	80 mg / 20 mg/mL	Kaletra Oral Solution	02243644	ABV ACDEFGUV
Tab	Orl	100 mg / 25 mg	Kaletra	02312301	ABV ACDEFGUV
Tab	Orl	200 mg / 50 mg	Kaletra Tab	02285533	ABV ACDEFGUV
J05AR13	LAMIVUDINE, ABACAVIR AND DOLUTEGRAVIR				
Tab	Orl	300 mg / 600 mg / 50 mg	Triumeq	02430932	VIV ACDEFGUV
J05AR14	DARUNAVIR AND COBICSTAT				
Tab	Orl	800 mg / 150 mg	Prezcobix	02426501	JAN U (SA)
J05AR18	EMTRICITABINE, TENOFIVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICSTAT				

J05AR18	EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICSTAT									
Tab	Orl	200 mg / 10 mg / 150 mg / 150 mg				Genvoya	02449498	GIL	U (SA)	
J05AR19	EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND RILPIVIRINE									
Tab	Orl	200 mg / 25 mg / 25 mg				Odefsey	02461463	GIL	U (SA)	
J05AR20	EMTRICITABINE, TENOFOVIR ALAFENAMIDE AND BICTEGRAVIR									
Tab	Orl	200 mg / 25 mg / 50 mg				Biktarvy	02478579	GIL	U (SA)	
J05AR21	DOLUTEGRAVIR AND RILPIVIRINE									
Tab	Orl	50 mg / 25 mg				Juluca	02475774	VIV	U (SA)	
J05AR24	LAMIVUDINE, TENOFOVIR DISOPROXIL AND DORAVIRINE									
Tab	Orl	300 mg / 300 mg / 100 mg				Delstrigo	02482592	FRS	U (SA)	
J05AR25	LAMIVUDINE AND DOLUTEGRAVIR									
Tab	Orl	50 mg / 300 mg				Dovato	02491753	VIV	U (SA)	
J05AR99	CABOTEGRAVIR AND RILPIRIVINE									
Kit	IM	600 mg / 2 mL, 900 mg / 3mL				Cabenuva	02497220	VIV	U (SA)	
						Cabenuva	02497247	VIV	U (SA)	
J05AX	OTHER ANTIVIRALS									
J05AX09	MARAVIDOC									
Tab	Orl	150 mg				Celsentri	02299844	VIV	(SA)	
Tab	Orl	300 mg				Celsentri	02299852	VIV	(SA)	
J05AX18	LETERMOVIR									
Liq	IV	240 mg / 12 mL				Prevymis	02469367	FRS	(SA)	
Liq	IV	480 mg / 24 mL				Prevymis	02469405	FRS	(SA)	
Tab	Orl	240 mg				Prevymis	02469375	FRS	(SA)	
Tab	Orl	480 mg				Prevymis	02469383	FRS	(SA)	
L	ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS									
L01	ANTINEOPLASTIC AGENTS									
L01A	ALKYLATING AGENTS									
L01AA	NITROGEN MUSTARD ANALOGUES									
L01AA01	CYCLOPHOSPHAMIDE									

L01AA01		CYCLOPHOSPHAMIDE			
Tab	Orl	25 mg	Procytox	02241795	BAX ACDEFGV
Tab	Orl	50 mg	Procytox	02241796	BAX ACDEFGV
L01AA02		CHLORAMBUCIL			
Tab	Orl	2 mg	Leukeran	00004626	APN ACDEFGV
L01AA03		MELPHALAN			
Tab	Orl	2 mg	Alkeran	00004715	APN ACDEFGV
L01AB		ALKYL SULPHONATES			
L01AB01		BUSULFAN			
Tab	Orl	2 mg	Myleran	00004618	APN ACDEFGV
L01AD		NITROSOUREAS			
L01AD02		LOMUSTINE			
Cap	Orl	10 mg	CeeNU	00360430	BRI ACDEFGV
Cap	Orl	40 mg	CeeNU	00360422	BRI ACDEFGV
L01AX		OTHER ALKYLATING AGENTS			
L01AX03		TEMOZOLOMIDE			
Cap	Orl	5 mg	Temodal	02241093	FRS ACDEFGV
			Jamp Temozolomide	02516799	JPC ACDEFGV
			Taro-Temozolomide	02443473	TAR ACDEFGV
			Teva-Temozolomide	02441160	TEV ACDEFGV
Cap	Orl	20 mg	Temodal	02241094	FRS ACDEFGV
			Jamp Temozolomide	02516802	JPC ACDEFGV
			Taro-Temozolomide	02443481	TAR ACDEFGV
			Teva-Temozolomide	02395274	TEV ACDEFGV
Cap	Orl	100 mg	Temodal	02241095	FRS ACDEFGV
			Jamp Temozolomide	02516810	JPC ACDEFGV
			Taro-Temozolomide	02443511	TAR ACDEFGV
			Teva-Temozolomide	02395282	TEV ACDEFGV
Cap	Orl	140 mg	Temodal	02312794	FRS ACDEFGV
			Jamp Temozolomide	02516829	JPC ACDEFGV
			Taro-Temozolomide	02443538	TAR ACDEFGV
			Teva-Temozolomide	02395290	TEV ACDEFGV

L01AX03 TEMOZOLOMIDE

Cap Orl 250 mg

Temodal	02241096	FRS	ACDEFGV
Jamp Temozolomide	02516845	JPC	ACDEFGV
Taro-Temozolomide	02443554	TAR	ACDEFGV
Teva-Temozolomide	02395312	TEV	ACDEFGV

L01B ANTIMETABOLITES

L01BA FOLIC ACID ANALOGUES

L01BA01 METHOTREXATE

Liq IM 7.5 mg / 0.3 mL

Methotrexate Inj BP 02422166 PMS ACDEFGV

Liq IM 10 mg / 0.4 mL

Methotrexate Inj BP 02422174 PMS ACDEFGV

Liq IM 15 mg / 0.6 mL

Methotrexate Inj BP 02422182 PMS ACDEFGV

Liq IM 20 mg / 0.8 mL

Methotrexate Inj BP 02422190 PMS ACDEFGV

Liq IM 25 mg/mL

Methotrexate Inj BP 02422204 PMS ACDEFGV

Liq Inj 10 mg/mL

Methotrexate Inj USP 02182947 PFI ACDEFGV

Liq Inj 25 mg/mL

Methotrexate Inj USP	02182777	PFI	ACDEFGV
Methotrexate Inj USP (PF)	02182955	PFI	ACDEFGV
Methotrexate Injection BP	02464365	AHI	ACDEFGV
Methotrexate Inj USP (PF)	02099705	TEV	ACDEFGV

Liq SC 10 mg / 0.2 mL

Metobject Subcutaneous 02454831 MDX ACDEFGV

Liq SC 12.5 mg / 0.25 mL

Metobject Subcutaneous 02454750 MDX ACDEFGV

Liq SC 15 mg / 0.3 mL

Metobject Subcutaneous	02454858	MDX	ACDEFGV
Methotrexate Subcutaneous	02491311	AHI	ACDEFGV

Liq SC 17.5 mg / 0.35 mL

Metobject Subcutaneous	02454769	MDX	ACDEFGV
Methotrexate Subcutaneous	02491338	AHI	ACDEFGV

Liq SC 20 mg / 0.4 mL

Metobject Subcutaneous	02454866	MDX	ACDEFGV
Methotrexate Subcutaneous	02491346	AHI	ACDEFGV

Liq SC 22.5 mg / 0.45 mL

Metobject Subcutaneous	02454777	MDX	ACDEFGV
Methotrexate Subcutaneous	02491354	AHI	ACDEFGV

L01BA01	METHOTREXATE							
	Liq	SC	25 mg / 0.5 mL					
					Metoject Subcutaneous	02454874	MDX	ACDEFGV
					Methotrexate Subcutaneous	02491362	AHI	ACDEFGV
	Tab	Orl	2.5 mg					
					ACH-Methotrexate	02509067	AHI	ACDEFGV
					Apo-Methotrexate	02182963	APX	ACDEFGV
					Auro-Methotrexate	02524023	ARO	ACDEFGV
					pms-Methotrexate	02170698	PMS	ACDEFGV
	Tab	Orl	10 mg					
					Methotrexate	02182750	PFI	ACDEFGV
L01BB PURINE ANALOGUES								
L01BB02	MERCAPTOPURINE							
	Tab	Orl	50 mg					
					Purinethol	00004723	TEV	ACDEFGV
					Mercaptopurine	02415275	STR	ACDEFGV
L01BB03	TIOGUANINE							
	Tab	Orl	40 mg					
					Lanvis	00282081	APN	ACDEFGV
L01BB05	FLUDARABINE							
	Tab	Orl	10 mg					
					Fludara	02246226	SAV	(SA)
L01BC PYRIMIDINE ANALOGUES								
L01BC02	FLUOROURACIL							
	Crm	Top	5%					
					Efudex	00330582	BSL	ACDEFGV
L01BC06	CAPECITABINE							
	Tab	Orl	150 mg					
					Ach-Capecitabine	02426757	AHI	ACDEFGV
					Capecitabine	02519879	JPC	ACDEFGV
					Capecitabine	02514982	SAS	ACDEFGV
					Sandoz Capecitabine	02421917	SDZ	ACDEFGV
					Taro-Capecitabine	02457490	TAR	ACDEFGV
	Tab	Orl	500 mg					
					Ach-Capecitabine	02426765	AHI	ACDEFGV
					Capecitabine	02519887	JPC	ACDEFGV
					Capecitabine	02514990	SAS	ACDEFGV
					Mint-Capecitabine	02508028	MNT	ACDEFGV
					Sandoz Capecitabine	02421925	SDZ	ACDEFGV
					Taro-Capecitabine	02457504	TAR	ACDEFGV
L01BC07	AZACITIDINE							
	Tab	Orl	200 mg					
					Onureg	02510197	CEL	(SA)

L01BC07	AZACITIDINE								
Tab	Orl	300 mg			Onureg	02510200	CEL	(SA)	
L01BC08	DECITABINE								
	DECITABINE / CEDAZURIDINE								
Tab	Orl	35 mg / 100 mg			Inqovi	02501600	OTS	(SA)	
L01BC52	FLUOROURACIL, COMBINATION								
	FLUOROURACIL / SALICYLIC ACID								
Liq	Top	0.5% / 10%			Actikerall	02428946	CIP	ACDEFGV	
L01BC59	TRIFLURIDINE, COMBINATION								
	TRIFLURIDINE / TIPIRACIL								
Tab	Orl	15 mg / 6.14 mg			Lonsurf	02472104	TAI	(SA)	
Tab	Orl	20 mg / 8.19 mg			Lonsurf	02472112	TAI	(SA)	
L01C	PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS								
L01CB	PODOPHYLLOTOXIN DERIVATIVES								
L01CB01	ETOPOSIDE								
Cap	Orl	50 mg			Vepesid	00616192	XPI	ACDEFGV	
L01E	PROTEIN KINASE INHIBITORS								
L01EA	BCR-ABL TYROSINE KINASE INHIBITORS								
L01EA01	IMATINIB								
Tab	Orl	100 mg			Gleevec	02253275	NVR	ACDEFGV	
					ACH-Imatinib	02490986	AHI	ACDEFGV	
					Apo-Imatinib	02355337	APX	ACDEFGV	
					Imatinib	02504596	SAS	ACDEFGV	
					Jamp Imatinib	02495066	JPC	ACDEFGV	
					Mint-Imatinib	02492334	MNT	ACDEFGV	
					Nat-Imatinib	02397285	NAT	ACDEFGV	
					pms-Imatinib	02431114	PMS	ACDEFGV	
					Teva-Imatinib	02399806	TEV	ACDEFGV	

L01EA01 IMATINIB
 Tab Orl 400 mg

Gleevec	02253283	NVR	ACDEFGV
ACH-Imatinib	02490994	AHI	ACDEFGV
Apo-Imatinib	02355345	APX	ACDEFGV
Imatinib	02504618	SAS	ACDEFGV
Jamp Imatinib	02495074	JPC	ACDEFGV
Mint-Imatinib	02492342	MNT	ACDEFGV
Nat-Imatinib	02397293	NAT	ACDEFGV
pms-Imatinib	02431122	PMS	ACDEFGV
Teva-Imatinib	02399814	TEV	ACDEFGV

L01EA02 DASATINIB
 Tab Orl 20 mg

Sprycel	02293129	BRI	(SA)
Apo-Dasatinib	02470705	APX	(SA)
Reddy-Dasatinib	02514737	RCH	(SA)
Taro-Dasatinib	02499282	TAR	(SA)
Teva-Dasatinib	02478307	TEV	(SA)

Tab Orl 50 mg

Sprycel	02293137	BRI	(SA)
Apo-Dasatinib	02470713	APX	(SA)
Reddy-Dasatinib	02514745	RCH	(SA)
Taro-Dasatinib	02499304	TAR	(SA)
Teva-Dasatinib	02478315	TEV	(SA)

Tab Orl 70 mg

Sprycel	02293145	BRI	(SA)
Apo-Dasatinib	02481499	APX	(SA)
Reddy-Dasatinib	02514753	RCH	(SA)
Taro-Dasatinib	02499312	TAR	(SA)
Teva-Dasatinib	02478323	TEV	(SA)

Tab Orl 80 mg

Sprycel	02360810	BRI	(SA)
Apo-Dasatinib	02481502	APX	(SA)
Reddy-Dasatinib	02514761	RCH	(SA)
Taro-Dasatinib	02499320	TAR	(SA)
Teva-Dasatinib	02478331	TEV	(SA)

Tab Orl 100 mg

Sprycel	02320193	BRI	(SA)
Apo-Dasatinib	02470721	APX	(SA)
Reddy-Dasatinib	02514788	RCH	(SA)
Taro-Dasatinib	02499339	TAR	(SA)
Teva-Dasatinib	02478358	TEV	(SA)

L01EA02 DASATINIB

Tab Orl 140 mg

Sprycel 02360829 BRI (SA)
 Reddy-Dasatinib 02514796 RCH (SA)
 Taro-Dasatinib 02499347 TAR (SA)

L01EA03 NILOTINIB

Cap Orl 150 mg

Tasigna 02368250 NVR (SA)

Cap Orl 200 mg

Tasigna 02315874 NVR (SA)

L01EA04 BOSUTINIB

Tab Orl 100 mg

Bosulif 02419149 PFI (SA)

Tab Orl 500 mg

Bosulif 02419157 PFI (SA)

L01EA05 PONATINIB

Tab Orl 15 mg

Iclusig 02437333 TAK (SA)

Tab Orl 45 mg

Iclusig 02437341 TAK (SA)

L01EA06 ASCIMINIB

Tab Orl 20 mg

Scemblix 02528320 NVR (SA)

Tab Orl 40 mg

Scemblix 02528339 NVR (SA)

L01EB EPIDERMAL GROWTH FACTOR RECEPTOR (EGFR) TYROSINE KINASE INHIBITORS

L01EB02 ERLOTINIB

Tab Orl 25 mg

Tarceva 02269007 HLR ACDEFGV
 Apo-Erlotinib 02461862 APX ACDEFGV
 Nat-Erlotinib 02483912 NAT ACDEFGV
 Teva-Erlotinib 02377691 TEV ACDEFGV

Tab Orl 100 mg

Tarceva 02269015 HLR ACDEFGV
 Apo-Erlotinib 02461870 APX ACDEFGV
 Nat-Erlotinib 02483920 NAT ACDEFGV
 Teva-Erlotinib 02377705 TEV ACDEFGV

Tab Orl 150 mg

Tarceva 02269023 HLR ACDEFGV
 Apo-Erlotinib 02461889 APX ACDEFGV
 Nat-Erlotinib 02483939 NAT ACDEFGV
 Teva-Erlotinib 02377713 TEV ACDEFGV

L01EB03	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)
L01EB04	OSIMERTINIB					
	Tab	Orl	40 mg		Tagrisso	02456214 AZE (SA)
	Tab	Orl	80 mg		Tagrisso	02456222 AZE (SA)
L01EC B-RAF SERINE-THREONINE KINASE (BRAF) INHIBITORS						
L01EC01	VEMURAFENIB					
	Tab	Orl	240 mg		Zelboraf	02380242 HLR (SA)
L01EC02	DABRAFENIB					
	Cap	Orl	50 mg		Tafinlar	02409607 NVR (SA)
	Cap	Orl	75 mg		Tafinlar	02409615 NVR (SA)
L01EC03	ENCORAFENIB					
	Cap	Orl	75 mg		Braftovi	02513099 PFI (SA)
L01ED ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS						
L01ED01	CRIZOTINIB					
	Cap	Orl	200 mg		Xalkori	02384256 PFI (SA)
	Cap	Orl	250 mg		Xalkori	02384264 PFI (SA)
L01ED02	CERITINIB					
	Cap	Orl	150 mg		Zykadia	02436779 NVR (SA)
L01ED03	ALECTINIB					
	Cap	Orl	150 mg		Alecensaro	02458136 HLR (SA)
L01ED04	BRIGATINIB					
	Tab	Orl	30 mg		Alunbrig	02479206 TAK (SA)
	Tab	Orl	90 mg		Alunbrig	02479214 TAK (SA)
					Alunbrig (initiation pack)	02479230 TAK (SA)
	Tab	Orl	180 mg		Alunbrig	02479222 TAK (SA)

L01ED05	LORLATINIB					
	Tab	Orl	25 mg	Lorbrena	02485966	PFI (SA)
	Tab	Orl	100 mg	Lorbrena	02485974	PFI (SA)
L01EE MITOGEN-ACTIVATED PROTEIN KINASE (MEK) INHIBITORS						
L01EE01	TRAMETINIB					
	Tab	Orl	0.5 mg	Mekinist	02409623	NVR (SA)
	Tab	Orl	2 mg	Mekinist	02409658	NVR (SA)
L01EE02	COBIMETINIB					
	Tab	Orl	20 mg	Cotellic	02452340	HLR (SA)
L01EE03	BINIMETINIB					
	Tab	Orl	15 mg	Mektovi	02513080	PFI (SA)
L01EF CYCLIN-DEPENDENT KINASE (CDK) INHIBITORS						
L01EF01	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)
	Tab	Orl	75 mg	Ibrance	02493535	PFI (SA)
	Tab	Orl	100 mg	Ibrance	02493543	PFI (SA)
	Tab	Orl	125 mg	Ibrance	02493551	PFI (SA)
L01EF02	RIBOCICLIB					
	Tab	Orl	200 mg	Kisqali	02473569	NVR (SA)
L01EF03	ABEMACICLIB					
	Tab	Orl	50 mg	Verzenio	02487098	LIL (SA)
	Tab	Orl	100 mg	Verzenio	02487101	LIL (SA)
	Tab	Orl	150 mg	Verzenio	02487128	LIL (SA)
L01EG MAMMALIAN TARGET OF RAPAMYCIN (MTOR) KINASE INHIBITORS						
L01EG02	EVEROLIMUS					

L01EG02 EVEROLIMUS

Tab Orl 2.5 mg

Afinitor 02369257 NVR (SA)

Nat-Everolimus 02530090 NAT (SA)

pms-Everolimus 02504677 PMS (SA)

Sandoz Everolimus 02492911 SDZ (SA)

Teva-Everolimus 02463229 TEV (SA)

Tab Orl 5 mg

Afinitor 02339501 NVR (SA)

Nat-Everolimus 02530104 NAT (SA)

pms-Everolimus 02504685 PMS (SA)

Sandoz Everolimus 02492938 SDZ (SA)

Teva-Everolimus 02463237 TEV (SA)

Tab Orl 10 mg

Afinitor 02339528 NVR (SA)

Nat-Everolimus 02530120 NAT (SA)

pms-Everolimus 02504693 PMS (SA)

Sandoz Everolimus 02492946 SDZ (SA)

Teva-Everolimus 02463253 TEV (SA)

L01EH HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2 (HER2) TYROSINE KINASE INHIBITORS**L01EH01 LAPATINIB**

Tab Orl 250 mg

Tykerb 02326442 NVR (SA)

L01EH03 TUCATINIB

Tab Orl 50 mg

Tukysa 02499827 SGC (SA)

Tab Orl 150 mg

Tukysa 02499835 SGC (SA)

L01EJ JANUS-ASSOCIATED KINASE (JAK) INHIBITORS**L01EJ01 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)

L01EJ02 FEDRATINIB

Tab Orl 100 mg

Inrebic 02502445 BRI (SA)

L01EK VASCULAR ENDOTHELIAL GROWTH FACTOR RECEPTOR (VEGFR) TYROSINE KINASE INHIBITORS

L01EK01	AXITINIB								
Tab	Orl	1 mg			Inlyta	02389630	PFI	(SA)	
Tab	Orl	5 mg			Inlyta	02389649	PFI	(SA)	
L01EL	BRUTON'S TYROSINE KINASE (BTK) INHIBITORS								
L01EL01	IBRUTINIB								
Cap	Orl	140 mg			Imbruvica	02434407	JAN	(SA)	
L01EL02	ACALABRUTINIB								
Cap	Orl	100 mg			Calquence	02491788	AZE	(SA)	
Tab	Orl	100 mg			Calquence	02535696	AZE	(SA)	
L01EL03	ZANUBRUTINIB								
Cap	Orl	80 mg			Brukinsa	02512963	BGN	(SA)	
L01EM	PHOSPHATIDYLINOSITOL-3-KINASE (PI3K) INHIBITORS								
L01EM01	IDELALISIB								
Tab	Orl	100 mg			Zydelig	02438798	GIL	(SA)	
Tab	Orl	150 mg			Zydelig	02438801	GIL	(SA)	
L01EX	OTHER PROTEIN KINASE INHIBITORS								
L01EX01	SUNITINIB								
Cap	Orl	12.5 mg			Sutent	02280795	PFI	(SA)	
					Sandoz Sunitinib	02532840	SDZ	(SA)	
					Taro-Sunitinib	02524058	TAR	(SA)	
					Teva-Sunitinib	02526204	TEV	(SA)	
Cap	Orl	25 mg			Sutent	02280809	PFI	(SA)	
					Sandoz Sunitinib	02532867	SDZ	(SA)	
					Taro-Sunitinib	02524066	TAR	(SA)	
					Teva-Sunitinib	02526212	TEV	(SA)	
Cap	Orl	50 mg			Sutent	02280817	PFI	(SA)	
					Sandoz Sunitinib	02532883	SDZ	(SA)	
					Taro-Sunitinib	02524082	TAR	(SA)	
					Teva-Sunitinib	02526220	TEV	(SA)	
L01EX02	SORAFENIB								
Tab	Orl	200 mg			Nexavar	02284227	BAY	(SA)	

L01EX03	PAZOPANIB								
Tab	Orl	200 mg				Votrient	02352303	NVR	(SA)
						pms-Pazopanib	02525666	PMS	(SA)
L01EX04	VANDETANIB								
Tab	Orl	100 mg				Caprelsa	02378582	GZM	(SA)
Tab	Orl	300 mg				Caprelsa	02378590	GZM	(SA)
L01EX05	REGORAFENIB								
Tab	Orl	40 mg				Stivarga	02403390	BAY	(SA)
L01EX07	CABOZANTINIB								
Tab	Orl	20 mg				Cabometyx	02480824	IPS	(SA)
Tab	Orl	40 mg				Cabometyx	02480832	IPS	(SA)
Tab	Orl	60 mg				Cabometyx	02480840	IPS	(SA)
L01EX08	LENVATINIB								
Cap	Orl	4 mg/dose				Lenvima	02484056	EIS	(SA)
Cap	Orl	8 mg/dose				Lenvima	02468220	EIS	(SA)
Cap	Orl	10 mg/dose				Lenvima	02450321	EIS	(SA)
Cap	Orl	12 mg/dose				Lenvima	02484129	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)
L01EX09	NINTEDANIB								
Cap	Orl	100 mg				Ofev	02443066	BOE	(SA)
Cap	Orl	150 mg				Ofev	02443074	BOE	(SA)
L01EX10	MIDOSTAURIN								
Cap	Orl	25 mg				Rydapt	02466236	NVR	(SA)
L01EX12	LAROTRECTINIB								

L01EX12		LAROTRECTINIB									
Cap	Orl	25 mg							Vitrakvi	02490315	BAY (SA)
Cap	Orl	100 mg							Vitrakvi	02490323	BAY (SA)
Liq	Orl	20 mg/mL							Vitrakvi	02490331	BAY (SA)
L01EX19		RIPRETINIB									
Tab	Orl	50 mg							Qinlock	02500833	MDP (SA)
L01EX22		SELPERCATINIB									
Cap	Orl	40 mg							Retevmo	02516918	LIL (SA)
Cap	Orl	80 mg							Retevmo	02516926	LIL (SA)
L01F		MONOCLONAL ANTIBODIES AND ANTIBODY DRUG CONJUGATES									
L01FA		CD20 (CLUSTERS OF DIFFERENTIATION 20) INHIBITORS									
L01FA01		RITUXIMAB									
Liq	IV	10 mg/mL							Riximyo	02498316	SDZ (SA)
									Ruxience	02495724	PFI (SA)
									Truxima (10 mL)	02478382	TMP (SA)
									Truxima (50 mL)	02478390	TMP (SA)
L01X		OTHER ANTINEOPLASTIC AGENTS									
L01XB		METHYLHYDRAZINES									
L01XB01		PROCARBAZINE									
Cap	Orl	50 mg							Matulane	00012750	LDN ACDEFGV
L01XE		PROTEIN KINASE INHIBITORS									
L01XE54		GILTERITINIB									
Tab	Orl	40 mg							Xospata	02495058	ASL (SA)
L01XE56		ENTRECTINIB									
Cap	Orl	100 mg							Rozlytrek	02495007	HLR (SA)
Cap	Orl	200 mg							Rozlytrek	02495015	HLR (SA)
L01XF		RETINOIDS FOR CANCER TREATMENT									
L01XF01		TRETINOIN									
Cap	Orl	10 mg							Vesanoid	02145839	XPI ACDEFGV
									Jamp Tretinoin	02520036	JPC ACDEFGV

L01XJ HEDGEHOG PATHWAY INHIBITORS

L01XJ01 VISMODEGIB

Cap Orl 150 mg

Erivedge 02409267 HLR (SA)

L01XK POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS

L01XK01 OLAPARIB

Tab Orl 100 mg

Lynparza 02475200 AZE (SA)

Tab Orl 150 mg

Lynparza 02475219 AZE (SA)

L01XK02 NIRAPARIB

Cap Orl 100 mg

Zejula 02489783 GSK (SA)

Tab Orl 100 mg

Zejula 02530031 GSK (SA)

L01XX OTHER ANTINEOPLASTIC AGENTS

L01XX05 HYDROXYCARBAMIDE (HYDROXYUREA)

Cap Orl 500 mg

Hydrea 00465283 XPI ACDEFGV

Apo-Hydroxyurea 02247937 APX ACDEFGV

Mylan-Hydroxyurea 02242920 MYL ACDEFGV

L01XX35 ANAGRELIDE

Cap Orl 0.5 mg

Agrylin 02236859 TAK ACDEFGV

pms-Anagrelide 02274949 PMS ACDEFGV

L01XX52 VENETOCLAX

Kit Orl 10 mg, 50 mg, 100 mg

Venclexta Starter Kit 02458063 ABV (SA)

Tab Orl 10 mg

Venclexta 02458039 ABV (SA)

Tab Orl 50 mg

Venclexta 02458047 ABV (SA)

Tab Orl 100 mg

Venclexta 02458055 ABV (SA)

L01XX66 SELINEXOR

Tab Orl 20 mg

Xpovio 02527677 FTI (SA)

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

L02AB01 MEGESTROL

Tab Orl 40 mg

Megestrol 02195917 AAP ACDEFGVW

L02AB01 MEGESTROL

Tab Orl 160 mg

Megestrol 02195925 AAP ACDEFGVW

L02AE GONADOTROPHIN RELEASING HORMONE ANALOGUES

L02AE01 BUSERELIN

Imp Inj 6.3 mg

Suprefact Depot 02228955 XPI ACDEFV

Imp Inj 9.45 mg

Suprefact Depot 02240749 XPI ACDEFV

L02AE02 LEUPRORELIN (LEUPROLIDE)

Pws Inj 3.75 mg

Lupron Depot 00884502 ABV ACDEFGV

Zeulide Depot 02429977 VRT ACDEFV

Pws Inj 7.5 mg

Lupron Depot 00836273 ABV ACDEFGV

Pws Inj 11.25 mg

Lupron Depot 02239834 ABV ACDEFGV

Pws Inj 22.5 mg

Lupron Depot 02230248 ABV ACDEFGV

Zeulide Depot 02462699 VRT ACDEFV

Pws Inj 30 mg

Lupron Depot 02239833 ABV ACDEFGV

Sus Inj 7.5 mg

Eligard 02248239 TOL ACDEFV

Sus Inj 22.5 mg

Eligard 02248240 TOL ACDEFV

Sus Inj 30 mg

Eligard 02248999 TOL ACDEFV

Sus Inj 45 mg

Eligard 02268892 TOL ACDEFV

L02AE03 GOSERELIN

Imp Inj 3.6 mg

Zoladex 02049325 AZE ACDEFV

Imp Inj 10.8 mg

Zoladex LA 02225905 AZE ACDEFV

L02AE04 TRIPTORELIN

Pws Inj 3.75 mg

Trelstar 02240000 KNI ACDEFV

Pws Inj 11.25 mg

Trelstar 02243856 KNI ACDEFV

Pws Inj 22.5 mg

Trelstar 02412322 KNI ACDEFV

L02B HORMONE ANTAGONISTS AND RELATED AGENTS

L02BA ANTI-ESTROGENS

L02BA01 TAMOXIFEN

Tab Orl 10 mg

Apo-Tamox 00812404 APX ACDEFGV

Teva-Tamoxifen 00851965 TEV ACDEFGV

Tab Orl 20 mg

Apo-Tamox 00812390 APX ACDEFGV

Teva-Tamoxifen 00851973 TEV ACDEFGV

L02BA03 FULVESTRANT

Liq IM 50 mg/mL

Fulvestrant Injection 02483610 SDZ ACDEFGV

Teva-Fulvestrant 02460130 TEV ACDEFGV

L02BB ANTI-ANDROGENS

L02BB01 FLUTAMIDE

Tab Orl 250 mg

Flutamide 02238560 AAP ACDEFV

L02BB02 NILUTAMIDE

Tab Orl 50 mg

Anandron 02221861 XPI ACDEFV

L02BB03 BICALUTAMIDE

Tab Orl 50 mg

Casodex 02184478 AZE ACDEFV

Apo-Bicalutamide 02296063 APX ACDEFV

Bicalutamide 02325985 AHI ACDEFV

Bicalutamide 02519178 SAS ACDEFV

Jamp-Bicalutamide 02357216 JPC ACDEFV

pms-Bicalutamide 02275589 PMS ACDEFV

Teva-Bicalutamide 02270226 TEV ACDEFV

L02BB04 ENZALUTAMIDE

Cap Orl 40 mg

Xtandi 02407329 ASL (SA)

L02BB05 APALUTAMIDE

Tab Orl 60 mg

Erleada 02478374 JAN (SA)

L02BB06 DAROLUTAMIDE

Tab Orl 300 mg

Nubeqa 02496348 BAY (SA)

L02BG AROMATASE INHIBITORS

L02BG03 ANASTROZOLE

L02BG03 ANASTROZOLE

Tab Orl 1 mg

Arimidex	02224135	AZE	ACDEFV
Act Anastrozole	02394898	TEV	ACDEFV
Anastrozole	02351218	AHI	ACDEFV
Anastrozole	02442736	SAS	ACDEFV
Anastrozole	02529904	SIV	ACDEFV
Apo-Anastrozole	02374420	APX	ACDEFV
Jamp-Anastrozole	02339080	JPC	ACDEFV
Mar-Anastrozole	02379562	MAR	ACDEFV
Mint-Anastrozole	02393573	MNT	ACDEFV
Nat-Anastrozole	02417855	NAT	ACDEFV
pms-Anastrozole	02320738	PMS	ACDEFV
Riva-Anastrozole	02392259	RIV	ACDEFV
Sandoz Anastrozole	02338467	SDZ	ACDEFV
Taro-Anastrozole	02365650	TAR	ACDEFV

L02BG04 LETROZOLE

Tab Orl 2.5 mg

Femara	02231384	NVR	ACDEFV
Apo-Letrozole	02358514	APX	ACDEFV
Jamp-Letrozole	02373009	JPC	ACDEFV
Letrozole	02504472	SAS	ACDEFV
Letrozole	02524244	SIV	ACDEFV
Letrozole tablets usp	02338459	AHI	ACDEFV
Mar-Letrozole	02373424	MAR	ACDEFV
Med-Letrozole	02322315	GMP	ACDEFV
Mint-Letrozole	02508109	MNT	ACDEFV
Nat-Letrozole	02421585	NAT	ACDEFV
pms-Letrozole	02309114	PMS	ACDEFV
Riva-Letrozole	02398656	RIV	ACDEFV
Sandoz Letrozole	02344815	SDZ	ACDEFV
Teva-Letrozole	02343657	TEV	ACDEFV
Zinda-Letrozole	02378213	MCK	ACDEFV

L02BG06 EXEMESTANE

Tab Orl 25 mg

Aromasin	02242705	PFI	ACDEFV
Act Exemestane	02390183	TEV	ACDEFV
Med-Exemestane	02407841	GMP	ACDEFV
Teva-Exemestane	02408473	TEV	ACDEFV

L02BX OTHER HORMONE ANTAGONISTS AND RELATED AGENTS

L02BX02		DEGARELIX							
Pws	Inj	80 mg/vial			Firmagon	02337029	FEI	ACDEFV	
Pws	Inj	120 mg/vial			Firmagon	02337037	FEI	ACDEFV	
L02BX03		ABIRATERONE							
Tab	Orl	250 mg			Zytiga	02371065	JAN	ACDEFGV	
					Apo-Abiraterone	02491397	APX	ACDEFGV	
					Jamp Abiraterone	02502305	JPC	ACDEFGV	
					Mar-Abiraterone	02503980	MAR	ACDEFGV	
					Nat-Abiraterone	02494132	NAT	ACDEFGV	
					pms-Abiraterone	02492601	PMS	ACDEFGV	
					Reddy-Abiraterone	02477114	RCH	ACDEFGV	
					Sandoz Abiraterone	02486393	SDZ	ACDEFGV	
Tab	Orl	500 mg			Zytiga	02457113	JAN	ACDEFGV	
					Abiraterone	02525380	JPC	ACDEFGV	
					Apo-Abiraterone	02491400	APX	ACDEFGV	
					Jamp Abiraterone	02529629	JPC	ACDEFGV	
					Mar-Abiraterone	02503999	MAR	ACDEFGV	
					pms-Abiraterone	02501503	PMS	ACDEFGV	
					Reddy-Abiraterone	02533251	RCH	ACDEFGV	
					Sandoz Abiraterone	02521644	SDZ	ACDEFGV	
L03		IMMUNOSTIMULANTS							
L03A		IMMUNOSTIMULANTS							
L03AA		COLONY STIMULATING FACTORS							
L03AA02		FILGRASTIM							
Liq	SC	300 mcg / 0.5 mL			Grastofil	02441489	APO	(SA)	
					Nivestym (prefilled syringe)	02485575	PFI	(SA)	
Liq	SC	300 mcg/mL			Nivestym	02485591	PFI	(SA)	
Liq	SC	480 mcg / 0.8 mL			Grastofil	02454548	APO	(SA)	
					Nivestym (prefilled syringe)	02485583	PFI	(SA)	
Liq	SC	480 mcg / 1.6 mL			Nivestym	02485656	PFI	(SA)	
L03AA13		PEGFILGRASTIM							

L03AA13 PEGFILGRASTIM

Liq SC 6 mg / 0.6 mL

Fulphila 02484153 BGP (SA)

Lapelga 02474565 APX (SA)

Lapelga 02529343 APX (SA)

Nyvepria 02506238 PFI (SA)

Ziextenzo 02497395 SDZ (SA)

L03AB INTERFERONS

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

Pws SC 0.3 mg

Betaseron 02169649 BAY (SA)

L03AB11 PEGINTERFERON ALFA-2A

PEGINTERFERON ALFA-2A

Liq SC 180 mcg / 0.5 mL

Pegasys 02248077 ARN ACDEFGV

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

Glatect 02460661 PMS ACDEFGV

L03AX16 PLERIXAFOR

Liq Inj 24 mg / 1.2 mL

Mozobil 02377225 SAV (SA)

Plerixafor Injection 02529815 JPC (SA)

L04 IMMUNOSUPPRESSANTS

L04A IMMUNOSUPPRESSANTS

L04AA SELECTIVE IMMUNOSUPPRESSANTS

L04AA06 MYCOPHENOLIC ACID

Cap Orl 250 mg

Cellcept	02192748	HLR	ACDEFGRV
Apo-Mycophenolate	02352559	APX	ACDEFGRV
Jamp-Mycophenolate	02386399	JPC	ACDEFGRV
Mycophenolate Mofetil	02383780	AHI	ACDEFGRV
Mycophenolate Mofetil	02457369	SAS	ACDEFGRV
Sandoz Mycophenolate	02320630	SDZ	ACDEFGRV
Teva-Mycophenolate	02364883	TEV	ACDEFGRV

ECT Orl 180 mg

Myfortic	02264560	NVR	ACDEFGRV
Apo-Mycophenolic Acid	02372738	APX	ACDEFGRV
Mar-Mycophenolic Acid	02511673	MAR	ACDEFGRV

ECT Orl 360 mg

Myfortic	02264579	NVR	ACDEFGRV
Apo-Mycophenolic Acid	02372746	APX	ACDEFGRV
Mar-Mycophenolic Acid	02511681	MAR	ACDEFGRV

Pws Orl 200 mg/mL

Cellcept	02242145	HLR	ACDEFGRV
Mar-Mycophenolate Mofetil	02522233	MAR	ACDEFGRV

Tab Orl 500 mg

Cellcept	02237484	HLR	ACDEFGRV
Apo-Mycophenolate	02352567	APX	ACDEFGRV
Jamp-Mycophenolate	02380382	JPC	ACDEFGRV
Mycophenolate Mofetil	02378574	AHI	ACDEFGRV
Mycophenolate Mofetil	02457377	SAS	ACDEFGRV
Sandoz Mycophenolate	02313855	SDZ	ACDEFGRV
Teva-Mycophenolate	02348675	TEV	ACDEFGRV

L04AA10 SIROLIMUS

Liq Orl 1 mg/mL

Rapamune	02243237	PFI	ACDEFGRV
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Tab Orl 1 mg

Rapamune	02247111	PFI	ACDEFGRV
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L04AA13 LEFLUNOMIDE

Tab Orl 10 mg

Arava	02241888	SAV	ACDEFGRV
Apo-Leflunomide	02256495	APX	ACDEFGRV
Leflunomide	02351668	SAS	ACDEFGRV
Novo-Leflunomide	02261251	TEV	ACDEFGRV
pms-Leflunomide	02288265	PMS	ACDEFGRV
Sandoz Leflunomide	02283964	SDZ	ACDEFGRV

L04AA13	LEFLUNOMIDE								
Tab	Orl	20 mg				Arava	02241889	SAV	ACDEFGV
						Apo-Leflunomide	02256509	APX	ACDEFGV
						Leflunomide	02351676	SAS	ACDEFGV
						Novo-Leflunomide	02261278	TEV	ACDEFGV
						pms-Leflunomide	02288273	PMS	ACDEFGV
						Sandoz Leflunomide	02283972	SDZ	ACDEFGV
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)
						Apo-Fingolimod	02469936	APX	(SA)
						Jamp-Fingolimod	02487772	JPC	(SA)
						Mar-Fingolimod	02474743	MAR	(SA)
						Mylan-Fingolimod	02469715	MYL	(SA)
						pms-Fingolimod	02469782	PMS	(SA)
						Sandoz Fingolimod	02482606	SDZ	(SA)
						Taro-Fingolimod	02469618	TAR	(SA)
						Teva-Fingolimod	02469561	TEV	(SA)
L04AA29	TOFACITINIB								
ERT	Orl	11 mg				Xeljanz XR	02470608	PFI	(SA)
Tab	Orl	5 mg				Xeljanz	02423898	PFI	(SA)
						Auro-Tofacitinib	02530007	ARO	(SA)
						Jamp Tofacitinib	02522896	JPC	(SA)
						pms-Tofacitinib	02522799	PMS	(SA)
						Taro-Tofacitinib	02511304	TAR	(SA)

L04AA29	TOFACITINIB							
Tab	Orl	10 mg			Xeljanz	02480786	PFI	(SA)
					Auro-Tofacitinib	02530015	ARO	(SA)
					Taro-Tofacitinib	02511312	TAR	(SA)
L04AA31	TERIFLUNOMIDE							
Tab	Orl	14 mg			Aubagio	02416328	GZM	(SA)
					ACH-Teriflunomide	02502933	AHI	(SA)
					Apo-Teriflunomide	02500639	APX	(SA)
					Jamp Teriflunomide	02504170	JPC	(SA)
					M-Teriflunomide	02523833	MRA	(SA)
					Mar-Teriflunomide	02500469	MAR	(SA)
					Nat-Teriflunomide	02500310	NAT	(SA)
					pms-Teriflunomide	02500434	PMS	(SA)
					Sandoz Teriflunomide	02505843	SDZ	(SA)
					Teva-Teriflunomide	02501090	TEV	(SA)
L04AA33	VEDOLIZUMAB							
Liq	SC	108 mg / 0.68 mL			Entyvio (autoinjector)	02497867	TAK	(SA)
					Entyvio (prefilled syringe)	02497875	TAK	(SA)
Pws	IV	300 mg			Entyvio	02436841	TAK	(SA)
L04AA34	ALEMTUZUMAB							
Liq	IV	12 mg / 1.2 mL			Lemtrada	02418320	GZM	(SA)
L04AA36	OCRELIZUMAB							
Liq	IV	30 mg/mL			Ocrevus	02467224	HLR	(SA)
L04AA37	BARICITINIB							
Tab	Orl	2 mg			Olumiant	02480018	LIL	(SA)
L04AA40	CLADRIBINE							
Tab	Orl	10 mg			Mavenclad	02470179	EMD	(SA)
L04AA42	SIPONIMOD							
Tab	Orl	0.25 mg			Mayzent	02496429	NVR	(SA)
Tab	Orl	2 mg			Mayzent	02496437	NVR	(SA)
L04AA44	UPADACITINIB							
ERT	Orl	15 mg			Rinvoq	02495155	ABV	(SA)

L04AA44	UPADACITINIB								
ERT	Orl	30 mg			Rinvoq	02520893	ABV	(SA)	
L04AA51	ANIFROLUMAB								
Liq	IV	150 mg/mL			Saphnelo	02522845	AZE	(SA)	
L04AA52	OFATUMUMAB								
Liq	SC	20 mg / 0.4 mL			Kesimpta	02511355	NVR	(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 (autoinjector)	02455331	ORG	(SA)	
					Brenzys (syringe)	02455323	ORG	(SA)	
					Erelzi (autoinjector)	02462850	SDZ	(SA)	
					Erelzi (syringe)	02462869	SDZ	(SA)	
L04AB02	INFLIXIMAB								
Pws	IV	100 mg			Avsola	02496933	AGA	(SA)	
					Inflectra	02419475	HOS	(SA)	
					Renflexis	02470373	ORG	(SA)	
L04AB04	ADALIMUMAB								
Liq	SC	20 mg / 0.4 mL			Abrilada (prefilled syringe)	02511061	PFI	(SA)	
					Amgevita (prefilled syringe)	02459310	AGA	(SA)	
					Hulio (prefilled syringe)	02502380	BGP	(SA)	
					Hyrimoz (prefilled syringe)	02505258	SDZ	(SA)	
Liq	SC	40 mg / 0.4 mL			Hadlima (autoinjector)	02533480	ORG	(SA)	
					Hadlima (prefilled syringe)	02533472	ORG	(SA)	
					Simlandi (autoinjector)	02523957	JPC	(SA)	
					Simlandi (prefilled syringe)	02523949	JPC	(SA)	
					Yuflyma (prefilled syringe)	02523760	CLT	(SA)	
					Yuflyma (autoinjector)	02523779	CLT	(SA)	

L04AB04 ADALIMUMAB

Liq SC 40 mg / 0.8 mL

Abrilada (autoinjector)	02511045	PFI	(SA)
Abrilada (prefilled syringe)	02511053	PFI	(SA)
Amgevita (autoinjector)	02459302	AGA	(SA)
Amgevita (prefilled syringe)	02459299	AGA	(SA)
Hadlima (autoinjector)	02473100	ORG	(SA)
Hadlima (prefilled syringe)	02473097	ORG	(SA)
Hulio (autoinjector)	02502402	BGP	(SA)
Hulio (prefilled syringe)	02502399	BGP	(SA)
Hyrimoz (autoinjector)	02492156	SDZ	(SA)
Hyrimoz (prefilled syringe)	02492164	SDZ	(SA)
Idacio (autoinjector)	02502674	FKB	(SA)

Liq SC 80 mg / 0.8 mL

Simlandi (prefilled syringe)	02523965	JPC	(SA)
Yuflyma (prefilled syringe)	02535076	CLT	(SA)
Yuflyma (autoinjector)	02535084	CLT	(SA)

L04AB05 CERTOLIZUMAB PEGOL

Liq SC 200 mg/mL

Cimzia	02331675	UCB	(SA)
Cimzia (autoinjector)	02465574	UCB	(SA)

L04AB06 GOLIMUMAB

Liq SC 50 mg / 0.5 mL

Simponi (autoinjector)	02324784	JAN	(SA)
Simponi (prefilled syringe)	02324776	JAN	(SA)

Liq SC 100 mg/mL

Simponi (autoinjector)	02413183	JAN	(SA)
Simponi (prefilled syringe)	02413175	JAN	(SA)

L04AC INTERLEUKIN INHIBITORS
L04AC05 USTEKINUMAB

Liq SC 45 mg / 0.5 mL

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

Stelara	02320681	JAN	(SA)
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L04AC07 TOCILIZUMAB

Liq IV 80 mg / 4 mL

Actemra	02350092	HLR	(SA)
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Liq IV 200 mg / 10 mL

Actemra	02350106	HLR	(SA)
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Liq IV 400 mg / 20 mL

Actemra	02350114	HLR	(SA)
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L04AC07	TOCILIZUMAB								
Liq	SC	162 mg / 0.9 mL			Actemra (autoinjector)	02483327	HLR	(SA)	
					Actemra (prefilled syringe)	02424770	HLR	(SA)	
L04AC08	CANAKINUMAB								
Liq	SC	150 mg/mL			Ilaris	02460351	NVR	(SA)	
L04AC10	SECUKINUMAB								
Liq	SC	150 mg/mL			Cosentyx	02438070	NVR	(SA)	
L04AC12	BRODALUMAB								
Liq	SC	210 mg / 1.5 mL			Siliq	02473623	BSL	(SA)	
L04AC13	IXEKIZUMAB								
Liq	SC	80 mg/mL			Taltz (autoinjector)	02455102	LIL	(SA)	
					Taltz (prefilled syringe)	02455110	LIL	(SA)	
L04AC14	SARILUMAB								
Liq	SC	150 mg / 1.14 mL			Kevzara (autoinjector)	02472961	SAV	(SA)	
Liq	SC	200 mg / 1.14 mL			Kevzara (autoinjector)	02472988	SAV	(SA)	
					Kevzara (prefilled syringe)	02460548	SAV	(SA)	
L04AC16	GUSELKUMAB								
Liq	SC	100 mg/mL			Tremfya (injector)	02487314	JAN	(SA)	
					Tremfya (prefilled syringe)	02469758	JAN	(SA)	
L04AC17	TILDRAKIZUMAB								
Liq	SC	100 mg/mL			Ilumya	02516098	SUN	(SA)	
L04AC18	RISANKIZUMAB								
Liq	SC	75 mg / 0.83 mL			Skyrizi	02487454	ABV	(SA)	
Liq	SC	150 mg/mL			Skyrizi (autoinjector)	02519291	ABV	(SA)	
					Skyrizi (prefilled syringe)	02519283	ABV	(SA)	
L04AC19	SATRALIZUMAB								
Liq	SC	120 mg/mL			Enspryng	02499681	HLR	(SA)	
L04AC21	BIMEKIZUMAB								
Liq	SC	160 mg/mL			Bimzelx (autoinjector)	02525275	UCB	(SA)	
					Bimzelx (prefilled syringe)	02525267	UCB	(SA)	

L04AD CALCINEURIN INHIBITORS**L04AD01 CYCLOSPORINE**

Cap	Orl	10 mg	Neoral	02237671	NVR	ACDEFGRV
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Cap	Orl	25 mg	Neoral	02150689	NVR	ACDEFGRV
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pms-Cyclosporine	02495805	PMS	ACDEFGRV
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Sandoz Cyclosporine	02247073	SDZ	ACDEFGRV
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Cap	Orl	50 mg	Neoral	02150662	NVR	ACDEFGRV
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pms-Cyclosporine	02495821	PMS	ACDEFGRV
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Sandoz Cyclosporine	02247074	SDZ	ACDEFGRV
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Cap	Orl	100 mg	Neoral	02150670	NVR	ACDEFGRV
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pms-Cyclosporine	02495813	PMS	ACDEFGRV
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Sandoz Cyclosporine	02242821	SDZ	ACDEFGRV
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Liq	Orl	100 mg/mL	Neoral	02150697	NVR	ACDEFGRV
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L04AD02 TACROLIMUS

Cap	Orl	0.5 mg	Prograf	02243144	ASL	ACDEFGRV
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ACH-Tacrolimus	02454068	AHI	ACDEFGRV
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Sandoz Tacrolimus	02416816	SDZ	ACDEFGRV
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Cap	Orl	1 mg	Prograf	02175991	ASL	ACDEFGRV
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ACH-Tacrolimus	02456095	AHI	ACDEFGRV
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Sandoz Tacrolimus	02416824	SDZ	ACDEFGRV
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Cap	Orl	5 mg	Prograf	02175983	ASL	ACDEFGRV
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ACH-Tacrolimus	02456109	AHI	ACDEFGRV
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Sandoz Tacrolimus	02416832	SDZ	ACDEFGRV
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ERC	Orl	0.5 mg	Advagraf	02296462	ASL	ACDEFGRV
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ERC	Orl	1 mg	Advagraf	02296470	ASL	ACDEFGRV
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ERC	Orl	3 mg	Advagraf	02331667	ASL	ACDEFGRV
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ERC	Orl	5 mg	Advagraf	02296489	ASL	ACDEFGRV
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ERT	Orl	0.75 mg	Envarsus PA	02485877	EDO	ACDEFGRV
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ERT	Orl	1 mg	Envarsus PA	02485885	EDO	ACDEFGRV
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L04AD02 TACROLIMUS

ERT Orl 4 mg

Envarsus PA 02485893 EDO ACDEFGV

L04AX OTHER IMMUNOSUPPRESSANTS

L04AX01 AZATHIOPRINE

Tab Orl 50 mg

Imuran 00004596 APN ACDEFGV

Apo-Azathioprine 02242907 APX ACDEFGV

Teva-Azathioprine 02236819 TEV ACDEFGV

L04AX04 LENALIDOMIDE

Cap Orl 2.5 mg

Revlimid 02459418 BRI (SA)

Apo-Lenalidomide 02507927 APX (SA)

Jamp Lenalidomide 02506130 JPC (SA)

Nat-Lenalidomide 02493837 NAT (SA)

Reddy-Lenalidomide 02484714 RCH (SA)

Sandoz Lenalidomide 02518562 SDZ (SA)

Taro-Lenalidomide 02507862 TAR (SA)

Cap Orl 5 mg

Revlimid 02304899 BRI (SA)

Apo-Lenalidomide 02507935 APX (SA)

Jamp Lenalidomide 02506149 JPC (SA)

Nat-Lenalidomide 02493845 NAT (SA)

Reddy-Lenalidomide 02483017 RCH (SA)

Sandoz Lenalidomide 02518570 SDZ (SA)

Taro-Lenalidomide 02507870 TAR (SA)

Cap Orl 10 mg

Revlimid 02304902 BRI (SA)

Apo-Lenalidomide 02507943 APX (SA)

Jamp Lenalidomide 02506157 JPC (SA)

Nat-Lenalidomide 02493861 NAT (SA)

Reddy-Lenalidomide 02483025 RCH (SA)

Sandoz Lenalidomide 02518589 SDZ (SA)

Taro-Lenalidomide 02507889 TAR (SA)

Cap Orl 15 mg

Revlimid 02317699 BRI (SA)

Apo-Lenalidomide 02507951 APX (SA)

Jamp Lenalidomide 02506165 JPC (SA)

Nat-Lenalidomide 02493888 NAT (SA)

Reddy-Lenalidomide 02483033 RCH (SA)

Sandoz Lenalidomide 02518597 SDZ (SA)

Taro-Lenalidomide 02507897 TAR (SA)

L04AX04 LENALIDOMIDE

Cap Orl 20 mg

Revlimid 02440601 BRI (SA)
 Apo-Lenalidomide 02507978 APX (SA)
 Jamp Lenalidomide 02506173 JPC (SA)
 Nat-Lenalidomide 02493896 NAT (SA)
 Reddy-Lenalidomide 02483041 RCH (SA)
 Sandoz Lenalidomide 02518600 SDZ (SA)
 Taro-Lenalidomide 02507900 TAR (SA)

Cap Orl 25 mg

Revlimid 02317710 BRI (SA)
 Apo-Lenalidomide 02507986 APX (SA)
 Jamp Lenalidomide 02506181 JPC (SA)
 Nat-Lenalidomide 02493918 NAT (SA)
 Reddy-Lenalidomide 02483068 RCH (SA)
 Sandoz Lenalidomide 02518619 SDZ (SA)
 Taro-Lenalidomide 02507919 TAR (SA)

L04AX05 PIRFENIDONE

Cap Orl 267 mg

Jamp Pirfenidone 02509938 JPC (SA)
 Sandoz Pirfenidone 02488833 SDZ (SA)

Tab Orl 267 mg

Esbriet 02464489 HLR (SA)
 Jamp Pirfenidone 02514702 JPC (SA)
 pms-Pirfenidone 02531526 PMS (SA)
 Sandoz Pirfenidone 02488507 SDZ (SA)

Tab Orl 801 mg

Esbriet 02464500 HLR (SA)
 Jamp Pirfenidone 02514710 JPC (SA)
 pms-Pirfenidone 02531534 PMS (SA)
 Sandoz Pirfenidone 02488515 SDZ (SA)

L04AX06 POMALIDOMIDE

Cap Orl 1 mg

Pomalyst 02419580 BRI (SA)
 Apo-Pomalidomide 02520427 APX (SA)
 Jamp Pomalidomide 02538059 JPC (SA)
 Nat-Pomalidomide 02506394 NAT (SA)
 Reddy-Pomalidomide 02504073 RCH (SA)
 Sandoz Pomalidomide 02523973 SDZ (SA)

L04AX06 POMALIDOMIDE

Cap Orl 2 mg

Pomalyst	02419599	BRI	(SA)
Apo-Pomalidomide	02520435	APX	(SA)
Jamp Pomalidomide	02538075	JPC	(SA)
Nat-Pomalidomide	02506408	NAT	(SA)
Reddy-Pomalidomide	02504081	RCH	(SA)
Sandoz Pomalidomide	02523981	SDZ	(SA)

Cap Orl 3 mg

Pomalyst	02419602	BRI	(SA)
Apo-Pomalidomide	02520443	APX	(SA)
Jamp Pomalidomide	02538083	JPC	(SA)
Nat-Pomalidomide	02506416	NAT	(SA)
Reddy-Pomalidomide	02504103	RCH	(SA)
Sandoz Pomalidomide	02524007	SDZ	(SA)

Cap Orl 4 mg

Pomalyst	02419610	BRI	(SA)
Apo-Pomalidomide	02520451	APX	(SA)
Jamp Pomalidomide	02538091	JPC	(SA)
Nat-Pomalidomide	02506424	NAT	(SA)
Reddy-Pomalidomide	02504111	RCH	(SA)
Sandoz Pomalidomide	02524015	SDZ	(SA)

N07XX OTHER NERVOUS SYSTEM DRUGS

L04AX07 DIMETHYL FUMARATE

CDR Orl 120 mg

Tecfidera	02404508	BIG	(SA)
ACH-Dimethyl Fumarate	02495341	AHI	(SA)
Apo-Dimethyl Fumarate	02505762	APX	(SA)
GLN-Dimethyl Fumarate	02494809	GLM	(SA)
Jamp-Dimethyl Fumarate	02516047	JPC	(SA)
Mar-Dimethyl Fumarate	02502690	MAR	(SA)
pms-Dimethyl Fumarate	02497026	PMS	(SA)
Sandoz Dimethyl Fumarate	02513781	SDZ	(SA)

CDR Orl 240 mg

Tecfidera	02420201	BIG	(SA)
ACH-Dimethyl Fumarate	02495368	AHI	(SA)
Apo-Dimethyl Fumarate	02505770	APX	(SA)
GLN-Dimethyl Fumarate	02494817	GLM	(SA)
Jamp-Dimethyl Fumarate	02516055	JPC	(SA)
Mar-Dimethyl Fumarate	02502704	MAR	(SA)
pms-Dimethyl Fumarate	02497034	PMS	(SA)
Sandoz Dimethyl Fumarate	02513803	SDZ	(SA)

M MUSCULO-SKELETAL SYSTEM**M01 ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS****M01A ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STERIODS****M01AB ACETIC ACID DERIVATIVES AND RELATED SUBSTANCES****M01AB01 INDOMETHACIN**

Cap	Orl	25 mg	Mint-Indomethacin	02461811	MNT	ACDEFGV
			Teva-Indomethacin	00337420	TEV	ACDEFGV

Cap	Orl	50 mg	Auro-Indomethacin	02499223	ARO	ACDEFGV
			Mint-Indomethacin	02461536	MNT	ACDEFGV
			Teva-Indomethacin	00337439	TEV	ACDEFGV

Sup	Rt	50 mg	Odan-Indomethacin	02231799	ODN	ACDEFGV
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Sup	Rt	100 mg	Odan-Indomethacin	02231800	ODN	ACDEFGV
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M01AB02 SULINDAC

Tab	Orl	150 mg	Teva-Sundac	00745588	TEV	ACDEFGV
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Tab	Orl	200 mg	Teva-Sundac	00745596	TEV	ACDEFGV
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M01AB05 DICLOFENAC

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

ECT	Orl	50 mg	Apo-Diclo	00839183	APX	ACDEFGV
			pms-Diclofenac	02302624	PMS	ACDEFGV
			Teva-Difenac	00808547	TEV	ACDEFGV

SRT	Orl	75 mg	Apo-Diclo SR	02162814	APX	ACDEFGV
			Teva-Difenac SR	02158582	TEV	ACDEFGV

SRT	Orl	100 mg	Voltaren SR	00590827	NVR	ACDEFGV
			Apo-Diclo SR	02091194	APX	ACDEFGV
			Sandoz Diclofenac SR	02261944	SDZ	ACDEFGV
			Teva-Difenac SR	02048698	TEV	ACDEFGV

Sup	Rt	50 mg	Voltaren	00632724	NVR	ACDEFGV
			Sandoz Diclofenac	02261928	SDZ	ACDEFGV

M01AB15 KETOROLAC

M01AB15	KETOROLAC								
	Liq	Inj	10 mg		Toradol	02162644	MTP	W	
M01AB55	DICLOFENAC COMBINATIONS								
	DICLOFENAC / MISOPROSTOL								
	Tab	Orl	50 mg / 200 mcg		Arthrotec	01917056	PFI	ACDEFGV	
					GD-Diclofenac/Misoprostol	02341689	GMD	ACDEFGV	
					pms-Diclofenac/Misoprostol	02413469	PMS	ACDEFGV	
	Tab	Orl	75 mg / 200 mcg		Arthrotec	02229837	PFI	ACDEFGV	
					GD-Diclofenac/Misoprostol	02341697	GMD	ACDEFGV	
					pms-Diclofenac/Misoprostol	02413477	PMS	ACDEFGV	
M01AC	OXICAMS								
M01AC01	PIROXICAM								
	Cap	Orl	10 mg		Novo-Pirocam	00695718	TEV	ACDEFGV	
	Cap	Orl	20 mg		Novo-Pirocam	00695696	TEV	ACDEFGV	
M01AC06	MELOXICAM								
	Tab	Orl	7.5 mg		Apo-Meloxicam	02248973	APX	ACDEFGV	
					Auro-Meloxicam	02390884	ARO	ACDEFGV	
					Meloxicam	02353148	SAS	ACDEFGV	
					pms-Meloxicam	02248267	PMS	ACDEFGV	
					Teva-Meloxicam	02258315	TEV	ACDEFGV	
	Tab	Orl	15 mg		Apo-Meloxicam	02248974	APX	ACDEFGV	
					Auro-Meloxicam	02390892	ARO	ACDEFGV	
					Meloxicam	02353156	SAS	ACDEFGV	
					pms-Meloxicam	02248268	PMS	ACDEFGV	
					Teva-Meloxicam	02258323	TEV	ACDEFGV	
M01AE	PROPIONIC ACID DERIVATIVES								
M01AE01	IBUPROFEN								
	Tab	Orl	300 mg		Apo-Ibuprofen	00441651	APX	AEFGV	
	Tab	Orl	400 mg		Motrin IB	02242658	JNJ	AEFGV	
	Tab	Orl	600 mg		Apo-Ibuprofen	00585114	APX	ACDEFGV	
					Novo-Profen	00629359	TEV	ACDEFGV	
M01AE02	NAPROXEN								

M01AE02	NAPROXEN						
ECT	Orl	250 mg		Teva-Naprox EC	02243312	TEV	ACDEFGV
ECT	Orl	375 mg		Naprosyn E	02162415	MTP	ACDEFGV
				Apo-Naproxen EC	02246700	APX	ACDEFGV
				Naproxen EC (Disc/non disp Jul 4/24)	02350793	SAS	ACDEFGV
				Teva-Naprox EC	02243313	TEV	ACDEFGV
ECT	Orl	500 mg		Naprosyn E	02162423	MTP	ACDEFGV
				Apo-Naproxen EC	02246701	APX	ACDEFGV
				Naproxen EC (Disc/non disp Jul 4/24)	02350807	SAS	ACDEFGV
				pms-Naproxen EC	02294710	PMS	ACDEFGV
				Teva-Naprox EC	02243314	TEV	ACDEFGV
SRT	Orl	750 mg		Naprosyn SR	02162466	MTP	ACDEFGV
Sus	Orl	25 mg/mL		Pediapharm Naproxen	02162431	MDX	ACDEFGV
Tab	Orl	250 mg		Apo-Naproxen	00522651	APX	ACDEFGV
				Naproxen (Disc/non disp Jul 4/24)	02350750	SAS	ACDEFGV
				Teva-Naproxen	00565350	TEV	ACDEFGV
Tab	Orl	275 mg		Anaprox	02162725	MTP	ACDEFGV
				Apo-Napro-Na	00784354	APX	ACDEFGV
				Naproxen Sodium	02351013	SAS	ACDEFGV
				Teva-Naproxen Sodium	00778389	TEV	ACDEFGV
Tab	Orl	375 mg		Apo-Naproxen	00600806	APX	ACDEFGV
				Naproxen (Disc/non disp Jul 4/24)	02350769	SAS	ACDEFGV
				Teva-Naproxen	00627097	TEV	ACDEFGV
Tab	Orl	500 mg		Apo-Naproxen	00592277	APX	ACDEFGV
				Naproxen (Disc/non disp Jul 4/24)	02350777	SAS	ACDEFGV
				Teva-Naproxen	00589861	TEV	ACDEFGV
Tab	Orl	550 mg		Anaprox DS	02162717	MTP	ACDEFGV
				Apo-Napro-Na DS	01940309	APX	ACDEFGV
				Naproxen Sodium DS (Disc/non disp Jul 4/24)	02351021	SAS	ACDEFGV
				Teva-Naproxen Sodium DS	02026600	TEV	ACDEFGV
M01AE03	KETOPROFEN						
Cap	Orl	50 mg		Keto	00790427	AAP	ACDEFGV

M01AE03		KETOPROFEN							
ECT	Orl	50 mg			Keto-E	00790435	AAP	ACDEFGV	
ECT	Orl	100 mg			Keto-E	00842664	AAP	ACDEFGV	
SRT	Orl	200 mg			Keto SR	02172577	AAP	ACDEFGV	
M01AE09		FLURBIPROFEN							
Tab	Orl	50 mg			Flurbiprofen	01912046	AAP	ACDEFGV	
Tab	Orl	100 mg			Flurbiprofen	01912038	AAP	ACDEFGV	
M01AE11		TIAPROFENIC ACID							
Tab	Orl	200 mg			Teva-Tiaprofenic	02179679	TEV	ACDEFGV	
Tab	Orl	300 mg			Teva-Tiaprofenic	02179687	TEV	ACDEFGV	
M01AG		FENEMATES							
M01AG01		MEFENAMIC ACID							
Cap	Orl	250 mg			Ponstan	00155225	AAP	ACDEFGV	
					Mefenamic	02229452	AAP	ACDEFGV	
M01AH		COXIBS							
M01AH01		CELECOXIB							
Cap	Orl	100 mg			Celebrex	02239941	BGP	ACDEFGV	
					Apo-Celecoxib	02418932	APX	ACDEFGV	
					Auro-Celecoxib	02445670	ARO	ACDEFGV	
					Celecoxib	02436299	SAS	ACDEFGV	
					Celecoxib	02429675	SIV	ACDEFGV	
					Jamp-Celecoxib	02424533	JPC	ACDEFGV	
					M-Celecoxib	02495465	MRA	ACDEFGV	
					Mar-Celecoxib	02420058	MAR	ACDEFGV	
					Mint-Celecoxib	02412497	MNT	ACDEFGV	
					NRA-Celecoxib	02479737	NRA	ACDEFGV	
					pms-Celecoxib	02355442	PMS	ACDEFGV	
					pmsc-Celecoxib	02517116	PMS	ACDEFGV	

M01AH01 CELECOXIB

Cap Orl 200 mg

Celebrex	02239942	BGP	ACDEFGV
Apo-Celecoxib	02418940	APX	ACDEFGV
Auro-Celecoxib	02445689	ARO	ACDEFGV
Celecoxib	02436302	SAS	ACDEFGV
Celecoxib	02429683	SIV	ACDEFGV
Jamp-Celecoxib	02424541	JPC	ACDEFGV
M-Celecoxib	02495473	MRA	ACDEFGV
Mar-Celecoxib	02420066	MAR	ACDEFGV
Mint-Celecoxib	02412500	MNT	ACDEFGV
NRA-Celecoxib	02479745	NRA	ACDEFGV
pms-Celecoxib	02355450	PMS	ACDEFGV
pmsc-Celecoxib	02517124	PMS	ACDEFGV

M01AX OTHER ANTIINFLAMMATORY AND ANTIRHEUMATIC AGENTS, NON STEROIDS

M01AX01 NABUMETONE

Tab Orl 500 mg

Nabumetone 02238639 AAP ACDEFGV

M01C SPECIFIC ANTIRHEUMATIC AGENTS

M01CC PENICILLAMINE AND SIMILAR AGENTS

M01CC01 PENICILLAMINE

Cap Orl 250 mg

Cuprimine 00016055 BSL ACDEFGV

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

Pws IM 50 Unit

Xeomin 02371081 MRZ (SA)

Pws IM 100 Unit

Xeomin 02324032 MRZ (SA)

ONABOTULINUMTOXINA

Pws IM 50 Unit

Botox 00903741 ABV (SA)

Pws IM 100 Unit

Botox 01981501 ABV (SA)

M03AX01	BOTULINUM TOXIN								
	ONABOTULINUMTOXINA								
Pws	IM	200 Unit				Botox	00999505	ABV	(SA)
M03B	MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS								
M03BA	CARBAMIC ACID ESTERS								
M03BA03	METHOCARBAMOL								
Tab	Orl	500 mg				Robaxin	01930990	GCH	AEFGV
Tab	Orl	750 mg				Robaxin	01932187	GCH	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								
Liq	Int	0.05 mg/mL				Lioresal	02131048	NVR	ACDEFGV
						Baclofen	02457059	HIK	ACDEFGV
Liq	Int	0.5 mg/mL				Lioresal (Disc/non disp Aug 28/24)	02131056	NVR	ACDEFGV
						Baclofen	02457067	HIK	ACDEFGV
Liq	Int	2 mg/mL				Lioresal (Disc/non disp Oct 6/24)	02131064	NVR	ACDEFGV
						Baclofen	02457075	HIK	ACDEFGV
Tab	Orl	10 mg				Apo-Baclofen	02139332	APX	ACDEFGV
						Baclofen	02287021	SAS	ACDEFGV
						Mylan-Baclofen	02088398	MYL	ACDEFGV
						pms-Baclofen	02063735	PMS	ACDEFGV
Tab	Orl	20 mg				Apo-Baclofen	02139391	APX	ACDEFGV
						Baclofen	02287048	SAS	ACDEFGV
						Mylan-Baclofen	02088401	MYL	ACDEFGV
						pms-Baclofen	02063743	PMS	ACDEFGV
M03BX02	TIZANIDINE								
Tab	Orl	4 mg				Apo-Tizanidine	02259893	APX	ACDEFGV
						Mint-Tizanidine	02536765	MNT	ACDEFGV
M03BX08	CYCLOBENZAPRINE								

M03BX08 CYCLOBENZAPRINE

Tab Orl 10 mg

Apo-Cycloprine	02177145	APX	ACDEFGV
Auro-Cyclobenzaprine	02348853	ARO	ACDEFGV
Cyclobenzaprine	02287064	SAS	ACDEFGV
Cyclobenzaprine	02424584	SIV	ACDEFGV
Flexeril	02495422	ORI	ACDEFGV
Jamp-Cyclobenzaprine	02357127	JPC	ACDEFGV
Novo-Cycloprine	02080052	TEV	ACDEFGV
pms-Cyclobenzaprine	02212048	PMS	ACDEFGV

M03C MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

M03CA DANTROLENE AND DERIVATIVES

M03CA01 DANTROLENE

Cap Orl 25 mg

Dantrium 01997602 PAL ACDEFGV

M04 ANTIGOUT PREPARATIONS

M04A ANTIGOUT PREPARATIONS

M04AA PREPARATIONS INHIBITING URIC ACID PRODUCTION

M04AA01 ALLOPURINOL

Tab Orl 100 mg

Zyloprim	00402818	AAP	ACDEFGV
Apo-Allopurinol	02402769	APX	ACDEFGV
Mar-Allopurinol	02396327	MAR	ACDEFGV

Tab Orl 200 mg

Zyloprim	00479799	AAP	ACDEFGV
Apo-Allopurinol	02402777	APX	ACDEFGV
Mar-Allopurinol	02396335	MAR	ACDEFGV

Tab Orl 300 mg

Zyloprim	00402796	AAP	ACDEFGV
Apo-Allopurinol	02402785	APX	ACDEFGV
Mar-Allopurinol	02396343	MAR	ACDEFGV

M04AA03 FEBUXOSTAT

Tab Orl 80 mg

Auro-Febuxostat	02533243	ARO	(SA)
Jamp-Febuxostat	02490870	JPC	(SA)
Mar-Febuxostat	02473607	MAR	(SA)
Teva-Febuxostat	02466198	TEV	(SA)

M04AC PREPARATION WITH NO EFFECT ON URIC ACID METABOLISM

M04AC01 COLCHICINE

M04AC01 COLCHICINE

Tab Orl 0.6 mg

Colchicine	00572349	ODN	ACDEFGV
Jamp-Colchicine	02373823	JPC	ACDEFGV
pms-Colchicine	02402181	PMS	ACDEFGV
Sandoz Colchicine	00287873	SDZ	ACDEFGV

M05 DRUGS FOR TREATMENT OF BONE DISEASES

M05B DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

M05BA BISPHOSPHONATES

M05BA02 CLODRONIC ACID

Cap Orl 400 mg

Clasteon 02245828 SUM ACDEFGV

M05BA04 ALENDRONIC ACID

Tab Orl 10 mg

Alendronate Sodium	02381486	AHI	ACDEFGV
Auro-Alendronate	02388545	ARO	ACDEFGV

Tab Orl 70 mg

Fosamax	02245329	ORG	ACDEFGV
Alendronate	02352966	SAS	ACDEFGV
Alendronate	02299712	SIV	ACDEFGV
Alendronate Sodium	02381494	AHI	ACDEFGV
Alendronate-70	02303078	PDL	ACDEFGV
Apo-Alendronate	02248730	APX	ACDEFGV
Auro-Alendronate	02388553	ARO	ACDEFGV
Jamp Alendronate Sodium	02500175	JPC	ACDEFGV
Jamp-Alendronate	02385031	JPC	ACDEFGV
M-Alendronate	02529394	MRA	ACDEFGV
Mint-Alendronate	02394871	MNT	ACDEFGV
pms-Alendronate FC	02284006	PMS	ACDEFGV
Riva-Alendronate	02270889	RIV	ACDEFGV
Sandoz Alendronate	02288109	SDZ	ACDEFGV
Teva-Alendronate	02261715	TEV	ACDEFGV

M05BA07 RISEDRONIC ACID

Tab Orl 5 mg

Teva-Risedronate 02298376 TEV ACDEFGV

Tab Orl 30 mg

Teva-Risedronate 02298384 TEV (SA)

M05BA07 RISEDRONIC ACID

Tab Orl 35 mg

Actonel	02246896	ABV	ACDEFGV
Apo-Risedronate	02353687	APX	ACDEFGV
Auro-Risedronate	02406306	ARO	ACDEFGV
pms-Risedronate	02302209	PMS	ACDEFGV
Risedronate	02347474	PDL	ACDEFGV
Risedronate	02370255	SAS	ACDEFGV
Risedronate	02411407	SIV	ACDEFGV
Sandoz Risedronate	02327295	SDZ	ACDEFGV
Teva-Risedronate	02298392	TEV	ACDEFGV

M05BA08 ZOLEDRONIC ACID

Liq IV 5 mg / 100 mL

Aclasta	02269198	SDZ	ACDEFGV
Taro-Zoledronic Acid	02415100	TAR	ACDEFGV
Zoledronic Acid	02422433	RCH	ACDEFGV

M05BB BISPHOSPHONATES, COMBINATIONS

M05BB03 ALENDRONIC ACID AND COLECALCIFEROL

Tab Orl 70 mg / 5 600 IU

Fosavance	02314940	ORG	ACDEFGV
Apo-Alendronate/Vitamin D3	02454475	APX	ACDEFGV
Jamp Alendronate/Vitamin D3	02519836	JPC	ACDEFGV

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)

M05BX05 BUROSUMAB

Liq SC 10 mg/mL

Crysvita 02483629 UGX (SA)

Liq SC 20 mg/mL

Crysvita 02483637 UGX (SA)

Liq SC 30 mg/mL

Crysvita 02483645 UGX (SA)

M05BX06 ROMOSUZUMAB

Liq SC 105 mg / 1.17 mL

Evenity 02489597 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

N02AA01	MORPHINE					
	MORPHINE SULFATE					
SRC	Orl	15 mg	M-Eslon 15	02177749	SAV	ACDEFGVW
SRC	Orl	20 mg	Kadian	02184435	BGP	ACDEFGVW
SRC	Orl	30 mg	M-Eslon	02019949	SAV	ACDEFGVW
SRC	Orl	50 mg	Kadian	02184443	BGP	ACDEFGVW
SRC	Orl	60 mg	M-Eslon	02019957	SAV	ACDEFGVW
SRC	Orl	100 mg	Kadian	02184451	BGP	ACDEFGVW
			M-Eslon	02019965	SAV	ACDEFGVW
SRC	Orl	200 mg	M-Eslon	02177757	SAV	ACDEFGVW
SRT	Orl	15 mg	MS Contin	02015439	PFR	ACDEFGVW
			Sandoz Morphine SR	02244790	SDZ	ACDEFGVW
			Teva-Morphine SR	02302764	TEV	ACDEFGVW
SRT	Orl	30 mg	MS Contin	02014297	PFR	ACDEFGVW
			Sandoz Morphine SR	02244791	SDZ	ACDEFGVW
			Teva-Morphine SR	02302772	TEV	ACDEFGVW
SRT	Orl	60 mg	MS Contin	02014300	PFR	ACDEFGVW
			Sandoz Morphine SR	02244792	SDZ	ACDEFGVW
			Teva-Morphine SR	02302780	TEV	ACDEFGVW
SRT	Orl	100 mg	MS Contin	02014319	PFR	ACDEFGVW
			Sandoz Morphine SR	02478889	SDZ	ACDEFGVW
			Teva-Morphine SR	02302799	TEV	ACDEFGVW
SRT	Orl	200 mg	MS Contin	02014327	PFR	ACDEFGVW
			Sandoz Morphine SR	02478897	SDZ	ACDEFGVW
			Teva-Morphine SR	02302802	TEV	ACDEFGVW
Syr	Orl	1 mg/mL	Doloral	00614491	ATL	ACDEFGVW
Syr	Orl	5 mg/mL	Doloral	00614505	ATL	ACDEFGVW
Tab	Orl	5 mg	MS IR	02014203	PFR	ACDEFGVW
			Statex	00594652	PAL	ACDEFGVW

N02AA03 HYDROMORPHONE

Tab Orl 2 mg

Dilaudid 00125083 PFR ACDEFGVW
 Apo-Hydromorphone 02364123 APX ACDEFGVW
 pms-Hydromorphone 00885436 PMS ACDEFGVW

Tab Orl 4 mg

Dilaudid 00125121 PFR ACDEFGVW
 Apo-Hydromorphone 02364131 APX ACDEFGVW
 pms-Hydromorphone 00885401 PMS ACDEFGVW

Tab Orl 8 mg

Dilaudid 00786543 PFR ACDEFGVW
 Apo-Hydromorphone 02364158 APX ACDEFGVW
 pms-Hydromorphone 00885428 PMS ACDEFGVW

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

ERT Orl 80 mg

Oxyneo 02372584 PFR W

Sup Rt 10 mg

Supeudol 00392480 SDZ ACDEFGV

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

N02AA59 CODEINE, COMBINATIONS, EXCLUDING PSYCHOLEPTICS

ACETAMINOPHEN / CAFFEINE / CODEINE

Tab	Orl	300 mg / 15 mg / 30 mg	Teva-Lenoltec #3	00653276	TEV	ACDEFGVW
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ACETAMINOPHEN / CODEINE

Tab	Orl	300 mg / 30 mg	Teva-Emtec-30	00608882	TEV	ACDEFGVW
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Tab	Orl	300 mg / 60 mg	Teva-Lenoltec #4	00621463	TEV	ACDEFGVW
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N02AB PHENYLPIPERIDINE DERIVATIVES

N02AB03 FENTANYL

Pth	Trd	12 mcg/hr	Sandoz Fentanyl patch	02327112	SDZ	W (SA)
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Teva-Fentanyl	02311925	TEV	W (SA)
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Pth	Trd	25 mcg/hr	Sandoz Fentanyl	02327120	SDZ	W (SA)
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Teva-Fentanyl	02282941	TEV	W (SA)
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Pth	Trd	37 mcg/hr	Sandoz Fentanyl	02327139	SDZ	W
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Pth	Trd	50 mcg/hr	Sandoz Fentanyl	02327147	SDZ	W (SA)
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Teva-Fentanyl	02282968	TEV	W (SA)
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Pth	Trd	75 mcg/hr	Sandoz Fentanyl	02327155	SDZ	W (SA)
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Teva-Fentanyl	02282976	TEV	W (SA)
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Pth	Trd	100 mcg/hr	Sandoz Fentanyl	02327163	SDZ	W (SA)
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Teva-Fentanyl	02282984	TEV	W (SA)
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N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BA SALICYLIC ACID AND DERIVATIVES

N02BA01 ACETYLSALICYLIC ACID

ECT	Orl	81 mg	ASA	02433044	PMS	EV
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ASA	02449277	TLI	EV
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ASA EC	02244993	PMS	EV
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ASA EC	02426811	SAS	EV
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Equate daily low-dose EC	02243801	PMS	EV
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Exact Coated daily low dose ASA	02243896	PMS	EV
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Jamp-ASA EC	02427206	JPC	EV
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Praxis ASA	02283700	PMS	EV
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N02BE ANILIDES

N02BE01 PARACETAMOL (ACETAMINOPHEN)

N02BE01	PARACETAMOL (ACETAMINOPHEN)					
Sup	Rt	120 mg	Acet - 120	02230434	PDP	G
Tab	Orl	325 mg	Acetaminophen	02252805	CCM	G
			Novo-Gesic	00389218	TEV	G
Tab	Orl	500 mg	Acetaminophen	02252813	CCM	G
			Novo-Gesic	00482323	TEV	G
N02BE51	PARACETAMOL (ACETAMINOPHEN), COMBINATIONS EXCLUDING PSYCHOLEPTICS					
	ACETAMINOPHEN / CAFFEINE / CODEINE					
Tab	Orl	300 mg / 15 mg / 15 mg	Teva-Lenoltec #2	00653241	TEV	ACDEFGVW
	ACETAMINOPHEN / OXYCODONE					
Tab	Orl	325 mg / 5 mg	Apo-Oxycodone/Acet	02324628	APX	ACDEFGVW
			Sandoz Oxycodone/Acetaminophen	02307898	SDZ	ACDEFGVW
			Teva-Oxycocet	00608165	TEV	ACDEFGVW
N02BF	GABAPENTINOIDS					
N02BF02	PREGABALIN					
Cap	Orl	25 mg	Lyrica	02268418	BGP	ACDEFGVW
			Ach-Pregabalin	02449838	AHI	ACDEFGVW
			Apo-Pregabalin	02394235	APX	ACDEFGVW
			Auro-Pregabalin	02433869	ARO	ACDEFGVW
			Jamp-Pregabalin	02435977	JPC	ACDEFGVW
			M-Pregabalin	02467291	MRA	ACDEFGVW
			Mar-Pregabalin	02417529	MAR	ACDEFGVW
			Mint-Pregabalin	02423804	MNT	ACDEFGVW
			Nat-Pregabalin	02494841	NAT	ACDEFGVW
			NRA-Pregabalin	02479117	NRA	ACDEFGVW
			pms-Pregabalin	02359596	PMS	ACDEFGVW
			Pregabalin	02396483	PDL	ACDEFGVW
			Pregabalin	02405539	SAS	ACDEFGVW
			Pregabalin	02403692	SIV	ACDEFGVW
			Sandoz Pregabalin	02390817	SDZ	ACDEFGVW
			Taro-Pregabalin	02392801	SUN	ACDEFGVW
Teva-Pregabalin	02361159	TEV	ACDEFGVW			

N02BF02 PREGABALIN

Cap Orl 50 mg

Lyrica	02268426	BGP	ACDEFGVW
Ach-Pregabalin	02449846	AHI	ACDEFGVW
Apo-Pregabalin	02394243	APX	ACDEFGVW
Auro-Pregabalin	02433877	ARO	ACDEFGVW
Jamp-Pregabalin	02435985	JPC	ACDEFGVW
M-Pregabalin	02467305	MRA	ACDEFGVW
Mar-Pregabalin	02417537	MAR	ACDEFGVW
Mint-Pregabalin	02423812	MNT	ACDEFGVW
Nat-Pregabalin	02494868	NAT	ACDEFGVW
NRA-Pregabalin	02479125	NRA	ACDEFGVW
pms-Pregabalin	02359618	PMS	ACDEFGVW
Pregabalin	02396505	PDL	ACDEFGVW
Pregabalin	02405547	SAS	ACDEFGVW
Pregabalin	02403706	SIV	ACDEFGVW
Sandoz Pregabalin	02390825	SDZ	ACDEFGVW
Taro-Pregabalin	02392828	SUN	ACDEFGVW
Teva-Pregabalin	02361175	TEV	ACDEFGVW

Cap Orl 75 mg

Lyrica	02268434	BGP	ACDEFGVW
Ach-Pregabalin	02449854	AHI	ACDEFGVW
Apo-Pregabalin	02394251	APX	ACDEFGVW
Auro-Pregabalin	02433885	ARO	ACDEFGVW
Jamp-Pregabalin	02435993	JPC	ACDEFGVW
M-Pregabalin	02467313	MRA	ACDEFGVW
Mar-Pregabalin	02417545	MAR	ACDEFGVW
Mint-Pregabalin	02424185	MNT	ACDEFGVW
Nat-Pregabalin	02494876	NAT	ACDEFGVW
NRA-Pregabalin	02479133	NRA	ACDEFGVW
pms-Pregabalin	02359626	PMS	ACDEFGVW
Pregabalin	02396513	PDL	ACDEFGVW
Pregabalin	02405555	SAS	ACDEFGVW
Pregabalin	02403714	SIV	ACDEFGVW
Sandoz Pregabalin	02390833	SDZ	ACDEFGVW
Taro-Pregabalin	02392836	SUN	ACDEFGVW
Teva-Pregabalin	02361183	TEV	ACDEFGVW

N02BF02 PREGABALIN

Cap Orl 150 mg

Lyrice	02268450	BGP	ACDEFGVW
Apo-Pregabalin	02394278	APX	ACDEFGVW
Auro-Pregabalin	02433907	ARO	ACDEFGVW
Jamp-Pregabalin	02436000	JPC	ACDEFGVW
M-Pregabalin	02467321	MRA	ACDEFGVW
Mar-Pregabalin	02417561	MAR	ACDEFGVW
Mint-Pregabalin	02424207	MNT	ACDEFGVW
Nat-Pregabalin	02494884	NAT	ACDEFGVW
NRA-Pregabalin	02479168	NRA	ACDEFGVW
pms-Pregabalin	02359634	PMS	ACDEFGVW
Pregabalin	02396521	PDL	ACDEFGVW
Pregabalin	02405563	SAS	ACDEFGVW
Pregabalin	02403722	SIV	ACDEFGVW
Sandoz Pregabalin	02390841	SDZ	ACDEFGVW
Taro-Pregabalin	02392844	SUN	ACDEFGVW
Teva-Pregabalin	02361205	TEV	ACDEFGVW

Cap Orl 225 mg

Lyrice	02268477	BGP	ACDEFGVW
Ach-Pregabalin	02449897	AHI	ACDEFGVW
Apo-Pregabalin	02394286	APX	ACDEFGVW
Nat-Pregabalin	02494892	NAT	ACDEFGVW
pms-Pregabalin	02398079	PMS	ACDEFGVW
Teva-Pregabalin	02361221	TEV	ACDEFGVW

Cap Orl 300 mg

Lyrice	02268485	BGP	ACDEFGVW
Ach-Pregabalin	02449900	AHI	ACDEFGVW
Apo-Pregabalin	02394294	APX	ACDEFGVW
Jamp-Pregabalin	02436019	JPC	ACDEFGVW
Nat-Pregabalin	02494906	NAT	ACDEFGVW
pms-Pregabalin	02359642	PMS	ACDEFGVW
Pregabalin	02396548	PDL	ACDEFGVW
Pregabalin	02405598	SAS	ACDEFGVW
Pregabalin	02403730	SIV	ACDEFGVW
Sandoz Pregabalin	02390868	SDZ	ACDEFGVW
Taro-Pregabalin	02392860	SUN	ACDEFGVW
Teva-Pregabalin	02361248	TEV	ACDEFGVW

N02C ANTIMIGRAINE PREPARATIONS

N02CA ERGOT ALKALOIDS

N02CA01 DIHYDROERGOTAMINE

Liq Nas 4 mg/mL

Migranal 02228947 STR ACDEFGV

N02CC SELECTIVE 5HT1-RECEPTOR AGONISTS

N02CC01 SUMATRIPTAN

Liq SC 6 mg / 0.5 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)

Tab Orl 50 mg

Imitrex DF 02212153 GSK ACDEFGV

Apo-Sumatriptan 02268388 APX ACDEFGV

Mylan-Sumatriptan 02268914 MYL ACDEFGV

pms-Sumatriptan 02256436 PMS ACDEFGV

Sumatriptan 02286521 SAS ACDEFGV

Sumatriptan DF 02385570 SIV ACDEFGV

Teva-Sumatriptan DF 02286823 TEV ACDEFGV

Tab Orl 100 mg

Imitrex DF 02212161 GSK ACDEFGV

Apo-Sumatriptan 02268396 APX ACDEFGV

Mylan-Sumatriptan 02268922 MYL ACDEFGV

pms-Sumatriptan 02256444 PMS ACDEFGV

Sumatriptan 02286548 SAS ACDEFGV

Sumatriptan DF 02385589 SIV ACDEFGV

Teva-Sumatriptan 02239367 TEV ACDEFGV

Teva-Sumatriptan DF 02286831 TEV ACDEFGV

N02CC02 NARATRIPTAN

Tab Orl 1 mg

Teva-Naratriptan 02314290 TEV (SA)

Tab Orl 2.5 mg

Sandoz Naratriptan 02322323 SDZ (SA)

Teva-Naratriptan 02314304 TEV (SA)

N02CC03 ZOLMITRIPTAN

N02CC03 ZOLMITRIPTAN

ODT Orl 2.5 mg

Zomig Rapimelt	02243045	XPI	ACDEFGV
Jamp-Zolmitriptan ODT	02428237	JPC	ACDEFGV
pms-Zolmitriptan ODT	02324768	PMS	ACDEFGV
Sandoz Zolmitriptan ODT	02362996	SDZ	ACDEFGV
Septa-Zolmitriptan ODT	02428474	SPT	ACDEFGV
Teva-Zolmitriptan OD	02342545	TEV	ACDEFGV
Zolmitriptan ODT	02442671	SAS	ACDEFGV

Spr Nas 2.5 mg

Zomig 02248992 XPI (SA)

Spr Nas 5 mg

Zomig Nasal 02248993 XPI (SA)

Tab Orl 2.5 mg

Zomig	02238660	XPI	ACDEFGV
Auro-Zolmitriptan	02481030	ARO	ACDEFGV
Jamp-Zolmitriptan	02421623	JPC	ACDEFGV
Jamp-Zolmitriptan	02477106	JPC	ACDEFGV
Mar-Zolmitriptan	02399458	MAR	ACDEFGV
Nat-Zolmitriptan	02421534	NAT	ACDEFGV
pms-Zolmitriptan	02324229	PMS	ACDEFGV
Sandoz Zolmitriptan	02362988	SDZ	ACDEFGV
Teva-Zolmitriptan	02313960	TEV	ACDEFGV
Zolmitriptan	02442655	SAS	ACDEFGV

N02CC04 RIZATRIPTAN

ODT Orl 5 mg

Maxalt RPD	02240518	ORG	ACDEFGV
Jamp-Rizatriptan ODT	02465086	JPC	ACDEFGV
Mar-Rizatriptan ODT	02462788	MAR	ACDEFGV
Mylan-Rizatriptan ODT	02379198	MYL	ACDEFGV
Nat-Rizatriptan ODT	02436604	NAT	ACDEFGV
pms-Rizatriptan RDT	02393360	PMS	ACDEFGV
Rizatriptan ODT	02442906	SAS	ACDEFGV
Rizatriptan ODT	02446111	SIV	ACDEFGV
Sandoz Rizatriptan ODT	02351870	SDZ	ACDEFGV
Teva-Rizatriptan ODT	02396661	TEV	ACDEFGV

N02CC04 RIZATRIPTAN

ODT Orl 10 mg

Maxalt RPD	02240519	ORG	ACDEFGV
Jamp-Rizatriptan ODT	02465094	JPC	ACDEFGV
Mar-Rizatriptan ODT	02462796	MAR	ACDEFGV
Mylan-Rizatriptan ODT	02379201	MYL	ACDEFGV
Nat-Rizatriptan ODT	02436612	NAT	ACDEFGV
pms-Rizatriptan RDT	02393379	PMS	ACDEFGV
Rizatriptan ODT	02442914	SAS	ACDEFGV
Rizatriptan ODT	02446138	SIV	ACDEFGV
Sandoz Rizatriptan ODT	02351889	SDZ	ACDEFGV
Teva-Rizatriptan ODT	02396688	TEV	ACDEFGV

Tab Orl 5 mg

Apo-Rizatriptan 02393468 APX ACDEFGV

Tab Orl 10 mg

Maxalt	02240521	ORG	ACDEFGV
Act Rizatriptan	02381702	TEV	ACDEFGV
Apo-Rizatriptan	02393476	APX	ACDEFGV
Auro-Rizatriptan	02441144	ARO	ACDEFGV
Jamp-Rizatriptan	02380463	JPC	ACDEFGV
Mar-Rizatriptan	02379678	MAR	ACDEFGV
Rizatriptan	02516756	SAS	ACDEFGV

N02CC05 ALMOTRIPTAN

Tab Orl 12.5 mg

Almotriptan	02466821	SAS	ACDEFGV
Mylan-Almotriptan	02398443	MYL	ACDEFGV
Sandoz Almotriptan	02405334	SDZ	ACDEFGV
Teva-Almotriptan	02434849	TEV	ACDEFGV

N02CC06 ELETRIPTAN

Tab Orl 20 mg

Relpax	02256290	BGP	ACDEFGV
Apo-Eletriptan	02386054	APX	ACDEFGV
Apo-Eletriptan Tablets	02518015	APX	ACDEFGV
Auro-Eletriptan	02479451	ARO	ACDEFGV
Eletriptan	02511266	SAS	ACDEFGV
Jamp Eletriptan	02493683	JPC	ACDEFGV
Mylan-Eletriptan	02342235	MYL	ACDEFGV
Teva-Eletriptan	02382091	TEV	ACDEFGV

N02CC06 ELETRIPTAN

Tab Orl 40 mg

Relpax 02256304 BGP ACDEFGV

Apo-Eletriptan 02386062 APX ACDEFGV

Apo-Eletriptan Tablets 02518023 APX ACDEFGV

Auro-Eletriptan 02479478 ARO ACDEFGV

Eletriptan 02511274 SAS ACDEFGV

Jamp Eletriptan 02493691 JPC ACDEFGV

Mylan-Eletriptan 02342243 MYL ACDEFGV

Teva-Eletriptan 02382105 TEV ACDEFGV

N02CD CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS

N02CD02 GALCANEZUMAB

Liq SC 120 mg/mL

Emgality (autoinjector) 02491087 LIL (SA)

Emgality (prefilled syringe) 02491060 LIL (SA)

N02CD03 FREMANEZUMAB

Liq SC 225 mg / 1.5 mL

Ajovy (autoinjector) 02509474 TEV (SA)

Ajovy (prefilled syringe) 02497859 TEV (SA)

N02CD05 EPTINEZUMAB

Liq IV 100 mg/mL

Vyepti 02510839 VLH (SA)

N02CX OTHER ANTIMIGRAINE PREPARATIONS

N02CX01 PIZOTIFEN

Tab Orl 1 mg

Sandomigran DS 00511552 PAL ACDEFGV

N03 ANTIEPILEPTICS

N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BF GABAPENTINOLIDS

N02BF01 GABAPENTIN

Cap Orl 100 mg

Neurontin 02084260 BGP ACDEFGVW

Apo-Gabapentin 02244304 APX ACDEFGVW

Auro-Gabapentin 02321203 ARO ACDEFGVW

Gabapentin 02416840 AHI ACDEFGVW

Gabapentin 02353245 SAS ACDEFGVW

Gabapentin 02246314 SIV ACDEFGVW

Jamp-Gabapentin 02361469 JPC ACDEFGVW

Mar-Gabapentin 02391473 MAR ACDEFGVW

Mint-Gabapentin 02408880 MNT ACDEFGVW

pms-Gabapentin 02243446 PMS ACDEFGVW

Teva-Gabapentin 02244513 TEV ACDEFGVW

N02BF01 GABAPENTIN

Cap Orl 300 mg

Neurontin	02084279	BGP	ACDEFGVW
Apo-Gabapentin	02244305	APX	ACDEFGVW
Auro-Gabapentin	02321211	ARO	ACDEFGVW
Gabapentin	02416859	AHI	ACDEFGVW
Gabapentin	02353253	SAS	ACDEFGVW
Gabapentin	02246315	SIV	ACDEFGVW
Jamp-Gabapentin	02361485	JPC	ACDEFGVW
Mar-Gabapentin	02391481	MAR	ACDEFGVW
Mint-Gabapentin	02408899	MNT	ACDEFGVW
pms-Gabapentin	02243447	PMS	ACDEFGVW
Teva-Gabapentin	02244514	TEV	ACDEFGVW

Cap Orl 400 mg

Neurontin	02084287	BGP	ACDEFGVW
Apo-Gabapentin	02244306	APX	ACDEFGVW
Auro-Gabapentin	02321238	ARO	ACDEFGVW
Gabapentin	02416867	AHI	ACDEFGVW
Gabapentin	02353261	SAS	ACDEFGVW
Gabapentin	02246316	SIV	ACDEFGVW
Jamp-Gabapentin	02361493	JPC	ACDEFGVW
Mar-Gabapentin	02391503	MAR	ACDEFGVW
Mint-Gabapentin	02408902	MNT	ACDEFGVW
pms-Gabapentin	02243448	PMS	ACDEFGVW
Teva-Gabapentin	02244515	TEV	ACDEFGVW

Tab Orl 600 mg

Neurontin	02239717	BGP	ACDEFGVW
Apo-Gabapentin	02293358	APX	ACDEFGVW
Auro-Gabapentin	02428334	ARO	ACDEFGVW
Gabapentin	02392526	AHI	ACDEFGVW
Gabapentin	02410990	GLM	ACDEFGVW
Gabapentin	02432072	JPC	ACDEFGVW
Gabapentin	02431289	SAS	ACDEFGVW
Gabapentin	02388200	SIV	ACDEFGVW
Jamp-Gabapentin	02402289	JPC	ACDEFGVW
Teva-Gabapentin	02248457	TEV	ACDEFGVW

N02BF01 GABAPENTIN

Tab Orl 800 mg

Neurontin	02239718	BGP	ACDEFGVW
Apo-Gabapentin	02293366	APX	ACDEFGVW
Auro-Gabapentin	02428342	ARO	ACDEFGVW
Gabapentin	02392534	AHI	ACDEFGVW
Gabapentin	02411008	GLM	ACDEFGVW
Gabapentin	02432080	JPC	ACDEFGVW
Gabapentin	02431297	SAS	ACDEFGVW
Gabapentin	02388219	SIV	ACDEFGVW
Jamp-Gabapentin	02402297	JPC	ACDEFGVW
Teva-Gabapentin	02247346	TEV	ACDEFGVW

N03A ANTIEPILEPTICS

N03AA BARBITURATES AND DERIVATIVES

N03AA02 PHENOBARBITAL

Elx Orl 5 mg/mL

Phenobarbital 00645575 PDP ACDEFGV

Liq Inj 30 mg/mL

Phenobarbital Sodium 02304082 SDZ ACDEFGVW

Liq Inj 120 mg/mL

Phenobarbital Sodium 02304090 SDZ ACDEFGVW

Tab Orl 15 mg

Phenobarbital 00178799 PDP ACDEFGV

Tab Orl 30 mg

Phenobarbital 00178802 PDP ACDEFGV

Tab Orl 60 mg

Phenobarbital 00178810 PDP ACDEFGV

Tab Orl 100 mg

Phenobarbital 00178829 PDP ACDEFGV

N03AA03 PRIMIDONE

Tab Orl 125 mg

Primidone 00399310 AAP ACDEFGV

Tab Orl 250 mg

Primidone 00396761 AAP ACDEFGV

N03AB HYDANTOIN DERIVATIVES

N03AB02 PHENYTOIN

Cap Orl 30 mg

Dilantin 00022772 BGP ACDEFGV

Cap Orl 100 mg

Dilantin	00022780	BGP	ACDEFGV
Phenytoin Sodium	02460912	AAP	ACDEFGV

Liq Inj 50 mg/mL

Phenytoin Sodium 00780626 SDZ V

N03AB02		PHENYTOIN							
Sus	Orl	30 mg / 5 mL			Dilantin 30	00023442	BGP	ACDEFGV	
Sus	Orl	125 mg / 5 mL			Dilantin 125	00023450	BGP	ACDEFGV	
					Taro-Phenytoin	02250896	TAR	ACDEFGV	
Tab	Orl	50 mg			Dilantin infatabs	00023698	BGP	ACDEFGV	
N03AD		SUCCINIMIDE DERIVATIVES							
N03AD01		ETHOSUXIMIDE							
Cap	Orl	250 mg			Zarontin	00022799	ERF	ACDEFGV	
Syr	Orl	50 mg/mL			Zarontin	00023485	ERF	ACDEFGV	
N03AE		BENZODIAZEPINE DERIVATIVES							
N03AE01		CLONAZEPAM							
Tab	Orl	0.25 mg			pms-Clonazepam	02179660	PMS	ACDEFGV	
Tab	Orl	0.5 mg			Rivotril	00382825	XPI	ACDEFGV	
					Apo-Clonazepam	02177889	APX	ACDEFGV	
					pms-Clonazepam R	02207818	PMS	ACDEFGV	
Tab	Orl	1 mg			pms-Clonazepam	02048728	PMS	ACDEFGV	
Tab	Orl	2 mg			Rivotril	00382841	XPI	ACDEFGV	
					Apo-Clonazepam	02177897	APX	ACDEFGV	
					pms-Clonazepam	02048736	PMS	ACDEFGV	
N03AF		CARBOXAMIDE DERIVATIVES							
N03AF01		CARBAMAZEPINE							
SRT	Orl	200 mg			Tegretol CR	00773611	NVR	ACDEFGV	
					Sandoz Carbamazepine CR	02261839	SDZ	ACDEFGV	
SRT	Orl	400 mg			Tegretol CR	00755583	NVR	ACDEFGV	
					Sandoz Carbamazepine CR	02261847	SDZ	ACDEFGV	
Sus	Orl	100 mg / 5 mL			Tegretol	02194333	NVR	ACDEFGV	
					Taro-Carbamazepine	02367394	TAR	ACDEFGV	
Tab	Orl	200 mg			Tegretol	00010405	NVR	ACDEFGV	
					Teva-Carbamazepine	00782718	TEV	ACDEFGV	

N03AF01		CARBAMAZEPINE			
TabC	Orl	100 mg	Taro-Carbamazepine Chewable	02244403	TAR ACDEFGV
TabC	Orl	200 mg	Taro-Carbamazepine Chewable	02244404	TAR ACDEFGV
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)
Tab	Orl	200 mg	Banzel	02369621	EIS (SA)
Tab	Orl	400 mg	Banzel	02369648	EIS (SA)
N03AF04		ESLICARBAZEPINE			
Tab	Orl	200 mg	Aptiom	02426862	SUM (SA)
Tab	Orl	400 mg	Aptiom	02426870	SUM (SA)
Tab	Orl	600 mg	Aptiom	02426889	SUM (SA)
Tab	Orl	800 mg	Aptiom	02426897	SUM (SA)
N03AG		FATTY ACID DERIVATIVES			
N03AG01		VALPROIC ACID			
Cap	Orl	250 mg	Apo-Valproic	02238048	APX ACDEFGV
			pms-Valproic Acid	02230768	PMS ACDEFGV
ECC	Orl	500 mg	pms-Valproic Acid	02229628	PMS ACDEFGV
ECT	Orl	125 mg	Epival	00596418	BGP ACDEFGV
			Apo-Divalproex	02239698	APX ACDEFGV
			Mylan-Divalproex	02458926	MYL ACDEFGV

N03AG01 VALPROIC ACID

ECT Orl 250 mg

Epival 00596426 BGP ACDEFGV
Apo-Divalproex 02239699 APX ACDEFGV
Mylan-Divalproex 02458934 MYL ACDEFGV

ECT Orl 500 mg

Epival 00596434 BGP ACDEFGV
Apo-Divalproex 02239700 APX ACDEFGV
Mylan-Divalproex 02459019 MYL ACDEFGV

Syr Orl 250 mg / 5 mL

Depakene 00443832 BGP ACDEFGV
Apo-Valproic Acid (Disc/non disp Nov 13/24) 02238370 APX ACDEFGV
Jamp Valproic Acid 02532441 JPC ACDEFGV
pms-Valproic 02236807 PMS ACDEFGV

N03AG04 VIGABATRIN

Pws Orl 500 mg

Sabril 02068036 LBK (SA)
Vigabatrin for Oral Solution (Temporary Benefit) 09858315 RCH (SA)

Tab Orl 500 mg

Sabril 02065819 LBK (SA)
Vigabatrin Tablets (Temporary Benefit) 09858318 RCH (SA)

N03AX OTHER ANTIEPILEPTICS

N03AX09 LAMOTRIGINE

Tab Orl 25 mg

Lamictal 02142082 GSK ACDEFGV
Apo-Lamotrigine 02245208 APX ACDEFGV
Auro-Lamotrigine 02381354 ARO ACDEFGV
Lamotrigine 02343010 SAS ACDEFGV
Lamotrigine 02428202 SIV ACDEFGV
Mylan-Lamotrigine 02265494 MYL ACDEFGV
pms-Lamotrigine 02246897 PMS ACDEFGV

Tab Orl 100 mg

Lamictal 02142104 GSK ACDEFGV
Apo-Lamotrigine 02245209 APX ACDEFGV
Auro-Lamotrigine 02381362 ARO ACDEFGV
Lamotrigine 02343029 SAS ACDEFGV
Lamotrigine 02428210 SIV ACDEFGV
Mylan-Lamotrigine 02265508 MYL ACDEFGV
pms-Lamotrigine 02246898 PMS ACDEFGV

N03AX09 LAMOTRIGINE

Tab Orl 150 mg

Lamictal	02142112	GSK	ACDEFGV
Apo-Lamotrigine	02245210	APX	ACDEFGV
Auro-Lamotrigine	02381370	ARO	ACDEFGV
Lamotrigine	02343037	SAS	ACDEFGV
Lamotrigine	02428229	SIV	ACDEFGV
Mylan-Lamotrigine	02265516	MYL	ACDEFGV
pms-Lamotrigine	02246899	PMS	ACDEFGV

TabC Orl 2 mg

Lamictal Chewtabs 02243803 GSK ACDEFGV

TabC Orl 5 mg

Lamictal Chewtabs 02240115 GSK ACDEFGV

N03AX11 TOPIRAMATE

Cap Orl 15 mg

Topamax 02239907 JAN (SA)

Cap Orl 25 mg

Topamax 02239908 JAN (SA)

Tab Orl 25 mg

Topamax	02230893	JAN	ACDEFGV
Apo-Topiramate	02279614	APX	ACDEFGV
Auro-Topiramate	02345803	ARO	ACDEFGV
GLN-Topiramate	02287765	GLM	ACDEFGV
Jamp Topiramate Tablets	02345250	JPC	ACDEFGV
Jamp-Topiramate	02435608	JPC	ACDEFGV
Mint-Topiramate	02315645	MNT	ACDEFGV
Mylan-Topiramate	02263351	MYL	ACDEFGV
pms-Topiramate	02262991	PMS	ACDEFGV
Teva-Topiramate	02248860	TEV	ACDEFGV
Topiramate	02395738	AHI	ACDEFGV
Topiramate	02356856	SAS	ACDEFGV
Topiramate	02389460	SIV	ACDEFGV

N03AX11 TOPIRAMATE

Tab Orl 100 mg

Topamax	02230894	JAN	ACDEFGV
Apo-Topiramate	02279630	APX	ACDEFGV
Auro-Topiramate	02345838	ARO	ACDEFGV
GLN-Topiramate	02287773	GLM	ACDEFGV
Jamp-Topiramate	02435616	JPC	ACDEFGV
Mint-Topiramate	02315653	MNT	ACDEFGV
Mylan-Topiramate	02263378	MYL	ACDEFGV
pms-Topiramate	02263009	PMS	ACDEFGV
Teva-Topiramate	02248861	TEV	ACDEFGV
Topiramate	02395746	AHI	ACDEFGV
Topiramate	02356864	SAS	ACDEFGV
Topiramate	02389487	SIV	ACDEFGV

Tab Orl 200 mg

Topamax	02230896	JAN	ACDEFGV
Apo-Topiramate	02279649	APX	ACDEFGV
Auro-Topiramate	02345846	ARO	ACDEFGV
GLN-Topiramate	02287781	GLM	ACDEFGV
Jamp Topiramate Tablets	02345277	JPC	ACDEFGV
Jamp-Topiramate	02435624	JPC	ACDEFGV
Mint-Topiramate	02315661	MNT	ACDEFGV
Mylan-Topiramate	02263386	MYL	ACDEFGV
pms-Topiramate	02263017	PMS	ACDEFGV
Teva-Topiramate	02248862	TEV	ACDEFGV
Topiramate	02395754	AHI	ACDEFGV
Topiramate	02356872	SAS	ACDEFGV

N03AX14 LEVETIRACETAM

Liq Orl 100 mg/mL

pdp-Levetiracetam 02490447 PDP (SA)

N03AX14 LEVETIRACETAM

Tab Orl 250 mg

Keppra	02247027	UCB	ACDEFGV
Act Levetiracetam	02274183	TEV	ACDEFGV
Apo-Levetiracetam	02285924	APX	ACDEFGV
Auro-Levetiracetam	02375249	ARO	ACDEFGV
Jamp Levetiracetam Tablets	02504553	JPC	ACDEFGV
Jamp-Levetiracetam	02403005	JPC	ACDEFGV
Levetiracetam	02454653	PMS	ACDEFGV
Levetiracetam	02353342	SAS	ACDEFGV
Levetiracetam	02442531	SIV	ACDEFGV
Levetiracetam Tablets	02399776	AHI	ACDEFGV
M-Levetiracetam	02524562	MRA	ACDEFGV
Mint-Levetiracetam	02442388	MNT	ACDEFGV
Nat-Levetiracetam	02440202	NAT	ACDEFGV
NRA-Levetiracetam	02499193	NRA	ACDEFGV
pms-Levetiracetam	02296101	PMS	ACDEFGV
Riva-Levetiracetam	02482274	RIV	ACDEFGV
Sandoz Levetiracetam	02461986	SDZ	ACDEFGV

Tab Orl 500 mg

Keppra	02247028	UCB	ACDEFGV
Act Levetiracetam	02274191	TEV	ACDEFGV
Apo-Levetiracetam	02285932	APX	ACDEFGV
Auro-Levetiracetam	02375257	ARO	ACDEFGV
Jamp Levetiracetam Tablets	02504561	JPC	ACDEFGV
Jamp-Levetiracetam	02403021	JPC	ACDEFGV
Levetiracetam	02454661	PMS	ACDEFGV
Levetiracetam	02353350	SAS	ACDEFGV
Levetiracetam	02442558	SIV	ACDEFGV
Levetiracetam Tablets	02399784	AHI	ACDEFGV
M-Levetiracetam	02524570	MRA	ACDEFGV
Mint-Levetiracetam	02442396	MNT	ACDEFGV
Nat-Levetiracetam	02440210	NAT	ACDEFGV
NRA-Levetiracetam	02499207	NRA	ACDEFGV
pms-Levetiracetam	02296128	PMS	ACDEFGV
Pro-Levetiracetam	02311380	PDL	ACDEFGV
Riva-Levetiracetam	02482282	RIV	ACDEFGV
Sandoz Levetiracetam	02461994	SDZ	ACDEFGV

N03AX14 LEVETIRACETAM

Tab Orl 750 mg

Keppra	02247029	UCB	ACDEFGV
Act Levetiracetam	02274205	TEV	ACDEFGV
Apo-Levetiracetam	02285940	APX	ACDEFGV
Auro-Levetiracetam	02375265	ARO	ACDEFGV
Jamp Levetiracetam Tablets	02504588	JPC	ACDEFGV
Jamp-Levetiracetam	02403048	JPC	ACDEFGV
Levetiracetam	02454688	PMS	ACDEFGV
Levetiracetam	02353369	SAS	ACDEFGV
Levetiracetam	02442566	SIV	ACDEFGV
Levetiracetam Tablets	02399792	AHI	ACDEFGV
M-Levetiracetam	02524589	MRA	ACDEFGV
Mint-Levetiracetam	02442418	MNT	ACDEFGV
Nat-Levetiracetam	02440229	NAT	ACDEFGV
NRA-Levetiracetam	02499215	NRA	ACDEFGV
pms-Levetiracetam	02296136	PMS	ACDEFGV
Pro-Levetiracetam	02311399	PDL	ACDEFGV
Riva-Levetiracetam	02482290	RIV	ACDEFGV
Sandoz Levetiracetam	02462001	SDZ	ACDEFGV

Tab Orl 1000 mg

Sandoz Levetiracetam	02462028	SDZ	ACDEFGV
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N03AX17 STIRIPENTOL

Cap Orl 250 mg

Diacomit	02398958	BOX	(SA)
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Cap Orl 500 mg

Diacomit	02398966	BOX	(SA)
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Pws Orl 250 mg

Diacomit	02398974	BOX	(SA)
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Pws Orl 500 mg

Diacomit	02398982	BOX	(SA)
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N03AX18 LACOSAMIDE

N03AX18 LACOSAMIDE

Tab Orl 50 mg

Vimpat	02357615	UCB	ACDEFGV
ACH-Lacosamide	02489287	AHI	ACDEFGV
Auro-Lacosamide	02475332	ARO	ACDEFGV
Jamp-Lacosamide	02488388	JPC	ACDEFGV
Lacosamide	02512874	SAS	ACDEFGV
Mar-Lacosamide	02487802	MAR	ACDEFGV
Mint-Lacosamide	02490544	MNT	ACDEFGV
NRA-Lacosamide	02499568	NRA	ACDEFGV
pharma-Lacosamide	02478196	PMS	ACDEFGV
Sandoz-Lacosamide	02474670	SDZ	ACDEFGV
Teva-Lacosamide	02472902	TEV	ACDEFGV

Tab Orl 100 mg

Vimpat	02357623	UCB	ACDEFGV
ACH-Lacosamide	02489295	AHI	ACDEFGV
Auro-Lacosamide	02475340	ARO	ACDEFGV
Jamp-Lacosamide	02488396	JPC	ACDEFGV
Lacosamide	02512882	SAS	ACDEFGV
Mar-Lacosamide	02487810	MAR	ACDEFGV
Mint-Lacosamide	02490552	MNT	ACDEFGV
NRA-Lacosamide	02499576	NRA	ACDEFGV
pharma-Lacosamide	02478218	PMS	ACDEFGV
Sandoz-Lacosamide	02474689	SDZ	ACDEFGV
Teva-Lacosamide	02472910	TEV	ACDEFGV

Tab Orl 150 mg

Vimpat	02357631	UCB	ACDEFGV
ACH-Lacosamide	02489309	AHI	ACDEFGV
Auro-Lacosamide	02475359	ARO	ACDEFGV
Jamp-Lacosamide	02488418	JPC	ACDEFGV
Lacosamide	02512890	SAS	ACDEFGV
Mar-Lacosamide	02487829	MAR	ACDEFGV
Mint-Lacosamide	02490560	MNT	ACDEFGV
NRA-Lacosamide	02499584	NRA	ACDEFGV
pharma-Lacosamide	02478226	PMS	ACDEFGV
Sandoz-Lacosamide	02474697	SDZ	ACDEFGV
Teva-Lacosamide	02472929	TEV	ACDEFGV

N03AX18 LACOSAMIDE

Tab Orl 200 mg

Vimpat	02357658	UCB	ACDEFGV
ACH-Lacosamide	02489317	AHI	ACDEFGV
Auro-Lacosamide	02475367	ARO	ACDEFGV
Jamp-Lacosamide	02488426	JPC	ACDEFGV
Lacosamide	02512904	SAS	ACDEFGV
Mar-Lacosamide	02487837	MAR	ACDEFGV
Mint-Lacosamide	02490579	MNT	ACDEFGV
NRA-Lacosamide	02499592	NRA	ACDEFGV
pharma-Lacosamide	02478234	PMS	ACDEFGV
Sandoz-Lacosamide	02474700	SDZ	ACDEFGV
Teva-Lacosamide	02472937	TEV	ACDEFGV

N03AX22 PERAMPANEL

Tab Orl 2 mg

Fycompa	02404516	EIS	(SA)
Taro-Perampanel	02522632	TAR	(SA)

Tab Orl 4 mg

Fycompa	02404524	EIS	(SA)
Taro-Perampanel	02522640	TAR	(SA)

Tab Orl 6 mg

Fycompa	02404532	EIS	(SA)
Taro-Perampanel	02522659	TAR	(SA)

Tab Orl 8 mg

Fycompa	02404540	EIS	(SA)
Taro-Perampanel	02522667	TAR	(SA)

Tab Orl 10 mg

Fycompa	02404559	EIS	(SA)
Taro-Perampanel	02522675	TAR	(SA)

Tab Orl 12 mg

Fycompa	02404567	EIS	(SA)
Taro-Perampanel	02522683	TAR	(SA)

N03AX23 BRIVARACETAM

Tab Orl 10 mg

Brivlera	02452936	UCB	(SA)
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Tab Orl 25 mg

Brivlera	02452944	UCB	(SA)
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Tab Orl 50 mg

Brivlera	02452952	UCB	(SA)
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Tab Orl 75 mg

Brivlera	02452960	UCB	(SA)
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Tab Orl 100 mg

Brivlera	02452979	UCB	(SA)
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N04AA TERTIARY AMINES

Trihex 00545058 AAP ACDEFGV

Trihex 00545074 AAP ACDEFGV

pdp-Procyclidine 00587362 PDP ACDEFGV

pdp-Procyclidine 00649392 PDP ACDEFGV

pdp-Procyclidine 00587354 PDP ACDEFGV

Parsitan 01927744 SLP ACDEFGV

Benztropine Omega 02238903 OMG ACDEFGV

pdp-Benztropine 00706531 PDP ACDEFGV

pdp-Benztropine 00426857 PDP ACDEFGV

N04BA DOPA AND DOPA DERIVATIVES

Prolopa 00522597 HLR ACDEFGV

Prolopa 00386464 HLR ACDEFGV

Prolopa 00386472 HLR ACDEFGV

Duodopa 02292165 ABV (SA)

AA-Levocarb CR 02272873 AAP ACDEFGV

AA-Levocarb CR 02245211 AAP ACDEFGV

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

LEVODOPA / CARBIDOPA

Tab	Orl	100 mg / 10 mg	Apo-Levocarb	02195933	APX	ACDEFGV
			Auro-Levocarb	02531593	ARO	ACDEFGV
			Mint-Levocarb	02457954	MNT	ACDEFGV
			Teva-Levocarbido	02244494	TEV	ACDEFGV
Tab	Orl	100 mg / 25 mg	Apo-Levocarb	02195941	APX	ACDEFGV
			Auro-Levocarb	02531607	ARO	ACDEFGV
			Mint-Levocarb	02457962	MNT	ACDEFGV
			Teva-Levocarbido	02244495	TEV	ACDEFGV
Tab	Orl	250 mg / 25 mg	Apo-Levocarb	02195968	APX	ACDEFGV
			Auro-Levocarb	02531615	ARO	ACDEFGV
			Mint-Levocarb	02457970	MNT	ACDEFGV
			Teva-Levocarbido	02244496	TEV	ACDEFGV

N04BA03 LEVODOPA, DECARBOXYLASE INHIBITOR AND COMT INHIBITOR

LEVODOPA, CARBIDOPA, ENTACAPONE

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

N04BB ADAMANTANE DERIVATIVES

N04BB01 AMANTADINE

Cap	Orl	100 mg	pdp-Amantadine Hydrochloride	01990403	PDP	ACDEFGV
Syr	Orl	10 mg/mL	Odan-Amantadine Syrup	02538601	ODN	ACDEFGV
			pdp-Amantadine	02022826	PDP	ACDEFGV

N04BC DOPAMINE AGONISTS

N04BC04 ROPINIROLE

Tab	Orl	0.25 mg	Jamp-Ropinirole	02352338	JPC	ACDEFV
			Ran-Ropinirole	02314037	RAN	ACDEFV
			Teva-Ropinirole	02316846	TEV	ACDEFV

N04BC04 ROPINIROLE

Tab Orl 1 mg

Jamp-Ropinirole 02352346 JPC ACDEFV
 Ran-Ropinirole 02314053 RAN ACDEFV
 Teva-Ropinirole 02316854 TEV ACDEFV

Tab Orl 2 mg

Jamp-Ropinirole 02352354 JPC ACDEFV
 Ran-Ropinirole 02314061 RAN ACDEFV
 Teva-Ropinirole 02316862 TEV ACDEFV

Tab Orl 5 mg

Ran-Ropinirole 02314088 RAN ACDEFV
 Teva-Ropinirole 02316870 TEV ACDEFV

N04BC05 PRAMIPEXOLE

Tab Orl 0.25 mg

Mirapex 02237145 BOE ACDEFV
 Act Pramipexole 02297302 TEV ACDEFV
 Apo-Pramipexole 02292378 APX ACDEFV
 Auro-Pramipexole 02424061 ARO ACDEFV
 Pramipexole 02367602 SAS ACDEFV
 Pramipexole 02309122 SIV ACDEFV
 Sandoz Pramipexole 02315262 SDZ ACDEFV

Tab Orl 0.5 mg

Act Pramipexole 02297310 TEV ACDEFV
 Apo-Pramipexole 02292386 APX ACDEFV
 Auro-Pramipexole 02424088 ARO ACDEFV
 Pramipexole 02367610 SAS ACDEFV
 Pramipexole 02309130 SIV ACDEFV
 Sandoz Pramipexole 02315270 SDZ ACDEFV

Tab Orl 1 mg

Act Pramipexole 02297329 TEV ACDEFV
 Apo-Pramipexole 02292394 APX ACDEFV
 Auro-Pramipexole 02424096 ARO ACDEFV
 Pramipexole 02367629 SAS ACDEFV
 Pramipexole 02309149 SIV ACDEFV
 Sandoz Pramipexole 02315289 SDZ ACDEFV

Tab Orl 1.5 mg

Act Pramipexole 02297337 TEV ACDEFV
 Apo-Pramipexole 02292408 APX ACDEFV
 Auro-Pramipexole 02424118 ARO ACDEFV
 Pramipexole 02367645 SAS ACDEFV
 Pramipexole 02309157 SIV ACDEFV
 Sandoz Pramipexole 02315297 SDZ ACDEFV

N04BC07		APOMORPHINE							
ODF	Orl	10 mg			Kynmobi (Disc/non disp Sep 29/24)	02500264	SNV	(SA)	
ODF	Orl	15 mg			Kynmobi (Disc/non disp Sep 29/24)	02500272	SNV	(SA)	
ODF	Orl	20 mg			Kynmobi (Disc/non disp Sep 29/24)	02500280	SNV	(SA)	
ODF	Orl	25 mg			Kynmobi (Disc/non disp Sep 29/24)	02500299	SNV	(SA)	
ODF	Orl	30 mg			Kynmobi (Disc/non disp Sep 29/24)	02500302	SNV	(SA)	
N04BC09		ROTIGOTINE							
Pth	Trd	2 mg			Neupro	02403900	UCB	(SA)	
Pth	Trd	4 mg			Neupro	02403927	UCB	(SA)	
Pth	Trd	6 mg			Neupro	02403935	UCB	(SA)	
Pth	Trd	8 mg			Neupro	02403943	UCB	(SA)	
N04BD		MONOAMINE OXIDASE TYPE B INHIBITORS							
N04BD01		SELEGILINE							
Tab	Orl	5 mg			Novo-Selegiline	02068087	TEV	ACDEFV	
					Selegiline	02230641	AAP	ACDEFV	
N04BX		OTHER DOPAMINERGIC AGENTS							
N04BX02		ENTACAPONE							
Tab	Orl	200 mg			Comtan	02243763	SDZ	ACDEFGV	
					Sandoz Entacapone	02380005	SDZ	ACDEFGV	
					Teva-Entacapone	02375559	TEV	ACDEFGV	
N05		PSYCHOLEPTICS							
N05A		ANTIPSYCHOTICS							
N05AA		PHENOTHIAZINE WITH ALIPHATIC SIDE CHAIN							
N05AA01		CHLORPROMAZINE							
Tab	Orl	25 mg			Teva-Chlorpromazine	00232823	TEV	ACDEFGVW	
Tab	Orl	50 mg			Teva-Chlorpromazine	00232807	TEV	ACDEFGVW	
Tab	Orl	100 mg			Teva-Chlorpromazine	00232831	TEV	ACDEFGVW	
N05AA02		LEVOMEPRMAZINE (METHOTRIMEPAZINE)							
Liq	Inj	25 mg/mL			Nozinan	01927698	XPI	ACDEFVW	

N05AA02		LEVOMEPRMAZINE (METHOTRIMEPRAZINE)							
Tab	Orl	2 mg				Methoprazine	02238403	AAP	ACDEFGVW
Tab	Orl	5 mg				Methoprazine	02238404	AAP	ACDEFGVW
Tab	Orl	25 mg				Methoprazine	02238405	AAP	ACDEFGVW
Tab	Orl	50 mg				Methoprazine	02238406	AAP	ACDEFGVW
N05AB		PHENOTHIAZINE WITH PIPERAZINE STRUCTURE							
N05AB02		FLUPHENAZINE							
Tab	Orl	1 mg				Fluphenazine	00405345	AAP	ACDEFGV
Tab	Orl	2 mg				Fluphenazine	00410632	AAP	ACDEFGV
Tab	Orl	5 mg				Fluphenazine	00405361	AAP	ACDEFGV
N05AB03		PERPHENAZINE							
Tab	Orl	2 mg				Perphenazine	00335134	AAP	ACDEFGV
Tab	Orl	4 mg				Perphenazine	00335126	AAP	ACDEFGV
Tab	Orl	8 mg				Perphenazine	00335118	AAP	ACDEFGV
Tab	Orl	16 mg				Perphenazine	00335096	AAP	ACDEFGV
N05AB04		PROCHLORPERAZINE							
Sup	Rt	10 mg				Odan-Prochlorperazine	00789720	ODN	ACDEFGV
Tab	Orl	5 mg				Prochlorazine	00886440	AAP	ACDEFGV
Tab	Orl	10 mg				Prochlorazine	00886432	AAP	ACDEFGV
N05AB06		TRIFLUOPERAZINE							
Tab	Orl	1 mg				Trifluoperazine	00345539	AAP	ACDEFGV
Tab	Orl	2 mg				Trifluoperazine	00312754	AAP	ACDEFGV
Tab	Orl	5 mg				Trifluoperazine	00312746	AAP	ACDEFGV
Tab	Orl	10 mg				Trifluoperazine	00326836	AAP	ACDEFGV
N05AC		PHENOTHIAZINE WITH PIPERIDINE STRUCTURE							

N05AC01 PERICYAZINE

Cap Orl 5 mg

Neuleptil 01926780 SLP ACDEFGV

Cap Orl 10 mg

Neuleptil 01926772 SLP ACDEFGV

Cap Orl 20 mg

Neuleptil 01926764 SLP ACDEFGV

Dps Orl 10 mg/mL

Neuleptil 01926756 SLP ACDEFGV

N05AD BUTYROPHENONE DERIVATIVES

N05AD01 HALOPERIDOL

Liq Inj 5 mg/mL

Haloperidol 00808652 SDZ ACDEFGVW

Haloperidol Injection 02366010 OMG ACDEFGVW

Liq Inj 100 mg/mL

Haloperidol LA 02130300 SDZ ACDEFGVW

Tab Orl 0.5 mg

Teva-Haloperidol 00363685 TEV ACDEFGVW

Tab Orl 1 mg

Teva-Haloperidol 00363677 TEV ACDEFGVW

Tab Orl 2 mg

Teva-Haloperidol 00363669 TEV ACDEFGVW

Tab Orl 5 mg

Teva-Haloperidol 00363650 TEV ACDEFGVW

Tab Orl 10 mg

Teva-Haloperidol 00713449 TEV ACDEFGVW

N05AE INDOLE DERIVATIVES

N05AE04 ZIPRASIDONE

Cap Orl 20 mg

Zeldox 02298597 BGP ACDEFGV

Auro-Ziprasidone 02449544 ARO ACDEFGV

Cap Orl 40 mg

Zeldox 02298600 BGP ACDEFGV

Auro-Ziprasidone 02449552 ARO ACDEFGV

Cap Orl 60 mg

Zeldox 02298619 BGP ACDEFGV

Auro-Ziprasidone 02449560 ARO ACDEFGV

Cap Orl 80 mg

Zeldox 02298627 BGP ACDEFGV

Auro-Ziprasidone 02449579 ARO ACDEFGV

N05AE05 LURASIDONE

N05AE05 LURASIDONE

Tab Orl 20 mg

Latuda	02422050	SUM	ACDEFGV
Auro-Lurasidone	02513986	ARO	ACDEFGV
Jamp Lurasidone	02516438	JPC	ACDEFGV
pms-Lurasidone	02505878	PMS	ACDEFGV
Sandoz Lurasidone	02521075	SDZ	ACDEFGV
Taro-Lurasidone	02504499	TAR	ACDEFGV

Tab Orl 40 mg

Latuda	02387751	SUM	ACDEFGV
Auro-Lurasidone	02513994	ARO	ACDEFGV
Jamp Lurasidone	02516446	JPC	ACDEFGV
pms-Lurasidone	02505886	PMS	ACDEFGV
Sandoz Lurasidone	02521091	SDZ	ACDEFGV
Taro-Lurasidone	02504502	TAR	ACDEFGV

Tab Orl 60 mg

Latuda	02413361	SUM	ACDEFGV
Auro-Lurasidone	02514001	ARO	ACDEFGV
Jamp Lurasidone	02516454	JPC	ACDEFGV
pms-Lurasidone	02505894	PMS	ACDEFGV
Sandoz Lurasidone	02521105	SDZ	ACDEFGV
Taro-Lurasidone	02504510	TAR	ACDEFGV

Tab Orl 80 mg

Latuda	02387778	SUM	ACDEFGV
Auro-Lurasidone	02514028	ARO	ACDEFGV
Jamp Lurasidone	02516462	JPC	ACDEFGV
pms-Lurasidone	02505908	PMS	ACDEFGV
Sandoz Lurasidone	02521113	SDZ	ACDEFGV
Taro-Lurasidone	02504529	TAR	ACDEFGV

Tab Orl 120 mg

Latuda	02387786	SUM	ACDEFGV
Auro-Lurasidone	02514036	ARO	ACDEFGV
Jamp Lurasidone	02516470	JPC	ACDEFGV
pms-Lurasidone	02505916	PMS	ACDEFGV
Sandoz Lurasidone	02521121	SDZ	ACDEFGV
Taro-Lurasidone	02504537	TAR	ACDEFGV

N05AF THIOXANTHENE DERIVATIVES

N05AF01 FLUPENTHIXOL

Liq Inj 20 mg/mL

Fluanxol Depot 02156032 VLH ACDEFGV

Liq Inj 100 mg/mL

Fluanxol Depot 02156040 VLH ACDEFGV

N05AF01	FLUPENTHIXOL							
	Tab	Orl	0.5 mg			Fluanxol	02156008	VLH ACDEFGV
	Tab	Orl	3 mg			Fluanxol	02156016	VLH ACDEFGV
N05AF05	ZUCLOPENTHIXOL							
	Liq	Inj	200 mg/mL			Clopixol Depot	02230406	VLH ACDEFGV
	Tab	Orl	10 mg			Clopixol	02230402	VLH ACDEFGV
	Tab	Orl	25 mg			Clopixol	02230403	VLH ACDEFGV
N05AG DIPHENYLBUTYLPYPERIDINE DERIVATIVES								
N05AG02	PIMOZIDE							
	Tab	Orl	2 mg			Pimozide	02245432	AAP ACDEFGV
	Tab	Orl	4 mg			Pimozide	02245433	AAP ACDEFGV
N05AH DIAZEPINES, OXAZEPINES, THIAZEPINES AND OXEPINES								
N05AH01	LOXAPINE							
	Tab	Orl	2.5 mg			Xylac	02242868	PDP ACDEFGV
	Tab	Orl	10 mg			Xylac	02230838	PDP ACDEFGV
	Tab	Orl	25 mg			Xylac	02230839	PDP ACDEFGV
N05AH02	CLOZAPINE							
	Tab	Orl	25 mg			Clozaril	00894737	HLS ACDEFGV
						AA-Clozapine	02248034	AAP ACDEFGV
						Gen-Clozapine	02247243	MYL ACDEFGV
	Tab	Orl	50 mg			Clozaril	02490668	HLS ACDEFGV
						AA-Clozapine	02458748	AAP ACDEFGV
						Gen-Clozapine	02305003	MYL ACDEFGV
	Tab	Orl	100 mg			Clozaril	00894745	HLS ACDEFGV
						AA-Clozapine	02248035	AAP ACDEFGV
						Gen-Clozapine	02247244	MYL ACDEFGV
	Tab	Orl	200 mg			Clozaril	02490676	HLS ACDEFGV
						AA-Clozapine	02458756	AAP ACDEFGV
						Gen-Clozapine	02305011	MYL ACDEFGV

N05AH03 OLANZAPINE

ODT Orl 5 mg

Zyprexa Zydis	02243086	LIL	ACDEFGVW
Apo-Olanzapine ODT	02360616	APX	ACDEFGVW
Auro-Olanzapine ODT	02448726	ARO	ACDEFGVW
Jamp-Olanzapine ODT	02406624	JPC	ACDEFGVW
Mint-Olanzapine ODT	02436965	MNT	ACDEFGVW
Olanzapine ODT	02338645	PDL	ACDEFGVW
Olanzapine ODT	02352974	SAS	ACDEFGVW
Olanzapine ODT	02343665	SIV	ACDEFGVW
pms-Olanzapine ODT	02303191	PMS	ACDEFGVW
Sandoz Olanzapine ODT	02327775	SDZ	ACDEFGVW

ODT Orl 10 mg

Zyprexa Zydis	02243087	LIL	ACDEFGVW
Apo-Olanzapine ODT	02360624	APX	ACDEFGVW
Auro-Olanzapine ODT	02448734	ARO	ACDEFGVW
Jamp-Olanzapine ODT	02406632	JPC	ACDEFGVW
Mint-Olanzapine ODT	02436973	MNT	ACDEFGVW
Olanzapine ODT	02338653	PDL	ACDEFGVW
Olanzapine ODT	02352982	SAS	ACDEFGVW
Olanzapine ODT	02343673	SIV	ACDEFGVW
pms-Olanzapine ODT	02303205	PMS	ACDEFGVW
Sandoz Olanzapine ODT	02327783	SDZ	ACDEFGVW

ODT Orl 15 mg

Zyprexa Zydis	02243088	LIL	ACDEFGVW
Apo-Olanzapine ODT	02360632	APX	ACDEFGVW
Auro-Olanzapine ODT	02448742	ARO	ACDEFGVW
Jamp-Olanzapine ODT	02406640	JPC	ACDEFGVW
Mint-Olanzapine ODT	02436981	MNT	ACDEFGVW
Olanzapine ODT	02338661	PDL	ACDEFGVW
Olanzapine ODT	02352990	SAS	ACDEFGVW
Olanzapine ODT	02343681	SIV	ACDEFGVW
pms-Olanzapine ODT	02303213	PMS	ACDEFGVW
Sandoz Olanzapine ODT	02327791	SDZ	ACDEFGVW

N05AH03 OLANZAPINE

ODT Orl 20 mg

Zyprexa Zydis	02243089	LIL	ACDEFGVW
Apo-Olanzapine ODT	02360640	APX	ACDEFGVW
Auro-Olanzapine ODT	02448750	ARO	ACDEFGVW
Jamp-Olanzapine ODT	02406659	JPC	ACDEFGVW
Olanzapine ODT	02425114	PDL	ACDEFGVW
Olanzapine ODT	02343703	SIV	ACDEFGVW
Sandoz Olanzapine ODT	02327805	SDZ	ACDEFGVW

Tab Orl 2.5 mg

Zyprexa	02229250	LIL	ACDEFGVW
Apo-Olanzapine	02281791	APX	ACDEFGVW
Jamp-Olanzapine FC	02417243	JPC	ACDEFGVW
Mint-Olanzapine	02410141	MNT	ACDEFGVW
Olanzapine	02311968	PDL	ACDEFGVW
Olanzapine	02372819	SAS	ACDEFGVW
Olanzapine	02385864	SIV	ACDEFGVW
pms-Olanzapine	02303116	PMS	ACDEFGVW
Sandoz Olanzapine	02310341	SDZ	ACDEFGVW
Teva-Olanzapine	02276712	TEV	ACDEFGVW

Tab Orl 5 mg

Zyprexa	02229269	LIL	ACDEFGVW
Apo-Olanzapine	02281805	APX	ACDEFGVW
Jamp-Olanzapine FC	02417251	JPC	ACDEFGVW
Mint-Olanzapine	02410168	MNT	ACDEFGVW
Olanzapine	02311976	PDL	ACDEFGVW
Olanzapine	02372827	SAS	ACDEFGVW
Olanzapine	02385872	SIV	ACDEFGVW
pms-Olanzapine	02303159	PMS	ACDEFGVW
Sandoz Olanzapine	02310368	SDZ	ACDEFGVW
Teva-Olanzapine	02276720	TEV	ACDEFGVW

N05AH03 OLANZAPINE

Tab Orl 7.5 mg

Zyprexa	02229277	LIL	ACDEFGVW
Apo-Olanzapine	02281813	APX	ACDEFGVW
Jamp-Olanzapine FC	02417278	JPC	ACDEFGVW
Mint-Olanzapine	02410176	MNT	ACDEFGVW
Olanzapine	02311984	PDL	ACDEFGVW
Olanzapine	02372835	SAS	ACDEFGVW
Olanzapine	02385880	SIV	ACDEFGVW
pms-Olanzapine	02303167	PMS	ACDEFGVW
Sandoz Olanzapine	02310376	SDZ	ACDEFGVW
Teva-Olanzapine	02276739	TEV	ACDEFGVW

Tab Orl 10 mg

Zyprexa	02229285	LIL	ACDEFGVW
Apo-Olanzapine	02281821	APX	ACDEFGVW
Jamp-Olanzapine FC	02417286	JPC	ACDEFGVW
Mint-Olanzapine	02410184	MNT	ACDEFGVW
Olanzapine	02311992	PDL	ACDEFGVW
Olanzapine	02372843	SAS	ACDEFGVW
Olanzapine	02385899	SIV	ACDEFGVW
pms-Olanzapine	02303175	PMS	ACDEFGVW
Sandoz Olanzapine	02310384	SDZ	ACDEFGVW
Teva-Olanzapine	02276747	TEV	ACDEFGVW

Tab Orl 15 mg

Zyprexa	02238850	LIL	ACDEFGVW
Apo-Olanzapine	02281848	APX	ACDEFGVW
Jamp-Olanzapine FC	02417294	JPC	ACDEFGVW
Mint-Olanzapine	02410192	MNT	ACDEFGVW
Olanzapine	02312018	PDL	ACDEFGVW
Olanzapine	02372851	SAS	ACDEFGVW
Olanzapine	02385902	SIV	ACDEFGVW
pms-Olanzapine	02303183	PMS	ACDEFGVW
Sandoz Olanzapine	02310392	SDZ	ACDEFGVW
Teva-Olanzapine	02276755	TEV	ACDEFGVW

N05AH03 OLANZAPINE

Tab Orl 20 mg

Zyprexa	02238851	LIL	ACDEFGVW
Apo-Olanzapine	02333015	APX	ACDEFGVW
Jamp-Olanzapine FC	02417308	JPC	ACDEFGVW
Olanzapine	02421704	PDL	ACDEFGVW
Olanzapine	02385910	SIV	ACDEFGVW
pms-Olanzapine	02367483	PMS	ACDEFGVW
Teva-Olanzapine	02359707	TEV	ACDEFGVW

N05AH04 QUETIAPINE

ERT Orl 50 mg

Seroquel XR	02300184	AZE	ACDEFGVW
ACH-Quetiapine Fumarate XR	02450860	AHI	ACDEFGVW
Apo-Quetiapine XR	02457229	APX	ACDEFGVW
M-Quetiapine Fumarate XR	02527928	MRA	ACDEFGVW
Mint-Quetiapine XR	02522187	MNT	ACDEFGVW
NRA-Quetiapine XR	02510677	NRA	ACDEFGVW
Quetiapine Fumarate XR	02516616	SAS	ACDEFGVW
Quetiapine XR	02519607	JPC	ACDEFGVW
Quetiapine XR	02417359	SIV	ACDEFGVW
Sandoz Quetiapine XR	02407671	SDZ	ACDEFGVW
Teva-Quetiapine XR	02395444	TEV	ACDEFGVW

ERT Orl 150 mg

Seroquel XR	02321513	AZE	ACDEFGVW
ACH-Quetiapine Fumarate XR	02450879	AHI	ACDEFGVW
Apo-Quetiapine XR	02457237	APX	ACDEFGVW
M-Quetiapine Fumarate XR	02527936	MRA	ACDEFGVW
Mint-Quetiapine XR	02522195	MNT	ACDEFGVW
NRA-Quetiapine XR	02510685	NRA	ACDEFGVW
Quetiapine Fumarate XR	02516624	SAS	ACDEFGVW
Quetiapine XR	02519615	JPC	ACDEFGVW
Quetiapine XR	02417367	SIV	ACDEFGVW
Sandoz Quetiapine XR	02407698	SDZ	ACDEFGVW
Teva-Quetiapine XR	02395452	TEV	ACDEFGVW

N05AH04 QUETIAPINE

ERT Orl 200 mg

Seroquel XR	02300192	AZE	ACDEFGVW
ACH-Quetiapine Fumarate XR	02450887	AHI	ACDEFGVW
Apo-Quetiapine XR	02457245	APX	ACDEFGVW
M-Quetiapine Fumarate XR	02527944	MRA	ACDEFGVW
Mint-Quetiapine XR	02522209	MNT	ACDEFGVW
NRA-Quetiapine XR	02510693	NRA	ACDEFGVW
Quetiapine Fumarate XR	02516632	SAS	ACDEFGVW
Quetiapine XR	02519623	JPC	ACDEFGVW
Quetiapine XR	02417375	SIV	ACDEFGVW
Sandoz Quetiapine XR	02407701	SDZ	ACDEFGVW
Teva-Quetiapine XR	02395460	TEV	ACDEFGVW

ERT Orl 300 mg

Seroquel XR	02300206	AZE	ACDEFGVW
ACH-Quetiapine Fumarate XR	02450895	AHI	ACDEFGVW
Apo-Quetiapine XR	02457253	APX	ACDEFGVW
M-Quetiapine Fumarate XR	02527952	MRA	ACDEFGVW
Mint-Quetiapine XR	02522217	MNT	ACDEFGVW
NRA-Quetiapine XR	02510707	NRA	ACDEFGVW
Quetiapine Fumarate XR	02516640	SAS	ACDEFGVW
Quetiapine XR	02519747	JPC	ACDEFGVW
Quetiapine XR	02417383	SIV	ACDEFGVW
Sandoz Quetiapine XR	02407728	SDZ	ACDEFGVW
Teva-Quetiapine XR	02395479	TEV	ACDEFGVW

ERT Orl 400 mg

Seroquel XR	02300214	AZE	ACDEFGVW
ACH-Quetiapine Fumarate XR	02450909	AHI	ACDEFGVW
Apo-Quetiapine XR	02457261	APX	ACDEFGVW
M-Quetiapine Fumarate XR	02527960	MRA	ACDEFGVW
Mint-Quetiapine XR	02522225	MNT	ACDEFGVW
NRA-Quetiapine XR	02510715	NRA	ACDEFGVW
Quetiapine Fumarate XR	02516659	SAS	ACDEFGVW
Quetiapine XR	02519763	JPC	ACDEFGVW
Quetiapine XR	02417391	SIV	ACDEFGVW
Sandoz Quetiapine XR	02407736	SDZ	ACDEFGVW
Teva-Quetiapine XR	02395487	TEV	ACDEFGVW

N05AH04 QUETIAPINE

Tab Orl 25 mg

Seroquel	02236951	AZE	ACDEFGVW
Act Quetiapine	02316080	TEV	ACDEFGVW
Apo-Quetiapine	02313901	APX	ACDEFGVW
Apo-Quetiapine Fumarate	02501635	APX	ACDEFGVW
Auro-Quetiapine	02390205	ARO	ACDEFGVW
Jamp Quetiapine Fumarate	02390140	JPC	ACDEFGVW
Jamp-Quetiapine	02330415	JPC	ACDEFGVW
Mar-Quetiapine	02399822	MAR	ACDEFGVW
Mint-Quetiapine	02438003	MNT	ACDEFGVW
Nat-Quetiapine	02439158	NAT	ACDEFGVW
pms-Quetiapine	02296551	PMS	ACDEFGVW
Pro-Quetiapine	02317346	PDL	ACDEFGVW
Quetiapine	02387794	AHI	ACDEFGVW
Quetiapine	02353164	SAS	ACDEFGVW
Quetiapine	02317893	SIV	ACDEFGVW

Tab Orl 100 mg

Seroquel	02236952	AZE	ACDEFGVW
Act Quetiapine	02316099	TEV	ACDEFGVW
Apo-Quetiapine	02313928	APX	ACDEFGVW
Apo-Quetiapine Fumarate	02501643	APX	ACDEFGVW
Auro-Quetiapine	02390213	ARO	ACDEFGVW
Jamp Quetiapine Fumarate	02390159	JPC	ACDEFGVW
Jamp-Quetiapine	02330423	JPC	ACDEFGVW
Mar-Quetiapine	02399830	MAR	ACDEFGVW
Mint-Quetiapine	02438011	MNT	ACDEFGVW
Nat-Quetiapine	02439166	NAT	ACDEFGVW
pms-Quetiapine	02296578	PMS	ACDEFGVW
Pro-Quetiapine	02317354	PDL	ACDEFGVW
Quetiapine	02387808	AHI	ACDEFGVW
Quetiapine	02353172	SAS	ACDEFGVW
Quetiapine	02317907	SIV	ACDEFGVW

Tab Orl 150 mg

Nat-Quetiapine	02439174	NAT	AEFGVW
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N05AH04 QUETIAPINE

Tab Orl 200 mg

Seroquel	02236953	AZE	ACDEFGVW
Act Quetiapine	02316110	TEV	ACDEFGVW
Apo-Quetiapine	02313936	APX	ACDEFGVW
Apo-Quetiapine Fumarate	02501651	APX	ACDEFGVW
Auro-Quetiapine	02390248	ARO	ACDEFGVW
Jamp Quetiapine Fumarate	02390167	JPC	ACDEFGVW
Jamp-Quetiapine	02330458	JPC	ACDEFGVW
Mar-Quetiapine	02399849	MAR	ACDEFGVW
Mint-Quetiapine	02438046	MNT	ACDEFGVW
Nat-Quetiapine	02439182	NAT	ACDEFGVW
pms-Quetiapine	02296594	PMS	ACDEFGVW
Pro-Quetiapine	02317362	PDL	ACDEFGVW
Quetiapine	02387824	AHI	ACDEFGVW
Quetiapine	02353199	SAS	ACDEFGVW
Quetiapine	02317923	SIV	ACDEFGVW

Tab Orl 300 mg

Seroquel	02244107	AZE	ACDEFGVW
Act Quetiapine	02316129	TEV	ACDEFGVW
Apo-Quetiapine	02313944	APX	ACDEFGVW
Apo-Quetiapine Fumarate	02501678	APX	ACDEFGVW
Auro-Quetiapine	02390256	ARO	ACDEFGVW
Jamp Quetiapine Fumarate	02390175	JPC	ACDEFGVW
Jamp-Quetiapine	02330466	JPC	ACDEFGVW
Mar-Quetiapine	02399857	MAR	ACDEFGVW
Mint-Quetiapine	02438054	MNT	ACDEFGVW
Nat-Quetiapine	02439190	NAT	ACDEFGVW
pms-Quetiapine	02296608	PMS	ACDEFGVW
Pro-Quetiapine	02317370	PDL	ACDEFGVW
Quetiapine	02387832	AHI	ACDEFGVW
Quetiapine	02353202	SAS	ACDEFGVW
Quetiapine	02317931	SIV	ACDEFGVW

N05AH05 ASENAPINE

Slit Orl 5 mg

Saphris (Sublingual) 02374803 ORG (SA)

Slit Orl 10 mg

Saphris (Sublingual) 02374811 ORG (SA)

N05AN LITHIUM

N05AN01 LITHIUM

N05AN01 LITHIUM

Cap Orl 150 mg

Carbolith 00461733 BSL ACDEFGV
Lithane 02013231 SLP ACDEFGV
Apo-Lithium Carbonate 02242837 APX ACDEFGV
pms-Lithium Carbonate 02216132 PMS ACDEFGV

Cap Orl 300 mg

Carbolith 00236683 BSL ACDEFGV
Lithane 00406775 SLP ACDEFGV
Apo-Lithium Carbonate 02242838 APX ACDEFGV
pms-Lithium Carbonate 02216140 PMS ACDEFGV

Cap Orl 600 mg

Carbolith 02011239 BSL ACDEFGV

SRT Orl 300 mg

Lithmax SR 02266695 AAP ACDEFGV

N05AX OTHER ANTIPSYCHOTICS

N05AX08 RISPERIDONE

Liq Orl 1 mg/mL

Risperdal (Disc/non disp Oct 1/24) 02236950 JAN ACDEFGV
Jamp-Risperidone 02454319 JPC ACDEFGV
pms-Risperidone 02279266 PMS ACDEFGV

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)

Tab Orl 0.25 mg

Apo-Risperidone 02282119 APX ACDEFGV
Jamp-Risperidone 02359529 JPC ACDEFGV
Mar-Risperidone 02371766 MAR ACDEFGV
Mint-Risperidone 02359790 MNT ACDEFGV
pms-Risperidone 02252007 PMS ACDEFGV
Ran-Risperidone 02328305 SUN ACDEFGV
Risperidone 02356880 SAS ACDEFGV
Risperidone 02533804 SIV ACDEFGV
Sandoz Risperidone 02303655 SDZ ACDEFGV
Teva-Risperidone 02282690 TEV ACDEFGV

N05AX08 RISPERIDONE

Tab Orl 0.5 mg

Apo-Risperidone	02282127	APX	ACDEFGV
Jamp-Risperidone	02359537	JPC	ACDEFGV
Mar-Risperidone	02371774	MAR	ACDEFGV
Mint-Risperidone	02359804	MNT	ACDEFGV
pms-Risperidone	02252015	PMS	ACDEFGV
Ran-Risperidone	02328313	SUN	ACDEFGV
Risperidone	02356899	SAS	ACDEFGV
Risperidone	02533928	SIV	ACDEFGV
Sandoz Risperidone	02303663	SDZ	ACDEFGV
Teva-Risperidone	02264188	TEV	ACDEFGV

Tab Orl 1 mg

Apo-Risperidone	02282135	APX	ACDEFGV
Jamp-Risperidone	02359545	JPC	ACDEFGV
Mar-Risperidone	02371782	MAR	ACDEFGV
Mint-Risperidone	02359812	MNT	ACDEFGV
pms-Risperidone	02252023	PMS	ACDEFGV
Ran-Risperidone	02328321	SUN	ACDEFGV
Risperidone	02356902	SAS	ACDEFGV
Risperidone	02533936	SIV	ACDEFGV
Sandoz Risperidone	02279800	SDZ	ACDEFGV
Teva-Risperidone	02264196	TEV	ACDEFGV

Tab Orl 2 mg

Apo-Risperidone	02282143	APX	ACDEFGV
Jamp-Risperidone	02359553	JPC	ACDEFGV
Mar-Risperidone	02371790	MAR	ACDEFGV
Mint-Risperidone	02359820	MNT	ACDEFGV
pms-Risperidone	02252031	PMS	ACDEFGV
Ran-Risperidone	02328348	SUN	ACDEFGV
Risperidone	02356910	SAS	ACDEFGV
Risperidone	02533944	SIV	ACDEFGV
Sandoz Risperidone	02279819	SDZ	ACDEFGV
Teva-Risperidone	02264218	TEV	ACDEFGV

N05AX08 RISPERIDONE

Tab Orl 3 mg

Apo-Risperidone	02282151	APX	ACDEFGV
Jamp-Risperidone	02359561	JPC	ACDEFGV
Mar-Risperidone	02371804	MAR	ACDEFGV
Mint-Risperidone	02359839	MNT	ACDEFGV
pms-Risperidone	02252058	PMS	ACDEFGV
Ran-Risperidone	02328364	SUN	ACDEFGV
Risperidone	02356929	SAS	ACDEFGV
Risperidone	02533952	SIV	ACDEFGV
Sandoz Risperidone	02279827	SDZ	ACDEFGV
Teva-Risperidone	02264226	TEV	ACDEFGV

Tab Orl 4 mg

Apo-Risperidone	02282178	APX	ACDEFGV
Jamp-Risperidone	02359588	JPC	ACDEFGV
Mar-Risperidone	02371812	MAR	ACDEFGV
Mint-Risperidone	02359847	MNT	ACDEFGV
pms-Risperidone	02252066	PMS	ACDEFGV
Risperidone	02356937	SAS	ACDEFGV
Risperidone	02533960	SIV	ACDEFGV
Sandoz Risperidone	02279835	SDZ	ACDEFGV
Taro-Risperidone	02328372	SUN	ACDEFGV
Teva-Risperidone	02264234	TEV	ACDEFGV

N05AX12 ARIPIRAZOLE

Pws IM 300 mg

Abilify Maintena 02420864 OTS (SA)

Pws IM 400 mg

Abilify Maintena 02420872 OTS (SA)

Tab Orl 2 mg

Abilify	02322374	OTS	ACDEFGV
Apo-Aripiprazole	02471086	APX	ACDEFGV
Aripiprazole	02506688	SAS	ACDEFGV
Aripiprazole	02534320	SIV	ACDEFGV
Auro-Aripiprazole	02460025	ARO	ACDEFGV
Mint-Aripiprazole	02483556	MNT	ACDEFGV
pms-Aripiprazole	02466635	PMS	ACDEFGV
Sandoz Aripiprazole	02473658	SDZ	ACDEFGV

N05AX12 ARIPIPRAZOLE

Tab Orl 5 mg

Abilify	02322382	OTS	ACDEFGV
Apo-Aripiprazole	02471094	APX	ACDEFGV
Aripiprazole	02506718	SAS	ACDEFGV
Aripiprazole	02534339	SIV	ACDEFGV
Auro-Aripiprazole	02460033	ARO	ACDEFGV
Mint-Aripiprazole	02483564	MNT	ACDEFGV
pms-Aripiprazole	02466643	PMS	ACDEFGV
Sandoz Aripiprazole	02473666	SDZ	ACDEFGV

Tab Orl 10 mg

Abilify	02322390	OTS	ACDEFGV
Apo-Aripiprazole	02471108	APX	ACDEFGV
Aripiprazole	02506726	SAS	ACDEFGV
Aripiprazole	02534347	SIV	ACDEFGV
Auro-Aripiprazole	02460041	ARO	ACDEFGV
Mint-Aripiprazole	02483572	MNT	ACDEFGV
pms-Aripiprazole	02466651	PMS	ACDEFGV
Sandoz Aripiprazole	02473674	SDZ	ACDEFGV

Tab Orl 15 mg

Abilify	02322404	OTS	ACDEFGV
Apo-Aripiprazole	02471116	APX	ACDEFGV
Aripiprazole	02506734	SAS	ACDEFGV
Aripiprazole	02534355	SIV	ACDEFGV
Auro-Aripiprazole	02460068	ARO	ACDEFGV
Mint-Aripiprazole	02483580	MNT	ACDEFGV
pms-Aripiprazole	02466678	PMS	ACDEFGV
Sandoz Aripiprazole	02473682	SDZ	ACDEFGV

Tab Orl 20 mg

Abilify	02322412	OTS	ACDEFGV
Apo-Aripiprazole	02471124	APX	ACDEFGV
Aripiprazole	02506750	SAS	ACDEFGV
Aripiprazole	02534363	SIV	ACDEFGV
Auro-Aripiprazole	02460076	ARO	ACDEFGV
Mint-Aripiprazole	02483599	MNT	ACDEFGV
pms-Aripiprazole	02466686	PMS	ACDEFGV
Sandoz Aripiprazole	02473690	SDZ	ACDEFGV

N05AX12 ARIPIPRAZOLE

Tab Orl 30 mg

Abilify	02322455	OTS	ACDEFGV
Apo-Aripiprazole	02471132	APX	ACDEFGV
Aripiprazole	02506785	SAS	ACDEFGV
Aripiprazole	02534371	SIV	ACDEFGV
Auro-Aripiprazole	02460084	ARO	ACDEFGV
Mint-Aripiprazole	02483602	MNT	ACDEFGV
pms-Aripiprazole	02466694	PMS	ACDEFGV
Sandoz Aripiprazole	02473704	SDZ	ACDEFGV

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 ACDEFGV

Tab Orl 0.50 mg

Rexulti 02461757 OTS ACDEFGV

Tab Orl 1 mg

Rexulti 02461765 OTS ACDEFGV

Tab Orl 2 mg

Rexulti 02461773 OTS ACDEFGV

Tab Orl 3 mg

Rexulti 02461781 OTS ACDEFGV

Tab Orl 4 mg

Rexulti 02461803 OTS ACDEFGV

N05B ANXIOLYTICS

N05BA BENZODIAZEPINE DERIVATIVES

N05BA01	DIAZEPAM							
	Liq	Inj	5 mg/mL			Diazepam	00399728	SDZ ACDEFGV
	Tab	Orl	2 mg			Diazepam	00405329	AAP ACDEFGV
	Tab	Orl	5 mg			Valium	00013285	SLP ACDEFGV
						Diazepam	00362158	AAP ACDEFGV
	Tab	Orl	10 mg			Diazepam	00405337	AAP ACDEFGV
N05BA02	CHLORDIAZEPOXIDE							
	Cap	Orl	5 mg			Chlordiazepoxide	00522724	AAP ACDEFGV
	Cap	Orl	10 mg			Chlordiazepoxide	00522988	AAP ACDEFGV
	Cap	Orl	25 mg			Chlordiazepoxide	00522996	AAP ACDEFGV
N05BA04	OXAZEPAM							
	Tab	Orl	10 mg			Apo-Oxazepam	00402680	APX ACDEFGV
	Tab	Orl	15 mg			Apo-Oxazepam	00402745	APX ACDEFGV
	Tab	Orl	30 mg			Apo-Oxazepam	00402737	APX ACDEFGV
N05BA05	CLORAZEPATE DIPOTASSIUM							
	Cap	Orl	3.75 mg			Clorazepate	00860689	AAP ACDEFGV
	Cap	Orl	7.5 mg			Clorazepate	00860700	AAP ACDEFGV
	Cap	Orl	15 mg			Clorazepate	00860697	AAP ACDEFGV
N05BA06	LORAZEPAM							
	Liq	Inj	4 mg/mL			Lorazepam	02243278	SDZ ACDEFVW
	Slit	Orl	0.5 mg			Ativan SL	02041456	PFI ACDEFGVW
						Lorazepam Sublingual	02410745	AAP ACDEFGVW
	Slit	Orl	1 mg			Ativan SL	02041464	PFI ACDEFGVW
						Lorazepam Sublingual	02410753	AAP ACDEFGVW
	Slit	Orl	2 mg			Ativan SL	02041472	PFI ACDEFGVW
						Lorazepam Sublingual	02410761	AAP ACDEFGVW

N05BA06 LORAZEPAM

Tab Orl 0.5 mg

Ativan 02041413 PFI ACDEFGVW
Apo-Lorazepam 00655740 APX ACDEFGVW
pms-Lorazepam 00728187 PMS ACDEFGVW
Teva-Lorazepam 00711101 TEV ACDEFGVW

Tab Orl 1 mg

Ativan 02041421 PFI ACDEFGVW
Apo-Lorazepam 00655759 APX ACDEFGVW
pms-Lorazepam 00728195 PMS ACDEFGVW
Teva-Lorazepam 00637742 TEV ACDEFGVW

Tab Orl 2 mg

Ativan 02041448 PFI ACDEFGVW
Apo-Lorazepam 00655767 APX ACDEFGVW
pms-Lorazepam 00728209 PMS ACDEFGVW
Teva-Lorazepam 00637750 TEV ACDEFGVW

N05BA08 BROMAZEPAM

Tab Orl 3 mg

Apo-Bromazepam 02177161 APX ACDEFGV
Teva-Bromazepam 02230584 TEV ACDEFGV

Tab Orl 6 mg

Apo-Bromazepam 02177188 APX ACDEFGV
Teva-Bromazepam 02230585 TEV ACDEFGV

N05BA09 CLOBAZAM

Tab Orl 10 mg

Apo-Clobazam 02244638 APX ACDEFGV
Teva-Clobazam 02238334 TEV ACDEFGV

N05BA12 ALPRAZOLAM

Tab Orl 0.25 mg

Xanax 00548359 UJC ACDEFGV
Apo-Alpraz 00865397 APX ACDEFGV
Teva-Alprazolam 01913484 TEV ACDEFGV

Tab Orl 0.5 mg

Xanax 00548367 UJC ACDEFGV
Apo-Alpraz 00865400 APX ACDEFGV
Teva-Alprazolam 01913492 TEV ACDEFGV

N05BB DIPHENYLMETHANE DERIVATIVES

N05BB01 HYDROXYZINE

Cap Orl 10 mg

Hydroxyzine 00646059 AAP ACDEFGVW
Novo-Hydroxyzine 00738824 TEV ACDEFGVW

N05BB01		HYDROXYZINE							
Cap	Orl	25 mg			Hydroxyzine	00646024	AAP	ACDEFGVW	
					Novo-Hydroxyzine	00738832	TEV	ACDEFGVW	
Cap	Orl	50 mg			Hydroxyzine	00646016	AAP	ACDEFGVW	
					Novo-Hydroxyzine	00738840	TEV	ACDEFGVW	
Syr	Orl	2 mg/mL			Atarax	00024694	SLP	ACDEFGVW	
N05BE		AZASPIRODECANEDIONE DERIVATIVES							
N05BE01		BUSPIRONE							
Tab	Orl	10 mg			Apo-Buspirone	02211076	APX	ACDEFGV	
					Auro-Buspirone	02500213	ARO	ACDEFGV	
					Buspirone	02447851	SAS	ACDEFGV	
					Jamp Buspirone	02509911	JPC	ACDEFGV	
					Mint-Buspirone	02519054	MNT	ACDEFGV	
					pms-Buspirone	02230942	PMS	ACDEFGV	
					Teva-Buspirone	02231492	TEV	ACDEFGV	
N05C		HYPNOTICS AND SEDATIVES							
N05CD		BENZODIAZEPINE DERIVATIVES							
N05CD01		FLURAZEPAM							
Cap	Orl	15 mg			Flurazepam	00521698	AAP	ACDEFGV	
Cap	Orl	30 mg			Flurazepam	00521701	AAP	ACDEFGV	
N05CD02		NITRAZEPAM							
Tab	Orl	5 mg			Mogadon	00511528	AAP	ACDEFGV	
Tab	Orl	10 mg			Mogadon	00511536	AAP	ACDEFGV	
N05CD05		TRIAZOLAM							
Tab	Orl	0.25 mg			Triazolam	00808571	AAP	ACDEFGV	
N05CD07		TEMAZEPAM							
Cap	Orl	15 mg			Restoril	00604453	AAP	ACDEFGV	
Cap	Orl	30 mg			Restoril	00604461	AAP	ACDEFGV	
N05CD08		MIDAZOLAM							
Liq	Inj	1 mg/mL			Midazolam	02240285	SDZ	ACDEFGVW	

N05CD08 MIDAZOLAM

Liq Inj 5 mg/mL

Midazolam 02240286 SDZ ACDEFGVW

N05CF BENZODIAZEPINE RELATED DRUGS

N05CF01 ZOPICLONE

Tab Orl 3.75 mg

pms-Zopiclone 02458543 PMS ACDEFGV

Tab Orl 5 mg

Apo-Zopiclone 02245077 APX ACDEFGV

Jamp-Zopiclone 02406969 JPC ACDEFGV

M-Zopiclone 02467941 MRA ACDEFGV

Mar-Zopiclone 02386771 MAR ACDEFGV

Mint-Zopiclone 02391716 MNT ACDEFGV

NRA-Zopiclone 02477378 NRA ACDEFGV

pms-Zopiclone 02243426 PMS ACDEFGV

ratio-Zopiclone 02246534 TEV ACDEFGV

Zopiclone 02344122 SAS ACDEFGV

Zopiclone 02385821 SIV ACDEFGV

Tab Orl 7.5 mg

Imovane 01926799 SAV ACDEFGV

Apo-Zopiclone 02218313 APX ACDEFGV

Jamp-Zopiclone 02406977 JPC ACDEFGV

M-Zopiclone 02467968 MRA ACDEFGV

Mar-Zopiclone 02386798 MAR ACDEFGV

Mint-Zopiclone 02391724 MNT ACDEFGV

NRA-Zopiclone 02477386 NRA ACDEFGV

pms-Zopiclone 02240606 PMS ACDEFGV

ratio-Zopiclone 02242481 TEV ACDEFGV

Zopiclone 02282445 SAS ACDEFGV

Zopiclone 02385848 SIV ACDEFGV

N06 PSYCHOANALEPTICS

N06A ANTIDEPRESSANTS

N06AA NON-SELECTIVE MONOAMINE REUPTAKE INHIBITORS

N06AA01 DESIPRAMINE

Tab Orl 10 mg

Desipramine 02216248 AAP ACDEFGV

Tab Orl 25 mg

Desipramine 02216256 AAP ACDEFGV

Tab Orl 50 mg

Desipramine 02216264 AAP ACDEFGV

Tab Orl 75 mg

Desipramine 02216272 AAP ACDEFGV

N06AA01	DESIPRAMINE							
	Tab	Orl	100 mg		Desipramine	02216280	AAP	ACDEFGV
N06AA02	IMIPRAMINE							
	Tab	Orl	10 mg		Imipramine	00360201	AAP	ACDEFGV
	Tab	Orl	25 mg		Imipramine	00312797	AAP	ACDEFGV
	Tab	Orl	50 mg		Imipramine	00326852	AAP	ACDEFGV
	Tab	Orl	75 mg		Imipramine	00644579	AAP	ACDEFGV
N06AA04	CLOMIPRAMINE							
	Cap	Orl	25 mg		Taro-Clomipramine	02497506	TAR	ACDEFGV
	Cap	Orl	50 mg		Taro-Clomipramine	02497514	TAR	ACDEFGV
	Tab	Orl	10 mg		Anafranil	00330566	APX	ACDEFGV
	Tab	Orl	25 mg		Anafranil	00324019	APX	ACDEFGV
	Tab	Orl	50 mg		Anafranil	00402591	APX	ACDEFGV
N06AA06	TRIMIPRAMINE							
	Tab	Orl	12.5 mg		Trimipramine	00740799	AAP	ACDEFGV
	Tab	Orl	25 mg		Trimipramine	00740802	AAP	ACDEFGV
	Tab	Orl	50 mg		Trimipramine	00740810	AAP	ACDEFGV
	Tab	Orl	75 mg		Trimipramine	02070987	AAP	ACDEFGV
	Tab	Orl	100 mg		Trimipramine	00740829	AAP	ACDEFGV
N06AA09	AMITRIPTYLINE							
	Tab	Orl	10 mg		Elavil	00335053	AAP	ACDEFGV
					Amitriptyline	00370991	PDL	ACDEFGV
					Apo-Amitriptyline	02403137	APX	ACDEFGV
	Tab	Orl	25 mg		Elavil	00335061	AAP	ACDEFGV
					Amitriptyline	00371009	PDL	ACDEFGV
					Apo-Amitriptyline	02403145	APX	ACDEFGV

N06AA09 AMITRIPTYLINE

Tab Orl 50 mg

Elavil 00335088 AAP ACDEFGV
Apo-Amitriptyline 02403153 APX ACDEFGV

Tab Orl 75 mg

Elavil 00754129 AAP ACDEFGV
Apo-Amitriptyline 02403161 APX ACDEFGV

N06AA10 NORTRIPTYLINE

Cap Orl 10 mg

Aventyl 00015229 AAP ACDEFGV

Cap Orl 25 mg

Aventyl 00015237 AAP ACDEFGV

N06AA12 DOXEPIN

Cap Orl 10 mg

Sinequan 00024325 AAP ACDEFGV

Cap Orl 25 mg

Sinequan 00024333 AAP ACDEFGV

Cap Orl 50 mg

Sinequan 00024341 AAP ACDEFGV

N06AB SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI'S)

N06AB03 FLUOXETINE

Cap Orl 10 mg

Prozac 02018985 LIL ACDEFGV
Apo-Fluoxetine 02216353 APX ACDEFGV
Auro-Fluoxetine 02385627 ARO ACDEFGV
Fluoxetine 02393441 AHI ACDEFGV
Fluoxetine 02286068 SAS ACDEFGV
Fluoxetine 02374447 SIV ACDEFGV
Jamp-Fluoxetine 02401894 JPC ACDEFGV
M-Fluoxetine 02529432 MRA ACDEFGV
NRA-Fluoxetine 02503875 NRA ACDEFGV
pms-Fluoxetine 02177579 PMS ACDEFGV
Teva-Fluoxetine 02216582 TEV ACDEFGV

N06AB03 FLUOXETINE

Cap Orl 20 mg

Prozac	00636622	LIL	ACDEFGV
Apo-Fluoxetine	02216361	APX	ACDEFGV
Auro-Fluoxetine	02385635	ARO	ACDEFGV
Fluoxetine	02383241	AHI	ACDEFGV
Fluoxetine	02286076	SAS	ACDEFGV
Fluoxetine	02374455	SIV	ACDEFGV
Jamp-Fluoxetine	02386402	JPC	ACDEFGV
M-Fluoxetine	02529440	MRA	ACDEFGV
NRA-Fluoxetine	02503883	NRA	ACDEFGV
pms-Fluoxetine	02177587	PMS	ACDEFGV
Teva-Fluoxetine	02216590	TEV	ACDEFGV

Cap Orl 40 mg

pms-Fluoxetine 02464640 PMS ACDEFGV

Cap Orl 60 mg

pms-Fluoxetine 02464659 PMS ACDEFGV

Liq Orl 20 mg / 5 mL

Apo-Fluoxetine	02231328	APX	(SA)
Odan-Fluoxetine	02459361	ODN	(SA)

N06AB04 CITALOPRAM

Tab Orl 10 mg

Citalopram	02430517	JPC	ACDEFGV
Citalopram	02445719	SAS	ACDEFGV
Citalopram	02387948	SIV	ACDEFGV
Citalopram-10	02325047	PDL	ACDEFGV
M-Citalopram	02532123	MRA	ACDEFGV
Mar-Citalopram	02371871	MAR	ACDEFGV
Mint-Citalopram	02429691	MNT	ACDEFGV
Natco-Citalopram	02409003	NAT	ACDEFGV
pms-Citalopram	02270609	PMS	ACDEFGV
Teva-Citalopram	02312336	TEV	ACDEFGV

N06AB04 CITALOPRAM

Tab Orl 20 mg

Celexa	02239607	VLH	ACDEFGV
Apo-Citalopram	02246056	APX	ACDEFGV
Auro-Citalopram	02275562	ARO	ACDEFGV
CCP-Citalopram	02459914	CCM	ACDEFGV
Citalopram	02430541	JPC	ACDEFGV
Citalopram	02353660	SAS	ACDEFGV
Citalopram	02387956	SIV	ACDEFGV
Citalopram-20	02257513	PDL	ACDEFGV
M-Citalopram	02467836	MRA	ACDEFGV
Mar-Citalopram	02371898	MAR	ACDEFGV
Mint-Citalopram	02429705	MNT	ACDEFGV
Nat-Citalopram	02409011	NAT	ACDEFGV
Natco-Citalopram	02443880	NAT	ACDEFGV
pms-Citalopram	02248010	PMS	ACDEFGV
Septa-Citalopram	02355272	SPT	ACDEFGV
Teva-Citalopram	02293218	TEV	ACDEFGV

Tab Orl 30 mg

CTP 30 02296152 SNV ACDEFGV

Tab Orl 40 mg

Celexa	02239608	VLH	ACDEFGV
Apo-Citalopram	02246057	APX	ACDEFGV
Auro-Citalopram	02275570	ARO	ACDEFGV
Citalopram	02430568	JPC	ACDEFGV
Citalopram	02353679	SAS	ACDEFGV
Citalopram	02387964	SIV	ACDEFGV
Citalopram-40	02257521	PDL	ACDEFGV
M-Citalopram	02467844	MRA	ACDEFGV
Mar-Citalopram	02371901	MAR	ACDEFGV
Mint-Citalopram	02429713	MNT	ACDEFGV
Nat-Citalopram	02409038	NAT	ACDEFGV
Natco-Citalopram	02443899	NAT	ACDEFGV
pms-Citalopram	02248011	PMS	ACDEFGV
Septa-Citalopram	02355280	SPT	ACDEFGV
Teva-Citalopram	02293226	TEV	ACDEFGV

N06AB05 PAROXETINE

N06AB05 PAROXETINE

Tab Orl 10 mg

Paxil	02027887	GSK	ACDEFGV
Apo-Paroxetine	02240907	APX	ACDEFGV
Auro-Paroxetine	02383276	ARO	ACDEFGV
Jamp Paroxetine Tablets	02507773	JPC	ACDEFGV
Jamp-Paroxetine	02368862	JPC	ACDEFGV
M-Paroxetine	02467402	MRA	ACDEFGV
Mar-Paroxetine	02411946	MAR	ACDEFGV
Mint-Paroxetine	02421372	MNT	ACDEFGV
NRA-Paroxetine	02479753	NRA	ACDEFGV
Paroxetine	02282844	SAS	ACDEFGV
Paroxetine	02388227	SIV	ACDEFGV
pms-Paroxetine	02247750	PMS	ACDEFGV
Teva-Paroxetine	02248556	TEV	ACDEFGV

Tab Orl 20 mg

Paxil	01940481	GSK	ACDEFGV
Apo-Paroxetine	02240908	APX	ACDEFGV
Auro-Paroxetine	02383284	ARO	ACDEFGV
Jamp Paroxetine Tablets	02507781	JPC	ACDEFGV
Jamp-Paroxetine	02368870	JPC	ACDEFGV
M-Paroxetine	02467410	MRA	ACDEFGV
Mar-Paroxetine	02411954	MAR	ACDEFGV
Mint-Paroxetine	02421380	MNT	ACDEFGV
NRA-Paroxetine	02479761	NRA	ACDEFGV
Paroxetine	02248914	PDL	ACDEFGV
Paroxetine	02282852	SAS	ACDEFGV
Paroxetine	02388235	SIV	ACDEFGV
pms-Paroxetine	02247751	PMS	ACDEFGV
Teva-Paroxetine	02248557	TEV	ACDEFGV

N06AB05 PAROXETINE

Tab Orl 30 mg

Paxil	01940473	GSK	ACDEFGV
Apo-Paroxetine	02240909	APX	ACDEFGV
Auro-Paroxetine	02383292	ARO	ACDEFGV
Jamp Paroxetine Tablets	02507803	JPC	ACDEFGV
Jamp-Paroxetine	02368889	JPC	ACDEFGV
M-Paroxetine	02467429	MRA	ACDEFGV
Mar-Paroxetine	02411962	MAR	ACDEFGV
Mint-Paroxetine	02421399	MNT	ACDEFGV
NRA-Paroxetine	02479788	NRA	ACDEFGV
Paroxetine	02248915	PDL	ACDEFGV
Paroxetine	02282860	SAS	ACDEFGV
Paroxetine	02388243	SIV	ACDEFGV
pms-Paroxetine	02247752	PMS	ACDEFGV

N06AB06 SERTRALINE

Cap Orl 25 mg

Zoloft	02132702	BGP	ACDEFGV
Apo-Sertraline	02238280	APX	ACDEFGV
Auro-Sertraline	02390906	ARO	ACDEFGV
M-Sertraline	02530937	MRA	ACDEFGV
Mar-Sertraline	02399415	MAR	ACDEFGV
Mint-Sertraline	02402378	MNT	ACDEFGV
NRA-Sertraline	02488434	NRA	ACDEFGV
pms-Sertraline	02244838	PMS	ACDEFGV
Sertraline	02469626	JPC	ACDEFGV
Sertraline	02353520	SAS	ACDEFGV
Sertraline	02386070	SIV	ACDEFGV
Teva-Sertraline	02240485	TEV	ACDEFGV

N06AB06 SERTRALINE

Cap Orl 50 mg

Zoloft	01962817	BGP	ACDEFGV
Apo-Sertraline	02238281	APX	ACDEFGV
Auro-Sertraline	02390914	ARO	ACDEFGV
M-Sertraline	02530945	MRA	ACDEFGV
Mar-Sertraline	02399423	MAR	ACDEFGV
Mint-Sertraline	02402394	MNT	ACDEFGV
NRA-Sertraline	02488442	NRA	ACDEFGV
pms-Sertraline	02244839	PMS	ACDEFGV
Sertraline	02469634	JPC	ACDEFGV
Sertraline	02353539	SAS	ACDEFGV
Sertraline	02386089	SIV	ACDEFGV
Teva-Sertraline	02240484	TEV	ACDEFGV

Cap Orl 100 mg

Zoloft	01962779	BGP	ACDEFGV
Apo-Sertraline	02238282	APX	ACDEFGV
Auro-Sertraline	02390922	ARO	ACDEFGV
M-Sertraline	02530953	MRA	ACDEFGV
Mar-Sertraline	02399431	MAR	ACDEFGV
Mint-Sertraline	02402408	MNT	ACDEFGV
NRA-Sertraline	02488450	NRA	ACDEFGV
pms-Sertraline	02244840	PMS	ACDEFGV
Sertraline	02469642	JPC	ACDEFGV
Sertraline	02353547	SAS	ACDEFGV
Sertraline	02386097	SIV	ACDEFGV
Teva-Sertraline	02240481	TEV	ACDEFGV

N06AB08 FLUVOXAMINE

Tab Orl 50 mg

Luvox	01919342	BGP	ACDEFGV
Act Fluvoxamine	02255529	TEV	ACDEFGV
Apo-Fluvoxamine	02231329	APX	ACDEFGV

Tab Orl 100 mg

Luvox	01919369	BGP	ACDEFGV
Act Fluvoxamine	02255537	TEV	ACDEFGV
Apo-Fluvoxamine	02231330	APX	ACDEFGV

N06AB10 ESCITALOPRAM

N06AB10 ESCITALOPRAM

Tab Orl 10 mg

Cipralex	02263238	VLH	ACDEFGV
Ach-Escitalopram	02434652	AHI	ACDEFGV
Apo-Escitalopram	02295016	APX	ACDEFGV
Auro-Escitalopram	02397358	ARO	ACDEFGV
Escitalopram	02430118	SAS	ACDEFGV
Escitalopram	02429039	SIV	ACDEFGV
Jamp Escitalopram	02508893	JPC	ACDEFGV
Jamp-Escitalopram	02429780	JPC	ACDEFGV
M-Escitalopram	02471418	MRA	ACDEFGV
Mar-Escitalopram	02423480	MAR	ACDEFGV
Mint-Escitalopram	02407418	MNT	ACDEFGV
Mylan-Escitalopram	02309467	MYL	ACDEFGV
Nat-Escitalopram	02440296	NAT	ACDEFGV
NRA-Escitalopram	02476851	NRA	ACDEFGV
pms-Escitalopram	02469243	PMS	ACDEFGV
Sandoz Escitalopram	02364077	SDZ	ACDEFGV
Taro-Escitalopram	02385481	SUN	ACDEFGV
Teva-Escitalopram	02318180	TEV	ACDEFGV

Tab Orl 15 mg

Kye-Escitalopram 02512653 KYE ACDEFGV

Tab Orl 20 mg

Cipralex	02263254	VLH	ACDEFGV
Ach-Escitalopram	02434660	AHI	ACDEFGV
Apo-Escitalopram	02295024	APX	ACDEFGV
Auro-Escitalopram	02397374	ARO	ACDEFGV
Escitalopram	02430126	SAS	ACDEFGV
Escitalopram	02429047	SIV	ACDEFGV
Jamp Escitalopram	02508907	JPC	ACDEFGV
Jamp-Escitalopram	02429799	JPC	ACDEFGV
M-Escitalopram	02471426	MRA	ACDEFGV
Mar-Escitalopram	02423502	MAR	ACDEFGV
Mint-Escitalopram	02407434	MNT	ACDEFGV
Mylan-Escitalopram	02309475	MYL	ACDEFGV
Nat-Escitalopram	02440318	NAT	ACDEFGV
NRA-Escitalopram	02476878	NRA	ACDEFGV
pms-Escitalopram	02469251	PMS	ACDEFGV
Sandoz Escitalopram	02364085	SDZ	ACDEFGV
Taro-Escitalopram	02385503	SUN	ACDEFGV
Teva-Escitalopram	02318202	TEV	ACDEFGV

N06AF MONOAMINE OXIDASE INHIBITORS, NON-SELECTIVE

N06AF03 PHENELZINE

Tab Orl 15 mg

Nardil 00476552 SLP ACDEFGV

N06AF04 TRANYLCYPROMINE

Tab Orl 10 mg

Parnate 01919598 GSK ACDEFGV

N06AG MONOAMINE OXIDASE TYPE A INHIBITORS

N06AG02 MOCLOBEMIDE

Tab Orl 100 mg

Moclobemide 02232148 AAP ACDEFGV

Tab Orl 150 mg

Manerix 00899356 BSL ACDEFGV

Moclobemide 02232150 AAP ACDEFGV

Tab Orl 300 mg

Manerix 02166747 BSL ACDEFGV

Moclobemide 02240456 AAP ACDEFGV

N06AX OTHER ANTIDEPRESSANTS

N06AX02 TRYPTOPHAN

Cap Orl 500 mg

Tryptan 00718149 BSL ACDEFGV

Apo-Tryptophan 02248540 APX ACDEFGV

Teva-Tryptophan 02240334 TEV ACDEFGV

Tab Orl 250 mg

Tryptan 02239326 BSL ACDEFGV

Tab Orl 500 mg

Tryptan 02029456 BSL ACDEFGV

Apo-Tryptophan 02248538 APX ACDEFGV

Teva-Tryptophan 02240333 TEV ACDEFGV

Tab Orl 750 mg

Tryptan 02239327 BSL ACDEFGV

Apo-Tryptophan 02458721 APX ACDEFGV

Tab Orl 1 000 mg

Tryptan 00654531 BSL ACDEFGV

Apo-Tryptophan 02248539 APX ACDEFGV

Teva-Tryptophan 02237250 TEV ACDEFGV

N06AX05 TRAZODONE

Tab Orl 50 mg

Apo-Trazodone 02147637 APX ACDEFGV

Jamp Trazodone 02442809 JPC ACDEFGV

pms-Trazodone 01937227 PMS ACDEFGV

Teva-Trazodone 02144263 TEV ACDEFGV

Trazodone 02348772 SAS ACDEFGV

N06AX05 TRAZODONE

Tab Orl 100 mg

Apo-Trazodone 02147645 APX ACDEFGV
 Jamp Trazodone 02442817 JPC ACDEFGV
 pms-Trazodone 01937235 PMS ACDEFGV
 Teva-Trazodone 02144271 TEV ACDEFGV
 Trazodone 02348780 SAS ACDEFGV

Tab Orl 150 mg

Apo-Trazodone D 02147653 APX ACDEFGV
 Jamp Trazodone 02442825 JPC ACDEFGV
 Teva-Trazodone 02144298 TEV ACDEFGV
 Trazodone 02348799 SAS ACDEFGV

N06AX11 MIRTAZAPINE

ODT Orl 15 mg

Remeron RD 02248542 ORG (SA)
 Auro-Mirtazapine OD 02299801 ARO (SA)

ODT Orl 30 mg

Remeron RD 02248543 ORG (SA)
 Auro-Mirtazapine OD 02299828 ARO (SA)

ODT Orl 45 mg

Remeron RD 02248544 ORG (SA)
 Auro-Mirtazapine OD 02299836 ARO (SA)

Tab Orl 15 mg

Apo-Mirtazapine 02286610 APX ACDEFGV
 Auro-Mirtazapine 02411695 ARO ACDEFGV
 Mirtazapine 02532689 SAS ACDEFGV
 Mirtazapine 02496666 SIV ACDEFGV
 Mylan-Mirtazapine 02256096 MYL ACDEFGV
 pms-Mirtazapine 02273942 PMS ACDEFGV
 Sandoz Mirtazapine 02250594 SDZ ACDEFGV

Tab Orl 30 mg

Remeron 02243910 ORG ACDEFGV
 Apo-Mirtazapine 02286629 APX ACDEFGV
 Auro-Mirtazapine 02411709 ARO ACDEFGV
 Mirtazapine 02370689 SAS ACDEFGV
 Mirtazapine 02496674 SIV ACDEFGV
 Mylan-Mirtazapine 02256118 MYL ACDEFGV
 pms-Mirtazapine 02248762 PMS ACDEFGV
 Sandoz Mirtazapine 02250608 SDZ ACDEFGV
 Teva-Mirtazapine 02259354 TEV ACDEFGV

N06AX11 MIRTAZAPINE

Tab Orl 45 mg

Apo-Mirtazapine 02286637 APX ACDEFGV

Auro-Mirtazapine 02411717 ARO ACDEFGV

Mirtazapine 02496682 SIV ACDEFGV

N06AX12 BUPROPION

ERT Orl 150 mg

Wellbutrin XL 02275090 BSL ACDEFGV

Taro-Bupropion XL 02475804 SUN ACDEFGV

Teva-Bupropion XL 02439654 TEV ACDEFGV

ERT Orl 150 mg

Zyban 02238441 BSL (SA)

ERT Orl 300 mg

Wellbutrin XL 02275104 BSL ACDEFGV

Taro-Bupropion XL 02475812 SUN ACDEFGV

Teva-Bupropion XL 02439662 TEV ACDEFGV

SRT Orl 100 mg

Odan Bupropion SR 02275074 ODN ACDEFGV

SRT Orl 150 mg

Odan Bupropion SR 02275082 ODN ACDEFGV

N06AX16 VENLAFAXINE

SRC Orl 37.5 mg

Effexor XR 02237279 BGP ACDEFGV

Act Venlafaxine XR 02304317 TEV ACDEFGV

Apo-Venlafaxine XR (Disc/non disp Nov 22/24) 02331683 APX ACDEFGV

Auro-Venlafaxine XR 02452839 ARO ACDEFGV

M-Venlafaxine XR 02471280 MRA ACDEFGV

pms-Venlafaxine XR 02278545 PMS ACDEFGV

pmc-Venlafaxine XR 02521466 PMS ACDEFGV

Sandoz Venlafaxine XR 02310317 SDZ ACDEFGV

Taro-Venlafaxine XR 02380072 SUN ACDEFGV

Teva-Venlafaxine XR 02275023 TEV ACDEFGV

Venlafaxine XR 02516535 JPC ACDEFGV

Venlafaxine XR 02339242 PDL ACDEFGV

Venlafaxine XR 02354713 SAS ACDEFGV

Venlafaxine XR 02385929 SIV ACDEFGV

N06AX16 VENLAFAXINE

SRC Orl 75 mg

Effexor XR	02237280	BGP	ACDEFGV
Act Venlafaxine XR	02304325	TEV	ACDEFGV
Apo-Venlafaxine XR (Disc/non disp Nov 22/24)	02331691	APX	ACDEFGV
Auro-Venlafaxine XR	02452847	ARO	ACDEFGV
M-Venlafaxine XR	02471299	MRA	ACDEFGV
pms-Venlafaxine XR	02278553	PMS	ACDEFGV
pmsc-Venlafaxine XR	02521482	PMS	ACDEFGV
Sandoz Venlafaxine XR	02310325	SDZ	ACDEFGV
Taro-Venlafaxine XR	02380080	SUN	ACDEFGV
Teva-Venlafaxine XR	02275031	TEV	ACDEFGV
Venlafaxine XR	02516543	JPC	ACDEFGV
Venlafaxine XR	02339250	PDL	ACDEFGV
Venlafaxine XR	02354721	SAS	ACDEFGV
Venlafaxine XR	02385937	SIV	ACDEFGV

SRC Orl 150 mg

Effexor XR	02237282	BGP	ACDEFGV
Act Venlafaxine XR	02304333	TEV	ACDEFGV
Apo-Venlafaxine XR (Disc/non disp Nov 22/24)	02331705	APX	ACDEFGV
Auro-Venlafaxine XR	02452855	ARO	ACDEFGV
M-Venlafaxine XR	02471302	MRA	ACDEFGV
pms-Venlafaxine XR	02278561	PMS	ACDEFGV
pmsc-Venlafaxine XR	02521474	PMS	ACDEFGV
Sandoz Venlafaxine XR	02310333	SDZ	ACDEFGV
Taro-Venlafaxine XR	02380099	SUN	ACDEFGV
Teva-Venlafaxine XR	02275058	TEV	ACDEFGV
Venlafaxine XR	02516551	JPC	ACDEFGV
Venlafaxine XR	02339269	PDL	ACDEFGV
Venlafaxine XR	02354748	SAS	ACDEFGV
Venlafaxine XR	02385945	SIV	ACDEFGV

N06AX21 DULOXETINE

N06AX21 DULOXETINE

CDR Orl 30 mg

Cymbalta	02301482	LIL	(SA)
Apo-Duloxetine	02440423	APX	(SA)
Auro-Duloxetine	02436647	ARO	(SA)
Duloxetine	02490889	SAS	(SA)
Duloxetine	02453630	SIV	(SA)
Jamp-Duloxetine	02451913	JPC	(SA)
M-Duloxetine	02473208	MRA	(SA)
Mar-Duloxetine	02446081	MAR	(SA)
Mint-Duloxetine	02438984	MNT	(SA)
NRA-Duloxetine	02482126	NRA	(SA)
pms-Duloxetine	02429446	PMS	(SA)
Sandoz Duloxetine	02439948	SDZ	(SA)
Teva-Duloxetine	02456753	TEV	(SA)

CDR Orl 60 mg

Cymbalta	02301490	LIL	(SA)
Apo-Duloxetine	02440431	APX	(SA)
Auro-Duloxetine	02436655	ARO	(SA)
Duloxetine	02490897	SAS	(SA)
Duloxetine	02453649	SIV	(SA)
Jamp-Duloxetine	02451921	JPC	(SA)
M-Duloxetine	02473216	MRA	(SA)
Mar-Duloxetine	02446103	MAR	(SA)
Mint-Duloxetine	02438992	MNT	(SA)
NRA-Duloxetine	02482134	NRA	(SA)
pms-Duloxetine	02429454	PMS	(SA)
Sandoz Duloxetine	02439956	SDZ	(SA)
Teva-Duloxetine	02456761	TEV	(SA)

N06AX26 VORTIOXETINE

Tab Orl 5 mg

Trintellix 02432919 VLH ACDEFGV

Tab Orl 10 mg

Trintellix 02432927 VLH ACDEFGV

Tab Orl 20 mg

Trintellix 02432943 VLH ACDEFGV

N06B PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

N06BA CENTRALLY ACTING SYMPATHOMIMETICS

N06BA01 AMPHETAMINE

MIXED SALTS AMPHETAMINE

N06BA01	AMPHETAMINE					
	MIXED SALTS AMPHETAMINE					
ERC	Orl	5 mg	Adderall XR	02248808	TAK	ACDEFG
			Apo-Amphetamine XR	02445492	APX	ACDEFG
			pms-Amphetamines XR	02440369	PMS	ACDEFG
			Sandoz Amphetamine XR	02457288	SDZ	ACDEFG
			Teva-Amphetamine XR	02439239	TEV	ACDEFG
ERC	Orl	10 mg	Adderall XR	02248809	TAK	ACDEFG
			Apo-Amphetamine XR	02445506	APX	ACDEFG
			pms-Amphetamines XR	02440377	PMS	ACDEFG
			Sandoz Amphetamine XR	02457296	SDZ	ACDEFG
			Teva-Amphetamine XR	02439247	TEV	ACDEFG
ERC	Orl	15 mg	Adderall XR	02248810	TAK	ACDEFG
			Apo-Amphetamine XR	02445514	APX	ACDEFG
			pms-Amphetamines XR	02440385	PMS	ACDEFG
			Sandoz Amphetamine XR	02457318	SDZ	ACDEFG
			Teva-Amphetamine XR	02439255	TEV	ACDEFG
ERC	Orl	20 mg	Adderall XR	02248811	TAK	ACDEFG
			Apo-Amphetamine XR	02445522	APX	ACDEFG
			Sandoz Amphetamine XR	02457326	SDZ	ACDEFG
			Teva-Amphetamine XR	02439263	TEV	ACDEFG
ERC	Orl	25 mg	Adderall XR	02248812	TAK	ACDEFG
			Apo-Amphetamine XR	02445530	APX	ACDEFG
			pms-Amphetamines XR	02440407	PMS	ACDEFG
			Sandoz Amphetamine XR	02457334	SDZ	ACDEFG
			Teva-Amphetamine XR	02439271	TEV	ACDEFG
ERC	Orl	30 mg	Adderall XR	02248813	TAK	ACDEFG
			Apo-Amphetamine XR	02445549	APX	ACDEFG
			Sandoz Amphetamine XR	02457342	SDZ	ACDEFG
			Teva-Amphetamine XR	02439298	TEV	ACDEFG
N06BA02	DEXAMPHETAMINE					
SRC	Orl	10 mg	Dexedrine	01924559	PAL	ACDEFG
			Act-Dextroamphetamine SR	02448319	TEV	ACDEFG

N06BA02 DEXAMPHETAMINE

SRC Orl 15 mg

Dexedrine 01924567 PAL ACDEFG

Act-Dextroamphetamine SR 02448327 TEV ACDEFG

Tab Orl 5 mg

Dexedrine 01924516 PAL ACDEFG

Dextroamphetamine 02443236 AAP ACDEFG

N06BA04 METHYLPHENIDATE

CDC Orl 25 mg

Foquest 02470292 ELV (SA)

CDC Orl 35 mg

Foquest 02470306 ELV (SA)

CDC Orl 45 mg

Foquest 02470314 ELV (SA)

CDC Orl 55 mg

Foquest 02470322 ELV (SA)

CDC Orl 70 mg

Foquest 02470330 ELV (SA)

CDC Orl 85 mg

Foquest 02470349 ELV (SA)

CDC Orl 100 mg

Foquest 02470357 ELV (SA)

ERC Orl 10 mg

Biphentin 02277166 ELV (SA)

pms-Methylphenidate CR 02536943 PMS (SA)

ERC Orl 15 mg

Biphentin 02277131 ELV (SA)

pms-Methylphenidate CR 02536951 PMS (SA)

ERC Orl 20 mg

Biphentin 02277158 ELV (SA)

pms-Methylphenidate CR 02536978 PMS (SA)

ERC Orl 30 mg

Biphentin 02277174 ELV (SA)

pms-Methylphenidate CR 02536986 PMS (SA)

ERC Orl 40 mg

Biphentin 02277182 ELV (SA)

pms-Methylphenidate CR 02536994 PMS (SA)

ERC Orl 50 mg

Biphentin 02277190 ELV (SA)

pms-Methylphenidate CR 02537001 PMS (SA)

ERC Orl 60 mg

Biphentin 02277204 ELV (SA)

pms-Methylphenidate CR 02537028 PMS (SA)

N06BA04 METHYLPHENIDATE

ERC Orl 80 mg

Biphentin 02277212 ELV (SA)

pms-Methylphenidate CR 02537036 PMS (SA)

ERT Orl 18 mg

Concerta ER 02247732 JAN ACDEFGV

Act Methylphenidate ER 02441934 TEV ACDEFGV

Apo-Methylphenidate ER 02452731 APX ACDEFGV

ERT Orl 27 mg

Concerta ER 02250241 JAN ACDEFGV

Act Methylphenidate ER 02441942 TEV ACDEFGV

Apo-Methylphenidate ER 02452758 APX ACDEFGV

ERT Orl 36 mg

Concerta ER 02247733 JAN ACDEFGV

Act Methylphenidate ER 02441950 TEV ACDEFGV

Apo-Methylphenidate ER 02452766 APX ACDEFGV

ERT Orl 54 mg

Concerta ER 02247734 JAN ACDEFGV

Act Methylphenidate ER 02441969 TEV ACDEFGV

Apo-Methylphenidate ER 02330377 APX ACDEFGV

SRT Orl 20 mg

Apo-Methylphenidate SR 02266687 APX ACDEFGV

Tab Orl 5 mg

Apo-Methylphenidate 02273950 APX ACDEFGV

pms-Methylphenidate 02234749 PMS ACDEFGV

Tab Orl 10 mg

Apo-Methylphenidate 02249324 APX ACDEFGV

pms-Methylphenidate 00584991 PMS ACDEFGV

Tab Orl 20 mg

Apo-Methylphenidate 02249332 APX ACDEFGV

pms-Methylphenidate 00585009 PMS ACDEFGV

N06BA07 MODAFINIL

Tab Orl 100 mg

Alertec 02239665 TEV ACDEFGV

Apo-Modafinil 02285398 APX ACDEFGV

Auro-Modafinil 02430487 ARO ACDEFGV

Jamp Modafinil 02503727 JPC ACDEFGV

Mar-Modafinil 02432560 MAR ACDEFGV

Modafinil 02530244 SAS ACDEFGV

Teva-Modafinil 02420260 TEV ACDEFGV

N06BA09 ATOMOXETINE

N06BA09 ATOMOXETINE

Cap Orl 10 mg

Apo-Atomoxetine	02318024	APX	ACDEFG
Atomoxetine	02467747	SAS	ACDEFG
Atomoxetine	02445883	SIV	ACDEFG
Auro-Atomoxetine	02471485	ARO	ACDEFG
Jamp Atomoxetine	02506807	JPC	ACDEFG
pms-Atomoxetine	02381028	PMS	ACDEFG
Sandoz Atomoxetine	02386410	SDZ	ACDEFG
Teva-Atomoxetine	02314541	TEV	ACDEFG

Cap Orl 18 mg

Strattera	02262819	LIL	ACDEFG
Apo-Atomoxetine	02318032	APX	ACDEFG
Atomoxetine	02467755	SAS	ACDEFG
Atomoxetine	02445905	SIV	ACDEFG
Auro-Atomoxetine	02471493	ARO	ACDEFG
Jamp Atomoxetine	02506815	JPC	ACDEFG
pms-Atomoxetine	02381036	PMS	ACDEFG
Sandoz Atomoxetine	02386429	SDZ	ACDEFG
Teva-Atomoxetine	02314568	TEV	ACDEFG

Cap Orl 25 mg

Strattera (Disc/non disp Sep 21/24)	02262827	LIL	ACDEFG
Apo-Atomoxetine	02318040	APX	ACDEFG
Atomoxetine	02467763	SAS	ACDEFG
Atomoxetine	02445913	SIV	ACDEFG
Auro-Atomoxetine	02471507	ARO	ACDEFG
Jamp Atomoxetine	02506823	JPC	ACDEFG
pms-Atomoxetine	02381044	PMS	ACDEFG
Sandoz Atomoxetine	02386437	SDZ	ACDEFG
Teva-Atomoxetine	02314576	TEV	ACDEFG

Cap Orl 40 mg

Strattera (Disc/non disp May 29/24)	02262835	LIL	ACDEFG
Apo-Atomoxetine	02318059	APX	ACDEFG
Atomoxetine	02467771	SAS	ACDEFG
Atomoxetine	02445948	SIV	ACDEFG
Auro-Atomoxetine	02471515	ARO	ACDEFG
Jamp Atomoxetine	02506831	JPC	ACDEFG
pms-Atomoxetine	02381052	PMS	ACDEFG
Sandoz Atomoxetine	02386445	SDZ	ACDEFG
Teva-Atomoxetine	02314584	TEV	ACDEFG

N06BA09 ATOMOXETINE

Cap Orl 60 mg

Strattera	02262843	LIL	ACDEFG
Apo-Atomoxetine	02318067	APX	ACDEFG
Atomoxetine	02467798	SAS	ACDEFG
Atomoxetine	02445956	SIV	ACDEFG
Auro-Atomoxetine	02471523	ARO	ACDEFG
Jamp Atomoxetine	02506858	JPC	ACDEFG
pms-Atomoxetine	02381060	PMS	ACDEFG
Sandoz Atomoxetine	02386453	SDZ	ACDEFG
Teva-Atomoxetine	02314592	TEV	ACDEFG

Cap Orl 80 mg

Strattera	02279347	LIL	ACDEFG
Apo-Atomoxetine	02318075	APX	ACDEFG
Atomoxetine	02467801	SAS	ACDEFG
Auro-Atomoxetine	02471531	ARO	ACDEFG
Jamp Atomoxetine	02506866	JPC	ACDEFG
Sandoz Atomoxetine	02386461	SDZ	ACDEFG
Teva-Atomoxetine	02362511	TEV	ACDEFG

Cap Orl 100 mg

Apo-Atomoxetine	02318083	APX	ACDEFG
Atomoxetine	02467828	SAS	ACDEFG
Auro-Atomoxetine	02471558	ARO	ACDEFG
Jamp Atomoxetine	02506874	JPC	ACDEFG
Sandoz Atomoxetine	02386488	SDZ	ACDEFG

N06BA12 LISDEXAMFETAMINE

Cap Orl 10 mg

Vyvanse 02439603 TAK (SA)

Cap Orl 20 mg

Vyvanse 02347156 TAK (SA)

Cap Orl 30 mg

Vyvanse 02322951 TAK (SA)

Cap Orl 40 mg

Vyvanse 02347164 TAK (SA)

Cap Orl 50 mg

Vyvanse 02322978 TAK (SA)

Cap Orl 60 mg

Vyvanse 02347172 TAK (SA)

TabC Orl 10 mg

Vyvanse 02490226 TAK (SA)

TabC Orl 20 mg

Vyvanse 02490234 TAK (SA)

N06BA12 LISDEXAMFETAMINE

TabC Orl 30 mg

Vyvanse 02490242 TAK (SA)

TabC Orl 40 mg

Vyvanse 02490250 TAK (SA)

TabC Orl 50 mg

Vyvanse 02490269 TAK (SA)

TabC Orl 60 mg

Vyvanse 02490277 TAK (SA)

N06D ANTI-DEMENTIA DRUGS

N06DA ANTICHOLINESTERASES

N06DA02 DONEPEZIL

Tab Orl 5 mg

Aricept 02232043 PFI ACDEFV

Apo-Donepezil 02362260 APX ACDEFV

Auro-Donepezil 02400561 ARO ACDEFV

Donepezil 02402645 AHI ACDEFV

Donepezil 02475278 RIV ACDEFV

Donepezil 02426846 SAS ACDEFV

Donepezil 02420597 SIV ACDEFV

Jamp-Donepezil 02416948 JPC ACDEFV

M-Donepezil 02467453 MRA ACDEFV

Mar-Donepezil 02402092 MAR ACDEFV

Mint-Donepezil 02408600 MNT ACDEFV

Nat-Donepezil 02439557 NAT ACDEFV

pms-Donepezil 02322331 PMS ACDEFV

Sandoz Donepezil 02328666 SDZ ACDEFV

Septa-Donepezil 02428482 SPT ACDEFV

Taro-Donepezil 02381508 SUN ACDEFV

Teva-Donepezil 02340607 TEV ACDEFV

N06DA02 DONEPEZIL

Tab Orl 10 mg

Aricept	02232044	PFI	ACDEFV
Apo-Donepezil	02362279	APX	ACDEFV
Auro-Donepezil	02400588	ARO	ACDEFV
Donepezil	02402653	AHI	ACDEFV
Donepezil	02475286	RIV	ACDEFV
Donepezil	02426854	SAS	ACDEFV
Donepezil	02420600	SIV	ACDEFV
Jamp-Donepezil	02416956	JPC	ACDEFV
M-Donepezil	02467461	MRA	ACDEFV
Mar-Donepezil	02402106	MAR	ACDEFV
Mint-Donepezil	02408619	MNT	ACDEFV
Nat-Donepezil	02439565	NAT	ACDEFV
pms-Donepezil	02322358	PMS	ACDEFV
Sandoz Donepezil	02328682	SDZ	ACDEFV
Septa-Donepezil	02428490	SPT	ACDEFV
Taro-Donepezil	02381516	SUN	ACDEFV
Teva-Donepezil	02340615	TEV	ACDEFV

N06DA03 RIVASTIGMINE

Cap Orl 1.5 mg

Exelon	02242115	KNI	(SA)
Apo-Rivastigmine	02336715	APX	(SA)
Jamp-Rivastigmine	02485362	JPC	(SA)
Med-Rivastigmine	02401614	GMP	(SA)
Sandoz Rivastigmine	02324563	SDZ	(SA)

Cap Orl 3 mg

Exelon	02242116	KNI	(SA)
Apo-Rivastigmine	02336723	APX	(SA)
Jamp-Rivastigmine	02485370	JPC	(SA)
Med-Rivastigmine	02401622	GMP	(SA)
Sandoz Rivastigmine	02324571	SDZ	(SA)

Cap Orl 4.5 mg

Exelon	02242117	KNI	(SA)
Apo-Rivastigmine	02336731	APX	(SA)
Jamp-Rivastigmine	02485389	JPC	(SA)
Med-Rivastigmine	02401630	GMP	(SA)
Sandoz Rivastigmine	02324598	SDZ	(SA)

N06DA03 RIVASTIGMINE

Cap Orl 6 mg

Exelon 02242118 KNI (SA)

Apo-Rivastigmine 02336758 APX (SA)

Jamp-Rivastigmine 02485397 JPC (SA)

Med-Rivastigmine 02401649 GMP (SA)

Sandoz Rivastigmine 02324601 SDZ (SA)

Liq Orl 2 mg

Exelon 02245240 KNI (SA)

N06DA04 GALANTAMINE

ERC Orl 8 mg

Auro-Galantamine ER 02425157 ARO (SA)

Galantamine ER 02443015 SAS (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)

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)

Mylan-Galantamine ER 02339455 MYL (SA)

pms-Galantamine ER 02398397 PMS (SA)

N07 OTHER NERVOUS SYSTEM DRUGS

N07A PARASYMPATHOMIMETICS

N07AA ANTICHOLINESTERASES

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 BSL ACDEFGV

Tab Orl 60 mg

Mestinon 00869961 BSL ACDEFGV

Jamp Pyridostigmine Bromide 02508362 JPC ACDEFGV

Riva-Pyridostigmine 02495643 RIV ACDEFGV

N07AB CHOLINE ESTERS

N07AB02 BETHANECHOL

N07AB02 BETHANECHOL

Tab Orl 10 mg

Duvoid 01947958 PAL ACDEFGV

Tab Orl 25 mg

Duvoid 01947931 PAL ACDEFGV

Tab Orl 50 mg

Duvoid 01947923 PAL ACDEFGV

N07AX OTHER PARASYMPATHOMIMETICS

N07AX01 PILOCARPINE

Tab Orl 5 mg

Salagen 02216345 MTP (SA)

Accel-Pilocarpine 02496119 MRA (SA)

Jamp Pilocarpine 02509571 JPC (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 4 mg

Nic-Hit (mini-lozenge) 80059869 NHI (SA)

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)

N07BA01 NICOTINE

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)
 Teva-Varenicline 02426781 TEV (SA)

Tab Orl 0.5 mg

Champix 02291177 PFI (SA)
 Apo-Varenicline 02419882 APX (SA)
 Teva-Varenicline 02426226 TEV (SA)

Tab Orl 1 mg

Champix 02291185 PFI (SA)
 Apo-Varenicline 02419890 APX (SA)
 Teva-Varenicline 02426234 TEV (SA)

N07BB DRUGS USED IN ALCOHOL DEPENDENCE

N07BB03 ACAMPROSATE

SRT Orl 333 mg

Campral 02293269 MYL ACDEFGV

N07BB04 NALTREXONE

Tab Orl 50 mg

Revia 02213826 TEV ACDEFGV
 Apo-Naltrexone 02444275 APX ACDEFGV
 Naltrexone Hydrochloride 02451883 JPC ACDEFGV

N07BC DRUGS USED IN OPIOID DEPENDENCE

N07BC01	BUPRENORPHINE							
	Liq	SC	100 mg / 0.5 mL		Sublocade	02483084	IUK	ACDEFGV
	Liq	SC	300 mg / 1.5 mL		Sublocade	02483092	IUK	ACDEFGV
N07BC02	METHADONE							
	Liq	Orl	1 mg/mL		Metadol	02247694	PAL	(SA)
	Liq	Orl	10 mg/mL		Metadol	02241377	PAL	(SA)
					Metadol-D	02244290	PAL	ACDEFGV
					Jamp-Methadone	02495783	JPC	ACDEFGV
					Odan-Methadone (cherry flavoured)	02495872	ODN	ACDEFGV
					Odan-Methadone (unflavoured)	02495880	ODN	ACDEFGV
	Pws	Orl		Methadone Compounded Oral Solution				
				Opioid Dependence / dépendance aux opiacés	00999734			ACDEFGV
				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							
	Flm	Orl	2 mg / 0.5 mg		Suboxone	02502313	IUK	C
	Flm	Orl	4 mg / 1 mg		Suboxone	02502321	IUK	C
	Flm	Orl	8 mg / 2 mg		Suboxone	02502348	IUK	C
	Flm	Orl	12 mg / 3 mg		Suboxone	02502356	IUK	C
	Slr	Orl	2 mg / 0.5 mg		Suboxone	02295695	IUK	ACDEFGV
					Act Buprenorphine/Naloxone	02453908	TEV	ACDEFGV
					pms-Buprenorphine/Naloxone	02424851	PMS	ACDEFGV

N07BC51 BUPRENORPHINE, COMBINATIONS
BUPRENORPHINE / NALOXONE

Slt	Orl	8 mg / 2 mg	Suboxone	02295709	IUK	ACDEFGV
			Act Buprenorphine/Naloxone	02453916	TEV	ACDEFGV
			pms-Buprenorphine/Naloxone	02424878	PMS	ACDEFGV

N07C ANTIVERTIGO PREPARATIONS

N07CA ANTIVERTIGO PREPARATIONS

N07CA01 BETAHISTINE

Tab	Orl	16 mg	Serc	02243878	BGP	ACDEFGV
			Auro-Betahistine	02449153	ARO	ACDEFGV
			Betahistine	02466449	SAS	ACDEFGV
			M-Betahistine	02519690	MRA	ACDEFGV
			Mint-Betahistine	02538148	MNT	ACDEFGV
			pms-Betahistine	02330210	PMS	ACDEFGV
			Teva-Betahistine	02280191	TEV	ACDEFGV

Tab	Orl	24 mg	Serc	02247998	BGP	ACDEFGV
			Auro-Betahistine	02449161	ARO	ACDEFGV
			Betahistine	02466457	SAS	ACDEFGV
			M-Betahistine	02519704	MRA	ACDEFGV
			Mint-Betahistine	02538156	MNT	ACDEFGV
			pms-Betahistine	02330237	PMS	ACDEFGV
			Teva-Betahistine	02280205	TEV	ACDEFGV

N07CA03 FLUNARIZINE

Cap	Orl	5 mg	Flunarizine	02246082	AAP	ACDEFGV
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N07X OTHER NERVOUS SYSTEM DRUGS

N07XX OTHER NERVOUS SYSTEM DRUGS

N07XX02 RILUZOLE

Tab	Orl	50 mg	Rilutek	02242763	SAV	ACDEFV
			Apo-Riluzole	02352583	APX	ACDEFV
			Mylan-Riluzole	02390299	MYL	ACDEFV

N07XX05 AMIFAMPRIDINE

Tab	Orl	10 mg	Firdapse	02502984	KYE	(SA)
			Ruzurgi	02503034	MDU	(SA)

N07XX06 TETRABENAZINE

N07XX06	TETRABENAZINE							
Tab	Orl	25 mg			Nitoman	02199270	BSL	ACDEFGV
					Apo-Tetrabenazine	02407590	APX	ACDEFGV
					pms-Tetrabenazine	02402424	PMS	ACDEFGV
N07XX08	TAFAMIDIS							
Cap	Orl	20 mg			Vyndaqel	02495732	PFI	(SA)
Cap	Orl	61 mg			Vyndamax	02517841	PFI	(SA)
N07XX12	PATISIRAN							
Liq	IV	2 mg/mL			Onpattro	02489252	ALN	(SA)
N07XX14	EDARAVONE							
Liq	IV	0.3 mg/mL			Radicava	02475472	MBT	(SA)
Susp	Orl	105 mg / 5 mL			Radicava	02532611	MBT	(SA)
N07XX15	INOTERSEN							
Liq	SC	284 mg / 1.5 mL			Tegsedi	02481383	AKT	(SA)
N07XX99	SODIUM PHENYLBUTYRATE AND URSODOXICOLTAURINE							
Pws	Orl	3 g / 1 g			Albrioza	02527707	ALY	(SA)

P ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLANTS

P01 ANTIPROTOZOALS

P01A AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DISEASES

P01AB NITROIMIDAZOLE DERIVATIVES

P01AB01	METRONIDAZOLE							
Tab	Orl	250 mg			Apo-Metronidazole	00545066	APX	ACDEFGVW
					Mint-Metronidazole	02535807	MNT	ACDEFGVW

P01AX OTHER AGENTS AGAINST AMOEBIASIS & OTHER PROTOZOAL DISEASES

P01AX06	ATOVAQUONE							
Sus	Orl	750 mg / 5 mL			Mepron	02217422	GSK	ACDEFGV
					GLN-Atovaquone	02528495	GLM	ACDEFGV

P01B ANTIMALARIALS

P01BA AMINOQUINOLINES

P01BA02 HYDROXYCHLOROQUINE

P01BA02	HYDROXYCHLOROQUINE				
Tab	Orl	200 mg	Plaquenil	02017709	SAV ACDEFGV
			Apo-Hydroxyquine	02246691	APX ACDEFGV
			Hydroxychloroquine	02519348	SAS ACDEFGV
			Jamp-Hydroxychloroquine Sulfate	02491427	JPC ACDEFGV
			Mint-Hydroxychloroquine	02424991	MNT ACDEFGV
			NRA-Hydroxychloroquine	02511886	NRA ACDEFGV
P01BA03	PRIMAQUINE				
Tab	Orl	15 mg	Primaquine	02017776	SAV ACDEFGV
P01C	AGENTS AGAINST LEISHMANIASIS AND TRYPANOSOMIASIS				
P01CX	OTHER AGENTS AGAINST LEISHMANIASIS AND TRYPANOSOMIASIS				
P01CX01	PENTAMIDINE ISETIONATE				
Pws	Inj	300 mg	Pentamidine Isetionate	02183080	PFI ACDEFGV
P02	ANTHELMINTICS				
P02B	ANTIREMATODALS				
P02BA	QUINOLINE DERIVATIVES AND RELATED SUBSTANCES				
P02BA01	PRAZIQUANTEL				
Tab	Orl	600 mg	Biltricide	02230897	BAY ACDEFGV
P02C	ANTINEMATODAL AGENTS				
P02CA	BENZIMIDAZOLE AGENTS				
P02CA01	MEBENDAZOLE				
Tab	Orl	100 mg	Vermox	00556734	JAN ACDEFGV
P02CC	TETRAHYDROPIRIMIDINE DERIVATIVES				
P02CC01	PYRANTEL				
Tab	Orl	125 mg	Combantrin	01944363	JNJ EFG
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 EFGV

ISOPROPYL MYRISTATE

Liq Top 50% Resultz 02279592 ARZ EFGV

R RESPIRATORY SYSTEM

R01 NASAL PREPARATIONS

R01A DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

R01AD CORTICOSTEROIDS

R01AD01 BECLOMETHASONE

Aem Nas 50 mcg Apo-Beclo methasone AQ 02238796 APX ACDEFGV

Mylan-Beclo AQ 02172712 MYL ACDEFGV

R01AD05 BUDESONIDE

Aem Nas 64 mcg Rhinocort Aqua 02231923 JNJ ACDEFGV

Mylan-Budesonide AQ 02241003 MYL ACDEFGV

Aem Nas 100 mcg Mylan-Budesonide AQ 02230648 MYL ACDEFGV

R01AD08 FLUTICASONE

Aem Nas 50 mcg Apo-Fluticasone 02294745 APX ACDEFGV

R01AD09 MOMETASONE

Spr Nas 0.1% Nasonex Aqueous 02238465 ORG ACDEFGV

Apo-Mometasone 02403587 APX ACDEFGV

Mometasone 02519127 SAS ACDEFGV

Sandoz Mometasone 02449811 SDZ ACDEFGV

Teva-Mometasone 02475863 TEV ACDEFGV

R01AD11 TRIAMCINOLONE

Liq Nas 55 mcg Nasacort AQ 02213834 SNC ACDEFGV

Apo-Triamcinolone AQ 02437635 APX ACDEFGV

R01AX OTHER NASAL PREPARATIONS

R01AX03 IPRATROPIUM BROMIDE

R01AX03	IPRATROPIUM BROMIDE							
	Spr	Nas	0.03%		pms-Ipratropium	02239627	PMS	ACDEFGV
R03	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES							
R03A	ADRENERGICS, INHALANTS							
R03AC	SELECTIVE BETA2-ADRENOCEPTOR AGONISTS							
R03AC02	SALBUTAMOL							
	Aem	Inh	100 mcg		Airomir	02232570	BSL	ABCDEFGVW
					Ventolin	02241497	GSK	ABCDEFGVW
					Apo-Salvent CFC Free	02245669	APX	ABCDEFGVW
					Novo-Salbutamol HFA	02326450	TEV	ABCDEFGVW
					Salbutamol HFA	02419858	SAS	ABCDEFGVW
	Liq	Inh	0.5 mg/mL		pms-Salbutamol	02208245	PMS	W (SA)
	Liq	Inh	1 mg/mL		pms-Salbutamol	02208229	PMS	W (SA)
					Teva-Salbutamol Sterinebs	01926934	TEV	W (SA)
	Liq	Inh	2 mg/mL		pms-Salbutamol	02208237	PMS	W (SA)
					Teva-Salbutamol Sterinebs	02173360	TEV	W (SA)
	Liq	Inh	5 mg/mL		Ventolin	02213486	GSK	W (SA)
	Pwr	Inh	200 mcg		Ventolin Diskus	02243115	GSK	ACDEFGVW
R03AC03	TERBUTALINE							
	Pwr	Inh	0.5 mg		Bricanyl Turbuhaler	00786616	AZE	ACDEFGV
R03AC12	SALMETEROL							
	Pwr	Inh	50 mcg		Serevent Diskus	02231129	GSK	(SA)
R03AC13	FORMOTEROL							
	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							
	Aem	Inh	25 mcg / 125 mcg		Advair	02245126	GSK	(SA)

R03AK06 SALMETEROL AND FLUTICASONE

Aem	Inh	25 mcg / 250 mcg	Advair	02245127	GSK	(SA)
Pwr	Inh	50 mcg / 100 mcg	Advair Diskus	02240835	GSK	(SA)
			pms-Fluticasone Propionate/Salmeterol	02494507	PMS	(SA)
			Wixela Inhub	02495597	MYL	(SA)
Pwr	Inh	50 mcg / 250 mcg	Advair Diskus	02240836	GSK	(SA)
			pms-Fluticasone Propionate/Salmeterol	02494515	PMS	(SA)
			Wixela Inhub	02495600	MYL	(SA)
Pwr	Inh	50 mcg / 500 mcg	Advair Diskus	02240837	GSK	(SA)
			pms-Fluticasone Propionate/Salmeterol	02494523	PMS	(SA)
			Wixela Inhub	02495619	MYL	(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	ORG	(SA)
Aem	Inh	5 mcg / 200 mcg	Zenhale	02361760	ORG	(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)

R03AK14 INDACATEROL AND MOMETASONE

Cap	Inh	150 mcg / 80 mcg	Atectura Breezhaler	02498685	NVR	(SA)
Cap	Inh	150 mcg / 160 mcg	Atectura Breezhaler	02498707	NVR	(SA)
Cap	Inh	150 mcg / 320 mcg	Atectura Breezhaler	02498693	NVR	(SA)

R03AL ADRENERGICS IN COMBINATION WITH ANTICHOLINERGICS
R03AL02 SALBUTAMOL AND IPRATROPIUM BROMIDE

Liq	Inh	0.5 mg / 2.5 mg / 2.5 mL	Ipratropium Bromide and Salbutamol Sulfate	02483394	JNO	(SA)
			Teva-Combo Sterinebs	02272695	TEV	(SA)
Liq	Inh	100 mcg / 20 mcg	Combivent Respimat	02419106	BOE	ACDEFGV

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	CPC	(SA)		
R03AL05	FORMOTEROL AND ACLIDINIUM BROMIDE								
Pwr	Inh	12 mcg / 400 mcg		Duaklir Genuair	02439530	CPC	(SA)		
R03AL06	OLODATEROL AND TIOTROPIUM BROMIDE								
Liq	Inh	2.5 mcg / 2.5 mcg		Inspiolto Respimat	02441888	BOE	(SA)		
R03AL08	VILANTEROL, UMECLIDINIUM BROMIDE AND FLUTICASONE								
Pwr	Inh	25 mcg / 62.5 mcg / 100mcg		Trelegy Ellipta	02474522	GSK	(SA)		
R03AL11	FORMOTEROL GLYCOPYRRONIUM BROMIDE AND BUDESONIDE								
Aem	Inh	5.8 mcg / 8.2 mcg / 182 mcg		Breztri Aerosphere	02518058	AZE	(SA)		
R03AL12	INDACATEROL, GLYCOPYRRONIUM BROMIDE AND MOMETASONE								
Cap	Inh	150 mcg / 50 mcg / 150mcg		Enerzair Breezhaler	02501244	VAL	(SA)		
R03B	OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS								
R03BA	GLUCOCORTICOIDS								
R03BA01	BECLOMETHASONE								
Aem	Inh	50 mcg		Qvar	02242029	BSL	ACDEFGV		
Aem	Inh	100 mcg		Qvar	02242030	BSL	ACDEFGV		
R03BA02	BUDESONIDE								
Pwr	Inh	100 mcg		Pulmicort Turbuhaler	00852074	AZE	ACDEFGV		
Pwr	Inh	200 mcg		Pulmicort Turbuhaler	00851752	AZE	ACDEFGV		
Pwr	Inh	400 mcg		Pulmicort Turbuhaler	00851760	AZE	ACDEFGV		
Sus	Inh	0.125 mg/mL		Pulmicort Nebuamp	02229099	AZE	(SA)		
				Taro-Budesonide	02494264	TAR	(SA)		
				Teva-Budesonide	02465949	TEV	(SA)		
Sus	Inh	0.25 mg/mL		Pulmicort Nebuamp	01978918	AZE	(SA)		
				Taro-Budesonide	02494272	TAR	(SA)		

R03BA09	FLUTICASONE FUROATE							
Pwr	Inh	200 mcg			Arnuity Ellipta	02446588	GSK	ACDEFGV
R03BB	ANTICHOLINERGICS							
R03BB01	IPRATROPIUM BROMIDE							
Aem	Inh	20 mcg			Atrovent HFA	02247686	BOE	ABCDEFGVW
Liq	Inh	125 mcg/mL			pms-lpratropium	02231135	PMS	(SA)
Liq	Inh	250 mcg/mL			Apo-lpravent	02126222	AAP	W (SA)
					pms-lpratropium	02231136	PMS	W (SA)
					pms-lpratropium (1mL nebules)	02231244	PMS	W (SA)
					pms-lpratropium (2mL nebules)	02231245	PMS	W (SA)
					Teva-lpratropium	02216221	TEV	W (SA)
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	CPC	(SA)
R03BB07	UMECLIDINIUM BROMIDE							
Pwr	Inh	62.5 mcg			Incruse Ellipta	02423596	GSK	(SA)
R03BX	OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS							
R03BX99	HYPERTONIC SODIUM CHLORIDE							
Liq	Inh	7%			Hyper-Sal	80029414	KEG	BCDEFG
					Nebusal	80029758	STR	CDEFG
R03D	OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES							
R03DA	XANTHINES							
R03DA04	THEOPHYLLINE							
Liq	Orl	80 mg / 15 mL			Theolair	01966219	BSL	ACDEFGV
SRT	Orl	100 mg			AA-Theo LA	00692689	AAP	ACDEFGV
SRT	Orl	200 mg			AA-Theo LA	00692697	AAP	ACDEFGV

R03DA04 THEOPHYLLINE

SRT Orl 300 mg

AA-Theo LA 00692700 AAP ACDEFGV

SRT Orl 400 mg

Theo ER 02360101 AAP ACDEFGV

SRT Orl 600 mg

Theo ER 02360128 AAP ACDEFGV

R03DC LEUKOTRIENE RECEPTOR ANTAGONISTS

R03DC03 MONTELUKAST

Gran Orl 4 mg

Singulair 02247997 ORG ACDEFGV

Sandoz Montelukast 02358611 SDZ ACDEFGV

Tab Orl 10 mg

Singulair 02238217 ORG ACDEFGV

Apo-Montelukast 02374609 APX ACDEFGV

Auro-Montelukast 02401274 ARO ACDEFGV

Jamp-Montelukast 02391422 JPC ACDEFGV

M-Montelukast 02488183 MRA ACDEFGV

Mar-Montelukast 02399997 MAR ACDEFGV

Mint-Montelukast 02408643 MNT ACDEFGV

Montelukast 02379333 SAS ACDEFGV

Montelukast 02382474 SIV ACDEFGV

Montelukast Sodium 02379236 AHI ACDEFGV

Nat-Montelukast 02522136 NAT ACDEFGV

NRA-Montelukast 02489821 NRA ACDEFGV

pms-Montelukast 02373947 PMS ACDEFGV

Sandoz Montelukast 02328593 SDZ ACDEFGV

Taro-Montelukast 02389517 SUN ACDEFGV

Teva-Montelukast 02355523 TEV ACDEFGV

TabC Orl 4 mg

Singulair 02243602 ORG ACDEFGV

Apo-Montelukast 02377608 APX ACDEFGV

Jamp Montelukast Chewable 02514877 JPC ACDEFGV

Mar-Montelukast 02399865 MAR ACDEFGV

Mint-Montelukast 02408627 MNT ACDEFGV

Montelukast 02382458 SIV ACDEFGV

Nat-Montelukast 02522101 NAT ACDEFGV

pms-Montelukast 02354977 PMS ACDEFGV

Sandoz Montelukast 02330385 SDZ ACDEFGV

Teva-Montelukast 02355507 TEV ACDEFGV

R03DC03 MONTELUKAST

TabC Orl 5 mg

Singulair	02238216	ORG	ACDEFGV
Apo-Montelukast	02377616	APX	ACDEFGV
Jamp Montelukast Chewable	02514885	JPC	ACDEFGV
Mar-Montelukast	02399873	MAR	ACDEFGV
Mint-Montelukast	02408635	MNT	ACDEFGV
Montelukast	02379325	SAS	ACDEFGV
Montelukast	02382466	SIV	ACDEFGV
Nat-Montelukast	02522128	NAT	ACDEFGV
pms-Montelukast	02354985	PMS	ACDEFGV
Sandoz Montelukast	02330393	SDZ	ACDEFGV
Teva-Montelukast	02355515	TEV	ACDEFGV

R03DX OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

R03DX05 OMALIZUMAB

Liq SC 150 mg/mL

Xolair (prefilled syringe) 02459795 NVR (SA)

Pws SC 150 mg

Xolair (single-use vial) 02260565 NVR (SA)

R03DX09 MEPOLIZUMAB

Liq SC 100 mg/mL

Nucala (autoinjector) 02492989 GSK (SA)

Nucala (prefilled syringe) 02492997 GSK (SA)

Pws SC 100 mg/mL

Nucala (single-use vial) (Disc/non disp Dec 6/24) 02449781 GSK (SA)

R03DX10 BENRALIZUMAB

Liq SC 30 mg/mL

Fasenra (autoinjector) 02496135 AZE (SA)

Fasenra (prefilled syringe) 02473232 AZE (SA)

R03DX11 TEZEPELUMAB

Liq SC 210 mg / 1.91 mL

Tezspire (prefilled pen) 02529556 AZE (SA)

Tezspire (prefilled syringe) 02529548 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	TEV	G
Balminil Expect Sans Sucrose	00609951	TEV	G
Robitussin	01931032	GCH	G

R05CB MUCOLYTICS

R05CB01 ACETYLCYSTEINE

Liq Inh 200 mg/mL

Acetylcysteine 02243098 SDZ ACDEFGV

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 ACDEFGVW

Tab Orl 15 mg

Teva-Codeine 00593435 TEV ACDEFGVW

Tab Orl 30 mg

Teva-Codeine 00593451 TEV ACDEFGVW

R05DA09 DEXTROMETHORPHAN

Liq Orl 15 mg/mL

Koffex Sugar Free Clear 01928791 TEV G

Syr Orl 3 mg/mL

Benylin DM 01944738 JNJ G

Koffex DM 01928783 TEV 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 GCH G

R06 ANTIHISTAMINES FOR SYSTEMIC USE**R06A ANTIHISTAMINES FOR SYSTEMIC USE****R06AA AMINOALKYL ETHERS**

R06AA02 DIPHENHYDRAMINE

R06AA02	DIPHENHYDRAMINE				
Elx	Orl	12.5 mg / 5 mL	Benadryl	02019736	JNJ G
			Diphenhydramine HCl Elixir USP	02298503	JPC G
Liq	Inj	50 mg/mL	Diphenhydramine HCl	00596612	SDZ ACDEFGVW
			Diphenist	02219336	OMG ACDEFGVW
Tab	Orl	25 mg	Benadryl	02017849	JNJ G
			Diphenhydramine	02257548	JPC G
Tab	Orl	50 mg	Diphenhydramine	02257556	JPC G
R06AA11	DIMENHYDRINATE				
Liq	Inj	50 mg/mL	Dimenhydrinate Injection USP	00392537	SDZ ACDEFGVW
R06AA59	DOXYLAMINE, COMBINATIONS DOXYLAMINE / PYRIDOXINE				
SRT	Orl	10 mg / 10 mg	Diclectin	00609129	DUI ACDEFGV
			Apo-Doxylamine/B6	02413248	APX ACDEFGV
			pms-Doxylamine-Pyridoxine	02406187	PMS ACDEFGV
R06AB	SUBSTITUTED ALKYL AMINES				
R06AB04	CHLORPHENAMINE (CHLORPHENIRAMINE)				
Tab	Orl	4 mg	Novo-Pheniram	00021288	TEV G
R06AD	PHENOTHIAZINE DERIVATIVES				
R06AD01	ALIMEMAZINE (TRIMEPRAZINE)				
Tab	Orl	2.5 mg	Panectyl	01926306	SLP ACDEFGV
Tab	Orl	5 mg	Panectyl	01926292	SLP ACDEFGV
R06AE	PIPERAZINE DERIVATIVES				
R06AE07	CETIRIZINE				
Tab	Orl	10 mg	Reactine	02223554	JNJ G
			Apo-Cetirizine	02231603	APX G
			Cetirizine Extra Strength	02517566	JPC G
			Jamp Cetirizine	02451778	JPC G

R06AE07 CETIRIZINE

Tab Orl 20 mg

Reactine 01900978 JNJ (SA)

Apo-Cetirizine 02453363 APX (SA)

Cetirizine 02515695 SAS (SA)

Cetirizine 02534126 SIV (SA)

Jamp Cetirizine Tablets 02517353 JPC (SA)

M-Cetirizine 02512025 MRA (SA)

Mar-Cetirizine 02427141 MAR (SA)

pms-Cetirizine 02315963 PMS (SA)

Teva-Cetirizine 02528681 TEV (SA)

R06AX OTHER ANTIHISTAMINES FOR SYSTEMIC USE**R06AX13 LORATADINE**

Tab Orl 10 mg

Apo-Loratadine 02243880 APX G

R06AX17 KETOTIFEN

Tab Orl 1 mg

Zaditen 00577308 TEV CDEFG

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)

R07AX32 IVACAFTOR, TEZACAFTOR AND ELEXACAFTORGran Orl 60 mg / 40 mg / 80 mg,
59.5 mg

Trikafta 02542285 VTX (SA)

Gran Orl 75 mg / 50 mg / 100 mg,
75 mg

Trikafta 02542277 VTX (SA)

Tab Orl 37.5 mg / 25 mg / 50 mg,
75mg

Trikafta 02526670 VTX (SA)

Tab Orl 75 mg / 50 mg / 100 mg,
150mg

Trikafta 02517140 VTX (SA)

S SENSORY ORGANS**S01 OPHTHALMOLOGICALS****S01A ANTIINFECTIVES****S01AA ANTIBIOTICS****S01AA12 TOBRAMYCIN**

Liq Oph 0.3%

Tobrex 00513962 NVR ACDEFGV

Sandoz Tobramycin 02241755 SDZ ACDEFGV

S01AA12	TOBRAMYCIN		Tobrex	00614254	NVR	ACDEFGV
	Ont	Oph 0.3%				
S01AA17	ERYTHROMYCIN		Erythromycin	02326663	SGQ	ACDEFGV
	Ont	Oph 0.5%	Erythromycin	02141574	PST	ACDEFGV
			pdp-Erythromycin	01912755	PDP	ACDEFGV
S01AA30	COMBINATIONS OF DIFFERENT ANTIBIOTICS					
	POLYMYXIN B SULFATE / BACITRACIN ZINC					
	Ont	Oph 10 000 IU / 500 IU	Polysporin	02239157	JNJ	G
	POLYMYXIN B SULFATE / TRIMETHOPRIM SULFATE					
	Liq	Oph 10000 U/mL	Sandoz Polytrimethoprim	02239234	SDZ	ACDEFGV
S01AD ANTIVIRALS						
S01AD02	TRIFLURIDINE					
	Liq	Oph 1%	Viroptic	00687456	BSL	ACDEFGV
S01AE FLUOROQUINOLONES						
S01AE01	OFLOXACIN					
	Liq	Oph 0.3%	Ocuflox	02143291	ABV	(SA)
S01AE03	CIPROFLOXACIN					
	Liq	Oph 0.3%	Ciloxan	01945270	NVR	(SA)
			Sandoz Ciprofloxacin	02387131	SDZ	(SA)
	Ont	Oph 0.3%	Ciloxan	02200864	NVR	(SA)
S01AE06	GATIFLOXACIN					
	Liq	Oph 0.3%	Zymar	02257270	ABV	ACDEFGV
			Apo-Gatifloxacin	02327260	APX	ACDEFGV
S01AE07	MOXIFLOXACIN					
	Liq	Oph 0.5%	Vigamox	02252260	NVR	ACDEFGV
			Apo-Moxifloxacin	02406373	APX	ACDEFGV
			Jamp-Moxifloxacin	02472120	JPC	ACDEFGV
			Moxifloxacin	02529076	SAS	ACDEFGV
			pms-Moxifloxacin	02432218	PMS	ACDEFGV
			Sandoz Moxifloxacin	02411520	SDZ	ACDEFGV
S01B ANTIINFLAMMATORY AGENTS						

S01BA CORTICOSTEROIDS, PLAIN**S01BA01 DEXAMETHASONE**

Dps Oph 0.1% Maxidex 00042560 NVR ACDEFGV

Ont Oph 0.1% Maxidex 00042579 NVR ACDEFGV

S01BA04 PREDNISOLONE

Sus Oph 1% Pred Forte 00301175 ABV ACDEFGV

Sandoz Prednisolone 01916203 SDZ ACDEFGV

Teva-Prednisolone 00700401 TEV ACDEFGV

S01BA07 FLUOROMETHOLONE

Dps Oph 0.1% FML 00247855 ABV ACDEFGV

Sandoz Fluorometholone 00432814 SDZ ACDEFGV

Sus Oph 0.1% Flarex 00756784 NVR ACDEFGV

S01BC ANTIINFLAMMATORY AGENTS, NON STEROIDS**S01BC03 DICLOFENAC**

Liq Oph 0.1% Voltaren 01940414 NVR ACDEFGV

Apo-Diclofenac 02441020 APX ACDEFGV

Diclofenac 02475065 PST ACDEFGV

Mint-Diclofenac 02475197 MNT ACDEFGV

Sandoz Diclofenac Ophtha 02454807 SDZ ACDEFGV

S01BC05 KETOROLAC

Liq Oph 0.45% Acuvail 02369362 ABV ACDEFGV

Liq Oph 0.5% Acular 01968300 ABV ACDEFGV

Ketorolac 02245821 AAP ACDEFGV

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 ACDEFGV

Sus Oph 1 mg / 3.5 mg / 6 000 IU Maxitrol 00042676 NVR ACDEFGV

DEXAMETHASONE / TOBRAMYCIN

Ont Oph 0.1% / 0.3% Tobradex 00778915 NVR ACDEFGV

S01CA01	DEXAMETHASONE AND ANTIINFECTIVES							
	DEXAMETHASONE / TOBRAMYCIN							
Sus	Oph	0.1% / 0.3%		Tobradex	00778907	NVR	ACDEFGV	
S01E	ANTIGLAUCOMA PREPARATIONS AND MIOTICS							
S01EA	SYMPATHOMIMETICS IN GLAUCOMA THERAPY							
S01EA03	APRACLONIDINE							
Liq	Oph	0.5%		Iopidine	02076306	NVR	ACDEFGV	
S01EA05	BRIMONIDINE							
Liq	Oph	0.15%		Alphagan P	02248151	ABV	ACDEFGV	
				Brimonidine P	02301334	AAP	ACDEFGV	
Liq	Oph	0.2%		Alphagan	02236876	ABV	ACDEFGV	
				Brimonidine Tartrate	02515377	HIK	ACDEFGV	
				Jamp-Brimonidine	02449226	JPC	ACDEFGV	
				Med-Brimonidine	02507811	GMP	ACDEFGV	
				pms-Brimonidine	02246284	PMS	ACDEFGV	
				Sandoz Brimonidine	02305429	SDZ	ACDEFGV	
S01EB	PARASYMPATHOMIMETICS							
S01EB01	PILOCARPINE							
Dps	Oph	2%		Isopto Carpine	00000868	NVR	ACDEFGV	
S01EC	CARBONIC ANHYDRASE INHIBITORS							
S01EC01	ACETAZOLAMIDE							
Tab	Orl	250 mg		Acetazolamide	00545015	AAP	ACDEFGV	
S01EC03	DORZOLAMIDE							
Liq	Oph	2%		Trusopt	02216205	ELV	ACDEFGV	
				Dorzolamide	02522373	JPC	ACDEFGV	
				Jamp-Dorzolamide	02453347	JPC	ACDEFGV	
				Med-Dorzolamide	02457210	GMP	ACDEFGV	
				Sandoz Dorzolamide	02316307	SDZ	ACDEFGV	
S01EC04	BRINZOLAMIDE							
Liq	Oph	1%		Azopt	02238873	NVR	ACDEFGV	
S01EC05	METHAZOLAMIDE							
Tab	Orl	50 mg		Methazolamide	02245882	AAP	ACDEFGV	
S01EC54	BRINZOLAMIDE, COMBINATIONS							

S01EC54 BRINZOLAMIDE, COMBINATIONS

BRINZOLAMIDE / BRIMONIDINE

Liq Oph 1% / 0.2%

Simbrinza 02435411 NVR ACDEFGV

S01ED BETA BLOCKING AGENTS

S01ED01 TIMOLOL

Dps Oph 0.25%

Sandoz Timolol Maleate 02166712 SDZ ACDEFGV

Dps Oph 0.5%

Timoptic Oph 00451207 ELV ACDEFGV

Apo-Timop 00755834 APX ACDEFGV

Jamp-Timolol 02447800 JPC ACDEFGV

Sandoz Timolol Maleate 02166720 SDZ ACDEFGV

Timo-Stulln (Temporary Benefit) 09858120 PST ACDEFGV

Liq Oph 0.25%

Timolol Maleate-EX 02242275 SDZ ACDEFGV

Liq Oph 0.5%

Timoptic-XE Oph 02171899 ELV ACDEFGV

Timolol Maleate-EX 02242276 SDZ ACDEFGV

S01ED02 BETAXOLOL

Sus Oph 0.25%

Betoptic S 01908448 NVR ACDEFGV

S01ED51 TIMOLOL COMBINATIONS

TIMOLOL / BRIMONIDINE

Liq Oph 0.5% / 0.2%

Combigan 02248347 ABV ACDEFGV

Apo-Brimonidine-Timop 02375311 APX ACDEFGV

Jamp Brimonidine/Timolol 02531704 JPC ACDEFGV

TIMOLOL / BRINZOLAMIDE

Sus Oph 0.5% / 1%

Azarga 02331624 NVR ACDEFGV

TIMOLOL / DORZOLAMIDE

S01ED51 TIMOLOL COMBINATIONS
TIMOLOL / DORZOLAMIDE

Liq	Oph	0.5% / 2%	Cosopt	02240113	ELV	ACDEFGV
			Cosopt PF	02258692	ELV	ACDEFGV
			Apo-Dorzo-Timop	02299615	APX	ACDEFGV
			Dorzolamide and Timolol	02489635	HIK	ACDEFGV
			Dorzolamide-Timolol	02522020	JPC	ACDEFGV
			Jamp-Dorzolamide-Timolol	02457539	JPC	ACDEFGV
			M-Dorzolamide-Timolol	02537796	MRA	ACDEFGV
			Med-Dorzolamide-Timolol	02437686	GMP	ACDEFGV
			Riva-Dorzolamide/Timolol	02441659	RIV	ACDEFGV
			Sandoz Dorzolamide/Timolol	02344351	SDZ	ACDEFGV

TIMOLOL / LATANOPROST

Liq	Oph	0.5% / 0.005%	Xalacom	02246619	BGP	ACDEFGV
			Act Latanoprost/Timolol	02436256	TEV	ACDEFGV
			GD-Latanoprost/Timolol	02373068	MYL	ACDEFGV
			Jamp-Latanoprost-Timolol	02453770	JPC	ACDEFGV
			Latanoprost and Timolol Ophthalmic (Disc/non disp Aug 8/24)	02489368	HIK	ACDEFGV
			M-Latanoprost-Timolol	02514516	MRA	ACDEFGV
			Med-Latanoprost-Timolol	02454505	GMP	ACDEFGV

TIMOLOL / TRAVOPROST

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

S01EE PROSTAGLANDIN ANALOGUES

S01EE01 LATANOPROST

Liq	Oph	0.005%	Xalatan	02231493	BGP	ACDEFGV
			Apo-Latanoprost	02296527	APX	ACDEFGV
			GD-Latanoprost	02373041	MYL	ACDEFGV
			Jamp-Latanoprost	02453355	JPC	ACDEFGV
			Latanoprost Ophthalmic Solution	02489570	HIK	ACDEFGV
			M-Latanoprost	02513285	MRA	ACDEFGV
			Med-Latanoprost	02426935	GMP	ACDEFGV
			pms-Latanoprost	02317125	PMS	ACDEFGV
			Riva-Latanopost	02341085	RIV	ACDEFGV
			Sandoz Latanoprost	02367335	SDZ	ACDEFGV
			Teva-Latanoprost	02254786	TEV	ACDEFGV

S01EE03	BIMATOPROST							
	Liq	Oph	0.01%		Lumigan RC	02324997	ABV	ACDEFGV
	Liq	Oph	0.03%		Vistitan	02429063	SDZ	ACDEFGV
S01EE04	TRAVOPROST							
	Liq	Oph	0.003%		Izba	02457997	NVR	ACDEFGV
	Liq	Oph	0.004%		Travatan Z	02318008	NVR	ACDEFGV
					Apo-Travoprost Z	02415739	APX	ACDEFGV
					Sandoz Travoprost	02413167	SDZ	ACDEFGV
S01EE06	LATANOPROSTENE BUNOD							
	Liq	Oph	0.024%		Vyzulta	02484218	BSH	ACDEFGV
S01F	MYDRIATICS AND CYCLOPLEGICS							
S01FA	ANTICHOLINERGICS							
S01FA01	ATROPINE							
	Dps	Oph	1%		Isopto Atropine	00035017	ALC	ACDEFGVW
					Atropine	02023695	PST	ACDEFGVW
S01FA04	CYCLOPENTOLATE							
	Liq	Oph	1%		Cyclogyl	00252506	ALC	ACDEFGV
S01FA06	TROPICAMIDE							
	Liq	Oph	0.5%		Mydracil	00000981	ALC	ACDEFGV
	Liq	Oph	1%		Mydracil	00001007	ALC	ACDEFGV
S01G	DECONGESTANTS AND ANTIALLERGICS							
S01GX	OTHER ANTIALLERGICS							
S01GX01	CROMOGLICIC ACID							
	Liq	Oph	2%		Cromolyn Ophthalmic Solution	02009277	PDP	ACDEFGV
S01GX08	KETOTIFEN							
	Liq	Oph	0.025%		Zaditor	02242324	LTH	ACDEFGV
S01GX09	OLOPATADINE							
	Liq	Oph	0.1%		Patanol	02233143	NVR	ACDEFGV
					Apo-Olopatadine	02305054	APX	ACDEFGV
					Jamp-Olopatadine	02458411	JPC	ACDEFGV
					Sandoz Olopatadine	02358913	SDZ	ACDEFGV

S01GX09	OLOPATADINE								
	Liq	Oph	0.2%						
						Pataday	02362171	NVR	ACDEFGV
						Apo-Olopatadine	02402823	APX	ACDEFGV
						Mint-Olopatadine	02508605	MNT	ACDEFGV
						Sandoz Olopatadine	02420171	SDZ	ACDEFGV
S01L OCULAR VASCULAR DISORDER AGENTS									
S01LA ANTINEOVASCULARISATION AGENTS									
S01LA04	RANIBIZUMAB								
	Liq	IVL	10 mg/mL			Byooviz	02525852	BIG	(SA)
S01LA05	AFLIBERCEPT								
	Liq	IVL	40 mg/mL			Eylea	02415992	BAY	(SA)
S01LA06	BROLUCIZUMAB								
	Liq	IVL	6 mg / 0.05 mL			Beovu	02496976	NVR	(SA)
S01LA09	FARICIMAB								
	Liq	IVL	6 mg / 0.05 mL			Vabysmo	02527618	HLR	(SA)
S01X OTHER OPHTHALMOLOGICALS									
S01XA OTHER OPHTHALMOLOGICALS									
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
S01XA18	CICLOSPORIN								
	Eml	Oph	0.1%			Verkazia	02484137	SNN	(SA)
S01XA21	MERCAPTAMINE (CYSTEAMINE)								
	Liq	Oph	0.37%			Cystadrops	02485605	RRD	(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	ACDEFGV

S02CA06	DEXAMETHASONE AND ANTIINFECTIVES							
	DEXAMETHASONE / CIPROFLOXACIN							
Sus	Ot	0.1% / 0.3%		Ciprodex	02252716	NVR	ACDEFGV	
				Sandoz Ciprofloxacin/Dexamethasone	02506882	SDZ	ACDEFGV	
				Taro-Ciprofloxacin/Dexamethasone	02481901	TAR	ACDEFGV	
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	ACDEFGV	
V	VARIOUS							
V01	ALLERGENS							
V01A	ALLERGENS							
V01AA	ALLERGEN EXTRACTS							
V01AA02	GRASS POLLEN							
Kit	SC	105, 250, 700, 2 150 PNU		Pollinex-R	00464988	PAL	(SA)	
Slit	Orl	100 IR		Oralair	02381885	STA	(SA)	
Slit	Orl	300 IR		Oralair	02381893	STA	(SA)	
V01AA20	VARIOUS ALLERGEN EXTRACTS							
Liq	Inj			Allergy Sera	00999938	HJM	EF-18G	
V03	ALL OTHER THERAPEUTIC PRODUCTS							
V03A	ALL OTHER THERAPEUTIC PRODUCTS							
V03AB	ANTIDOTES							
V03AB06	THIOSULFATE							
	SODIUM THIOSULFATE							
Liq	Inj	250 mg/mL		Seacalphyx	02386666	SFD	ACDEFGVW	
V03AC	IRON CHELATING AGENTS							
V03AC01	DEFEROXAMINE							
Pws	Inj	500 mg		Desferal	01981242	NVR	ACDEFGV	
				Deferoxamine Mesilate	02241600	PFI	ACDEFGV	
Pws	Inj	2 g		Deferoxamine Mesilate	02247022	PFI	ACDEFGV	

V03AC02 DEFERIPRONE

Liq Orl 100 mg/mL

Ferriprox 02436523 CCC (SA)

Tab Orl 1 000 mg

Ferriprox 02436558 CCC (SA)

V03AC03 DEFERASIROX

Tab Orl 90 mg

Jadenu 02452219 NVR (SA)

Apo-Deferasirox (Type J) 02485265 APX (SA)

pms-Deferasirox (Type J) 02528290 PMS (SA)

Sandoz Deferasirox (Type J) 02489899 SDZ (SA)

Taro-Deferasirox (Type J) 02507315 TAR (SA)

Tab Orl 180 mg

Jadenu 02452227 NVR (SA)

Apo-Deferasirox (Type J) 02485273 APX (SA)

pms-Deferasirox (Type J) 02528304 PMS (SA)

Sandoz Deferasirox (Type J) 02489902 SDZ (SA)

Taro-Deferasirox (Type J) 02507323 TAR (SA)

Tab Orl 360 mg

Jadenu 02452235 NVR (SA)

Apo-Deferasirox (Type J) 02485281 APX (SA)

pms-Deferasirox (Type J) 02528312 PMS (SA)

Sandoz Deferasirox (Type J) 02489910 SDZ (SA)

Taro-Deferasirox (Type J) 02507331 TAR (SA)

V03AE FOR TREATMENT OF HYPERKALEMIA AND HYPERPHOSPHATEMIA

V03AE01 POLYSTYRENE SULFONATE

CALCIUM POLYSTYRENE SULFONATE

Pws Orl 999 mg/g

Resonium Calcium 02017741 SAV ACDEFGV

Jamp Calcium Polystyrene Sulfonate 02502631 JPC ACDEFGV

SODIUM POLYSTYRENE SULONATE

Pws Orl 1 g/g

Kayexalate 02026961 SAV ACDEFGV

Jamp Sodium Polystyrene Sulfonate 02497557 JPC ACDEFGV

Odan-Sodium Polystyrene Sulfonate 02473941 ODN ACDEFGV

Solystat 00755338 PDP ACDEFGV

Sus Orl 250 mg/mL

Odan-Sodium Polystyrene Sulfonate 02473968 ODN ACDEFGV

Solystat 00769541 PDP ACDEFGV

V03AE02 SEVELAMER

Pws Orl 0.8 g

Renvela 02485559 SAV (SA)

V03AE02	SEVELAMER								
Pws	Orl	2.4 g				Renvela	02485567	SAV	(SA)
Tab	Orl	800 mg				Renagel	02244310	SAV	ACDEFGV
						Accel-Sevelamer	02461501	ACC	ACDEFGV
V03AE03	LANTHANUM CARBONATE								
TabC	Orl	500 mg				Fosrenol	02287153	TAK	(SA)
TabC	Orl	750 mg				Fosrenol	02287161	TAK	(SA)
TabC	Orl	1000 mg				Fosrenol	02287188	TAK	(SA)
V03AE05	SUCROFERRIC OXYHYDROXIDE								
TabC	Orl	500 mg				Velphoro	02471574	VFM	(SA)
V03AF	DETOXIFYING AGENTS FOR ANTINEOPLASTIC TREATMENT								
V03AF01	MESNA								
	MESNA								
Pws	Inj	100 mg/mL				Uromitexan	02241411	BAX	ACDEFGV
V03AF03	CALCIUM FOLINATE								
	LEUCOVORIN CALCIUM								
Tab	Orl	5 mg				Lederle Leucovorin	02170493	PFI	ACDEFGV
						Mint-Leucovorin	02496828	MNT	ACDEFGV
						Riva Leucovorin	02493357	RIV	ACDEFGV
V03AG	DRUGS FOR TREATMENT OF HYPERCALCEMIA								
V03AG99	DRUGS FOR TREATMENT OF HYPERCALCEMIA								
	SODIUM ACID PHOSPHATE / SODIUM BICARBONATE / POTASSIUM								
Evt	Orl	500 mg / 469 mg / 123 mg				Jamp-Sodium Phosphate	80047562	JPC	ACDEFGV
V03AH	FOR TREATMENT OF HYPOGLYCEMIA								
V03AH01	DIAZOXIDE								
Cap	Orl	100 mg				Proglycem	00503347	FRS	ACDEFGV
V04	DIAGNOSTIC AGENTS								
V04C	OTHER DIAGNOSTIC AGENTS								
V04CJ	TESTS FOR THYREOIDEA FUNCTION								
V04CJ01	THYROTROPIN								
Pws	IM	0.9 mg				Thyrogen	02246016	GZM	(SA)

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)
Capsule	Cap/Caps	Capsule
Chewable Tablets	TabC/Co.C.	Comprimés à croquer
Controlled Delivery Capsules	CDC/Caps.L.C.	Capsules à libération contrôlée
Cream	Crm/Cr.	Crème
Cartridge	Ctg/Cart	Cartouche
Delayed Release Capsule	CDR/Caps.L.R.	Capsule à libération retardée
Drop	Dps/Gttes	Gouttes
Dressing	Dre	Pansement
Enteric Coated Capsule	ECC/Caps.Ent.	Capsule entérique
Enteric Coated Tablet	ECT/Co.Ent	Comprimés entérique
Elixir	Elx	Élixir
Emulsion	Eml/Émuls	Émulsion
Enema	Enm/Lav.	Lavement
Extended Release Capsules	ERC/Caps.L.P.	Capsules à libération prolongée
Extended Release Tablets	ERT/Co.L.P.	Comprimés à libération prolongée
Effervescent Tablet	Evt/Co.Eff.	Comprimé effervescent
Film	Fim	Film
Gel	Gel	Gelée
Granules	Gran	Granules
Gum	Gum/Gom	Gomme
Implant	Imp	Implant
Insert	Ins	Insérer
Kit	Kit/Tro	Trousse
Liquid	Liq	Liquide
Lotion	Lot	Lotion
Lozenge	Loz/Pas	Pastille
Implant	Imp	Implant
Insert	Ins	Insérer
Kit	Kit/Tro	Trousse
Liquid	Liq	Liquide

APPENDIX I-A / ANNEXE I-A

ABBREVIATIONS OF DOSAGE FORMS / ABRÉVIATIONS DES FORMES POSOLOGIQUES

FORM	CODE	FORME
Lotion	Lot	Lotion
Lozenge	Loz/Pas	Pastille
Orally Disintegrating Film	ODF	Film à désintégration orale
Orally Disintegrating Tablet	ODT/Co.D.O.	Comprimés à désintégration orale
Ointment	Ont	Onguent, pomade
Patch	Pth	Timbre cutané
Powder	Pwr/Pd.	Poudre
Powder for Solution / Powder for Suspension	Pws/Pds.	Poudre pour solution / Poudre pour suspension
Shampoo	Shp	Shampooing
Sublingual Tablet	Slit/Co.S.L.	Comprimé sublingual
Spray	Spr/Vap	Vaporisateur
Sustained-Released Capsule	SRC/Caps.L.L.	Capsule à libération lente
Sustained-Release Disc	Srd	Disque à action soutenue
Sustained-Release Tablet	SRT/Co.L.L.	Comprimé à libération lente
Suppository	Sup/Supp.	Suppositoire
Suspension	Susp/Susp	Suspension
Syrup	Syr/Sir.	Sirop
Tablet	Tab/Co.	Comprimé

APPENDIX I-B/ ANNEXE I-B

ABBREVIATIONS OF ROUTES / ABRÉVIATIONS DES VOIES D'ADMINISTRATION

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

APPENDIX I-B/ ANNEXE I-B**ABBREVIATIONS OF ROUTES / ABRÉVIATIONS DES VOIES D'ADMINISTRATION**

ROUTE	CODE	VOIE
Retrobulbar	RB	Rétrobulbaire
Rectal	Rt	Rectale
Subcutaneous	SC	Sous-cutané
Sublingual	Slg	Sublinguale
Topical	Top	Topique
Transdermal	Trd	Transdermique
Vaginal	Vag	Vaginale

APPENDIX I-C/ ANNEXE I-C

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 liquid
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	Cuillère à soupe
Trace	Trace	Trace

APPENDIX I-C/ ANNEXE I-C**ABBREVIATIONS OF UNITS / ABRÉVIATIONS DES UNITÉS DE MESURE**

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

APPENDIX I-D / ANNEXE I-D

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

AAP	AA Pharma Inc.	FRE	Fresenius Medical Care Canada
ABB	Abbott Laboratories, Ltd.	FRS	Merck Canada Inc.
ABV	Abbvie Corporation	GAC	Galderma Canada Inc.
ACC	Accel Pharma	GCH	GlaxoSmithKline Consumer Healthcare Inc.
ACT	Actelion Pharmaceuticals Canada Inc.	GIL	Gilead Sciences Inc.
ADZ	Advanz Pharma Canada Inc.	GLM	Glenmark Pharmaceuticals Canada Inc.
AGA	Amgen Canada Inc.	GMD	GenMed, a division of Pfizer Canada Inc.
AHC	Athena Canada Inc.	GMP	Generic Medical Partners
AHI	Accord Healthcare Inc.	GSK	GlaxoSmithKline
AKT	Akcea Therapeutics Inc.	GZM	Genzyme- A Division of Sanofi-Aventis
ALC	Alcon Canada Inc.	HIK	Hikma Canada Ltd.
ALL	Allergan Inc.	HJM	Medavie Blue Cross
ALM	Almirall Canada Ltd.	HLR	Hoffmann-La Roche Ltd/Ltee.
ALN	Alnylam Netherlands B.V.	HLS	HLS Therapeutics Inc.
ALX	Alexion Pharma	HLZ	Hill Dermaceuticals Inc.
ALY	Amylyx Canada Inc.	HOS	Hospira Healthcare Corporation
AMT	Amicus Therapeutics UK Ltd.	HRZ	Horizon Pharma Ireland Ltd.
APN	Aspen Pharmacare Canada Inc.	INP	Insight Pharmaceuticals Corp.
APO	ApoPharma Inc.	IPS	Ipsen Biopharmaceuticals
APX	Apotex Inc.	IUK	Indivior UK Limited
ARN	Accelera Pharma Canada Inc.	JAM	Jamieson Laboratories Ltd.
ARO	Auro Pharma Inc.	JAN	Janssen Inc.
ARZ	Aralez Pharmaceuticals Canada Inc.	JCB	Jacobus Pharmaceutical Company Inc.
ASL	Astellas Pharma Canada Inc.	JNJ	Johnson & Johnson Consumer Group
ATL	Laboratoire Atlas Inc.	JNO	Juno Pharmaceuticals Corp
ATS	Altius Healthcare Inc.	JPC	Jamp Pharma Corporation
ATV	Actavis Pharma Company	KEG	Kego Corporation
AVI	Avir Pharma Inc.	KLO	Kaleo Inc.
AXC	Aptalis	KNI	Knight Therapeutics Inc.
AZE	AstraZeneca Canada Inc.	KVR	KVR Pharmaceuticals Inc.
BAX	Baxter Corporation	KYE	Kye Pharmaceuticals Inc.
BAY	Bayer Inc., HealthCare Division	LBI	Leadiant Biosciences Inc.
BGN	BeiGene (Canada) ULC	LBK	Lundbeck Inc.
BGP	BGP Pharma Inc.	LDN	Leadiant Biosciences Inc.
BIG	Biogen Idec Canada, Inc.	LEO	Leo Pharma Inc.
BMR	Biomarin Pharmaceuticals Canada	LIL	Eli Lilly Canada Inc.
BOE	Boehringer Ingelheim (Canada) Ltd.	LIN	Linepharma International Inc.
BOX	Biocodex SA	LTH	Labtician Thea
BRI	Bristol-Myers Squibb Canada Inc.	LUP	Lupin Pharma Canada Ltd.
BSH	Bausch & Lomb Canada Inc.	MAR	Marcan Pharmaceuticals Inc
BSL	Bausch Health Canada Inc.	MBT	Mitsubishi Tanabe Pharma Corporation
BVT	Swedish Orphan Biovitrum AB	MCK	Mckesson Canada Corp.
CBP	Cubist Pharmaceuticals Inc.	MDI	Medtech Products Inc.
CCC	Chiesi Canada Corp	MDK	MendeliKABS Inc.
CCM	CellChem Pharmaceuticals Inc.	MDU	Medunik Canada
CEL	Celgene	MDX	Medexus Inc.
CHC	Pfizer Canada Inc., Consumer Healthcare	MJO	Mead Johnson Canada
CHU	Church and Dwight Canada Corp.	MNT	Mint Pharmaceuticals Inc.
CIP	Cipher Pharmaceuticals Inc.	MRA	Mantra Pharma
CLC	Columbia Laboratories Canada Inc.	MRZ	Merz Pharmaceuticals Canada Ltd.
CPC	Covis Pharma Canada Ltd.	MSD	MSD Inc.
CLT	Celltrion Healthcare Co., Ltd.	MTP	Methapharm Inc.
DPT	Dermtek Pharmaceuticals Ltd	MYL	Mylan Pharmaceuticals ULC
DUI	Duchesnay	NAT	Natco Pharma (Canada) Inc.
EDO	Endo Ventures Ltd.	NHI	Nic-Hit International Inc.
EIS	Eisai Limited	NNO	Novo Nordisk Canada Inc.
ELV	Elvium Life Science- A Purdue Company	NRA	Nora Pharma Inc.
EMD	EMD Serono Canada Inc.	NUT	Nutricorp International
ERF	Erfa Canada Inc.	NVR	Novartis Pharmaceuticals Canada Inc.
ETH	Ethypharm Inc.	ODN	Odan Laboratories Ltd.
EXZ	Exzell Pharma Inc.	OMG	Omega Laboratories Limited
FEI	Ferring Inc.	ORG	Organon Canada Inc.
FKB	Fresenius Kabi Canada Ltd.	ORI	Orimed Pharma Corporation

APPENDIX I-D / ANNEXE I-D

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

OTS	Otsuka Canada Pharmaceuticals In	WLS	Wellspring Pharmaceutical Canada Corp
PAL	Paladin Labs Inc.	WMD	Waymade Canada Inc.
PCI	Phebra Canada Inc.	WNC	Warner Chilcott Canada Co.
PDL	Pro Doc Laboratories Ltd	WNP	WN Pharmaceuticals Ltd.
PDP	PendoPharm, Division of Pharmascience	XPI	Xediton Pharmaceuticals Inc.
PFB	Pierre Fabre Dermo-Cosmetique		
PFI	Pfizer Canada Inc.		
PFR	Purdue Pharma		
PJC	Pharmacie Jean Coutu.		
PMS	Pharmascience Inc.		
PRZ	Pharmaris Canada Inc.		
PST	Pharma Stulln Inc.		
PSV	Pharmasave		
RAN	Ranbaxy Pharmaceuticals Canada Inc		
RCH	Dr. Reddy's Laboratories Inc.		
RIV	Riva Laboratories Ltee		
ROG	Rougier Pharma Inc, Div of Ratiopharm		
RRD	Recordati Rare Diseases Canada Inc		
SAS	Sanis Health Inc.		
SAV	Sanofi-Aventis Canada Inc.		
SAX	Salix Pharmaceuticals Inc.		
SDM	Shoppers Drug Mart		
SDZ	Sandoz Canada Incorporated		
SEV	Servier Canada Inc.		
SFD	Seaford Pharmaceuticals Inc.		
SGC	Seagen Canada Inc.		
SGQ	Sterigen Inc.		
SHI	Shire Canada Inc.		
SIV	Sivem Pharmaceuticals		
SLP	Searchlight Pharma Inc.		
SNC	Sanofi Consumer Health Inc.		
SNE	Smith & Nephew, Inc.		
SNN	Santen Incorporated		
SNV	Sunovion Pharmaceuticals Canada Inc		
SOB	Sobey's Pharmacy		
SPT	Septa Pharmaceuticals Inc.		
STA	Stallergenes Canada Inc.		
STD	Strides Pharma Canada Inc.		
STR	Sterimax Inc.		
SUN	Sun Pharma Canada Inc.		
TAI	Taiho Pharma Canada Inc.		
TAK	Takeda Canada Inc.		
TAR	Taro Pharmaceuticals Inc.		
TEV	Teva Canada Limited		
TLI	Labs Laboratoire Trianon		
TMP	Teva Canada Innovation		
TOL	Tolmar International Ltd.		
TPH	TaroPharma, Divison of Taro Pharmaceuticals		
UCB	UCB Canada Inc.		
UJC	Upjohn Canada ULC		
UGX	Ultragenyx Canada Inc.		
UTC	United Therapeutics Corporation		
VFM	Vifor Fresenius Medical Care Renal Pharma Ltd.		
VIV	ViiV Healthcare ULC		
VLH	Lundbeck Canada Inc.		
VRT	Verity Pharmaceuticals		
VTH	Vita Health Company (1985) Ltd		
VTX	Vertex Pharmaceuticals (Canada) Inc.		
VVS	Vivus Inc.		
WAL	Walmart Pharmacy		
WAM	Wampole Brands		

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	ACDEFGV
Disulfiram powder	00999087	ACDEFG
Hydrochlorothiazide powders and suspensions for oral use	00999106	ACDEFGV
Hydrocortisone powder for topical applications >0.5%	00990841	ACDEFGV
LCD (Coal Tar Solution) in compounds for topical applications	00358495	ACDEFGV
Meclizine powder	00903076	ACDEFGV
Methoxsalen powder	00903588	ACDEFGV
Prednisone powders and suspension for oral use	00999108	ACDEFGV
Salicylic Acid in compounds for topical applications	00900788	ACDEFGV
Saturated Solution Potassium Iodide	00999105	ACDEFGV
Spironolactone powders and suspensions for oral use	00999107	ACDEFGV
Sulphur in compounds for topical applications	00900826	ACDEFGV

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

New Brunswick Drug Plans Special Authorization Criteria

ABATACEPT (ORENCIA) **250 mg / 15 mL 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.
- Combined use of more than one biologic drug will not be reimbursed.
- 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) **250 mg / 15 mL vial and 125 mg/mL prefilled syringe**

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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Intravenous infusion: 500 mg for patients less than 60 kg, 750 mg for patients 60-100 kg and 1000 mg for patients greater than 100 kg, given at 0, 2, and 4 weeks then every 4 weeks thereafter.
- Subcutaneous injection: a single IV loading dose of up to 1,000 mg may be given, followed by 125 mg subcutaneous injection within a day, then once-weekly 125 mg subcutaneous injections.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

ABEMACICLIB (VERZENIO) **50 mg, 100 mg, and 150 mg tablets**

In combination with endocrine therapy for the adjuvant treatment of adult patients with hormone receptor positive, HER2 negative, node-positive early breast cancer at high risk of disease recurrence and a Ki-67 score of at least 20% who meet one of the following criteria:

- Pathological tumour involvement in 4 or more ipsilateral axillary lymph nodes; or
- Pathological tumour involvement in 1 to 3 ipsilateral axillary lymph nodes and either histologic grade 3 disease or a primary tumor size of at least 5 cm

Renewal Criteria:

- Written confirmation that the patient has not experienced disease recurrence.

Clinical Notes:

1. Patients must have a good performance status and no evidence of metastatic disease or inflammatory breast cancer.
2. Patients must have undergone definitive surgery of primary breast tumor within 16 months of initiating treatment.
3. Treatment with abemaciclib should be discontinued upon disease recurrence, unacceptable toxicity, or completion of 2 years of therapy, whichever occurs first.

Claim Notes:

- Requests will not be considered for patients previously treated with a CDK4/6 inhibitor or olaparib.
- Approval period: 1 year.

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.

ABROCITINIB (CIBINQO)
50 mg, 100 mg and 200 mg tablets

For the treatment of moderate to severe atopic dermatitis (AD) in patients 12 years of age and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies combined with phototherapy (where available).
- Refractory, intolerant or have contraindications to an adequate trial of topical prescription therapies combined with methotrexate, cyclosporine, mycophenolic acid, or azathioprine.
- Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater.

Renewal Criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Claim Notes:

- Must be prescribed by a dermatologist, pediatrician or clinical immunologist with experience in the treatment of moderate to severe AD.
- Combined use of more than one immunomodulatory drug (e.g., biologics or janus kinase inhibitors) for the treatment of moderate to severe AD will not be reimbursed.
- Approvals will be for a maximum of 200 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

ACALABRUTINIB (CALQUENCE)
100 mg capsule and tablet

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for adult patients with relapsed or refractory CLL / SLL who have received at least one prior 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 will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Approval period: 1 year.

ADALIMUMAB

Abrilada 20 mg / 0.4 mL prefilled syringe, 40 mg / 0.8 mL autoinjector and prefilled syringe
Amgevita 20 mg / 0.4 mL prefilled syringe, 40 mg / 0.8 mL autoinjector and prefilled syringe
Hadlima 40 mg / 0.4 mL autoinjector and prefilled syringe, 40 mg / 0.8 mL autoinjector and prefilled syringe
Hulio 20 mg / 0.4 mL prefilled syringe, 40 mg / 0.8 mL autoinjector and prefilled syringe
Hyrmoz 20 mg / 0.4 mL prefilled syringe, 40 mg / 0.8 mL autoinjector and prefilled syringe
Idacio 40 mg / 0.8 mL autoinjector
Simlandi 40 mg / 0.4 mL autoinjector and prefilled syringe, 80 mg / 0.8 mL prefilled syringe
Yuflyma 40 mg/ 0.4 mL autoinjector and prefilled syringe, 80 mg / 0.8 mL autoinjector and prefilled syringe

Ankylosing Spondylitis

For the treatment of patients with active ankylosing spondylitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Crohn's Disease

For the treatment of patients with moderately to severely active Crohn's disease who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug 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: Long term. Confirmation of response is required.

Hidradenitis Suppurativa

For the treatment of patients with active moderate to severe hidradenitis suppurativa (HS) who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Combined use of more than one biologic drug will not be reimbursed.
- 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: Long term. Confirmation of response is required.

Plaque Psoriasis

For the treatment of patients with moderate to severe plaque psoriasis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Polyarticular Juvenile Idiopathic Arthritis

For the treatment of patients with moderately to severely active polyarticular juvenile idiopathic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Psoriatic Arthritis

For the treatment of patients with active psoriatic arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of response is required.

Rheumatoid Arthritis

For the treatment of patients with moderately to severely active rheumatoid arthritis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 40 mg every two weeks.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

Ulcerative Colitis

For the treatment of patients with moderately to severely active ulcerative colitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by a gastroenterologist or physician with a specialty in gastroenterology.
- Combined use of more than one biologic drug 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: Long term. Confirmation of response is required.

Uveitis

For the treatment of patients with non-infectious uveitis who are refractory, intolerant or have contraindications to conventional therapy.

Claim Notes:

- Must be prescribed by, or in consultation with an ophthalmologist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 80 mg followed by 40 mg in one week, then 40 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of response is required.

AFATINIB (GIOTRIF)**20 mg, 30 mg and 40 mg film-coated tablets**

For the first-line treatment of patients with EGFR mutation-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Patients must have a good performance status.

Claim Notes:

- Approvals will be for a maximum of 40 mg daily.
- Approval period: 1 year.

AFLIBERCEPT (EYLEA)**40 mg/mL solution for intravitreal injection****Diabetic macular edema**

For the treatment of patients with diabetic macular edema who meet all of the following criteria:

- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated

- Central retinal thickness greater than or equal to 250 micrometers

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 30 days.
- Approval period: 1 year. Confirmation of continued response is required.

Neovascular (wet) age-related macular degeneration

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).

Discontinuation Criteria:

- Reduction in Best Corrected Visual Acuity (BCVA) in the treated eye of 15 letters or more on 2 consecutive visits, attributed to AMD in the absence of other pathology, or
- Reduction in BCVA in the treated eye of 30 letters or more compared to either baseline and/or best recorded level, or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Clinical Note:

- BCVA must be provided with initial request and with subsequent renewal requests.

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 30 days.
- Approval period: 1 year.

Retinal vein occlusion (RVO)

For the treatment of macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 30 days.
- Approval period: 1 year. Confirmation of continued response is required.

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.
- 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 (LEMTADA)

12 mg / 1.2 mL single-use vial

For the treatment of adult patients with highly active relapsing-remitting multiple sclerosis (RRMS) who meet all the following criteria:

- Confirmed diagnosis based on McDonald criteria.

- Experienced one or more disabling relapses or new MRI activity in the past year.
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5).
- Refractory or intolerant to at least two disease modifying therapies.

Clinical Notes:

1. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
2. A relapse is defined as the appearance of new or worsening neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:

- Must be prescribed by a neurologist.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Maximum approval quantity and period: 8 vials in 2 years (5 vials approved in year 1 and 3 vials approved in year 2).
- For more information regarding re-treatment, please contact the NB Drug Plans.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

ALGLUCOSIDASE ALFA (MYOZYME)

50 mg 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 respiratory.

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

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 300 mg every 4 weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

ALTEPLASE (CATHFLO)
2 mg vial

For the treatment of central venous catheter occlusion in home hemodialysis patients.

AMBRISENTAN (VOLIBRIS and generic brands)
5 mg and 10 mg tablets

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of ambrisentan that will be reimbursed is 10 mg daily.
- Approval period: Long term.

AMIFAMPRIDINE (FIRDAPSE)
10 mg tablet

For the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 18 years of age or older.

Initial Renewal Criteria:

- An improvement of at least 30% on the Triple Timed Up and Go (3TUG) test compared to baseline measurement.

Subsequent Renewal Criteria:

- The patient continues to maintain an improvement of at least 30% on the 3TUG test compared to baseline measurement.

Clinical Note:

- The 3TUG test score must be provided with initial and renewal requests.

Claim Notes:

- Must be prescribed by a neurologist.
- Approvals will be up to a maximum daily dose of 80 mg.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

AMIFAMPRIDINE (RUZURGI)
10 mg tablet

For the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 years of age or older.

Initial Renewal Criteria:

- An improvement of at least 30% on the Triple Timed Up and Go (3TUG) test compared to baseline measurement.

Subsequent Renewal Criteria:

- The patient continues to maintain an improvement of at least 30% on the 3TUG test compared to baseline measurement.

Clinical Note:

- The 3TUG test score must be provided with initial and renewal requests.

Claim Notes:

- Must be prescribed by a neurologist.
- Approvals will be up to a maximum daily dose of 40 mg for patients weighing less than 45 kg and 100 mg for patients weighing 45 kg or more.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

**AMLODIPINE (pdp-AMLODIPINE)
1 mg/mL oral solution**

For use in patients who require administration through a feeding tube or in pediatric patients when oral tablets or capsules are not an option.

Claim Note:

- Approval period: 1 year.

**ANIFROLUMAB (SAPHNELO)
300 mg vial**

For the treatment of adult patients with moderate to severe autoantibody positive, systemic lupus erythematosus (SLE) who meet all of the following criteria:

- Systemic lupus erythematosus disease activity index 2000 (SLEDAI-2K) score of 6 or greater.
- Refractory to oral corticosteroids (OCS) at a dose of at least 10 mg per day of prednisone or its equivalent, in addition to standard of care.

Renewal criteria:

- OCS dose has decreased to less than or equal to 7.5 mg per day of prednisone or its equivalent; and
- Reduction in disease activity as measured by:
 - Reduction in the SLEDAI-2K index score to 5 or less; or
 - British isles lupus assessment group (BILAG)-2004 index score improvement in involved organ systems and no new worsening in other organ systems.

Subsequent renewal criteria:

- Initial response achieved after the first twelve months of treatment with anifrolumab has been maintained.

Clinical notes:

1. Standard of care is defined as using an immunosuppressive drug (e.g., rituximab, hydroxychloroquine, mycophenolic acid, or azathioprine) with or without NSAIDs.
2. A baseline SLEDAI-2K must be provided. If BILAG-2004 is used for assessment on renewal, then a baseline BILAG-2004 assessment of organ systems must also be provided. The same scale should be used on all subsequent renewals.
3. Improvement in organ systems is defined as a reduction of all severe (BILAG-2004 A) or moderately severe (BILAG-2004 B) to lower rating levels.
4. Worsening in organ systems is defined as at least one new BILAG-2004 A item or at least two new BILAG-2004 B items.

Exclusion criteria:

- Severe or unstable neuropsychiatric SLE.
- Active severe SLE nephritis.

Claim notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs will not be reimbursed.
- Approvals will be for a maximum of 300 mg every four weeks.
- Approval period: 1 year.

**APALUTAMIDE (ERLEADA)
60 mg tablet**

Non-Metastatic Castration-Resistant Prostate Cancer

In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who meet all of the following criteria:

- No detectable distant metastases by either CT, MRI or technetium-99m bone scan
- Prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases)

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with apalutamide.
3. Patients must have a good performance status and no risk factors for seizures.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for apalutamide will not be considered for patients who experience disease progression on enzalutamide or darolutamide.
- Approval period: 1 year.

Metastatic Castration-Sensitive Prostate Cancer

In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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 and no risk factors for seizures.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for apalutamide will not be considered for patients who experience disease progression on enzalutamide.
- Approval period: 1 year.

APOMORPHINE (KYNMOBI)

10 mg, 15 mg, 20 mg, 25 mg, and 30 mg orally disintegrating films

For the acute, intermittent treatment of “off” episodes in patients with Parkinson’s Disease (PD) who are receiving optimized PD treatment (i.e. levodopa and derivatives and dopaminergic agonists or MAO-B inhibitors or amantadine derivatives).

Clinical Note:

- Treatment with Kynmobi should be discontinued unless an improvement of at least 3.25 points is achieved in the Movement Disorders Society Unified Parkinson’s Disease Rating Scale Part III (MDS-UPDRS III) score measured within 30 to 60 minutes after a titrated dose of Kynmobi is administered. This assessment should occur not more than one year after Kynmobi has been titrated to a stable and tolerated dose.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of PD.
- Approvals will be for a maximum of 90 mg per day not exceeding five films per day.
- Approval period: 1 year.

APREPITANT (EMEND)

80 mg and 125 mg capsules

Tri-Pack 2x80 mg capsules + 125 mg capsule

In combination with a 5-HT₃ antagonist and dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:

- highly emetogenic chemotherapy, or
- moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT₃ antagonist and dexamethasone in a previous cycle.

Claim Note:

- Prescriptions written by hematologists, oncologists, oncology clinical associates, or general practitioners in oncology who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

ARIPIRAZOLE (ABILIFY MAINTENA)
300 mg and 400 mg vials

For the treatment of patients who are:

- not adherent to an oral antipsychotic, or
- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Notes:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.
- Approval period: Long term.

ASCIMINIB (SCEMBLIX)
20 mg and 40 mg tablets

For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase who have resistance or intolerance to at least two tyrosine kinase inhibitors and no evidence of T315I or V299L mutations.

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 will not be considered for patients with CML in accelerated or blast phase.
- Approval period : 1 year.

ASENAPINE (SAPHRIS)
5 mg and 10 mg 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.

Claim Note:

- Approval period: Long term.

ASFOTASE ALFA (STRENSIQ)
18 mg / 0.45 mL, 28 mg / 0.7 mL, 40 mg / 1 mL and 80 mg / 0.8 mL single-use vials

For the treatment of patients with perinatal, infantile, or juvenile-onset hypophosphatasia (HPP).

Clinical Note:

- Eligibility for the treatment of HPP is determined by the Canadian HPP Clinical Expert Committee. Please contact the NB Drug Plans at 1-800-332-3691 for the request form.

Claim Notes:

- Must be prescribed by a metabolic specialist with expertise in the diagnosis and management of HPP.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

AXITINIB (INLYTA)
1 mg and 5 mg tablets

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy in combination with pembrolizumab; or

- second-line therapy following disease progression on a vascular endothelial growth factor receptor tyrosine kinase inhibitor (i.e., sunitinib or pazopanib); or
- third-line therapy following disease progression on first-line nivolumab and ipilimumab combination therapy and a second-line vascular endothelial growth factor receptor tyrosine kinase inhibitor (i.e., sunitinib or pazopanib).

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 axitinib will not be considered for patients who experience disease progression on everolimus, cabozantinib, single-agent nivolumab, or lenvatinib in combination with pembrolizumab.
- Approval period: 1 year.

**AZACITIDINE (ONUREG)
200 mg and 300 mg tablets**

As maintenance therapy for the treatment of adult patients with newly diagnosed acute myeloid leukemia (de novo or secondary to prior MDS or CMML) who meet all of the following criteria:

- Intermediate or poor risk cytogenetics
- Complete remission or complete remission with incomplete blood count recovery following induction therapy, with or without consolidation treatment, within the previous 4 months
- Not eligible for hematopoietic stem cell transplantation

Renewal Criteria:

- Written confirmation that the patient continues to be in complete remission or complete remission with incomplete blood count recovery.

Clinical Note:

- Treatment should be discontinued upon disease relapse (i.e., appearance of greater than 5% blasts in the bone marrow or peripheral blood), unacceptable toxicity or the patient becomes eligible for allogeneic bone marrow or stem cell transplantation.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on hypomethylating agents.
- Approvals will be for a maximum of 300 mg daily for 14 days every 28-day cycle.
- 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](#).

**AZITHROMYCIN (generic brands)
600 mg tablet**

For the prevention of disseminated Mycobacterium Avium Complex (MAC) in HIV positive patients who are severely immunocompromised with CD4 levels $<0.1 \times 10^9/L$.

**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 ACDEFGV.

BARICITINIB (OLUMIANT)
2 mg tablet

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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 2 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of response is required.

BENRALIZUMAB (FASENRA)
30 mg/mL autoinjector and prefilled syringe

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g. long-acting beta-agonist), and meets one of the following criteria:

- blood eosinophil count of $\geq 0.3 \times 10^9/L$ within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of $\geq 0.15 \times 10^9/L$ and is receiving maintenance treatment with oral corticosteroids (OCS).

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since the initiation of treatment, or
- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months

Subsequent Discontinuation Criteria:

- 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 ICS 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.
- Approval period: 1 year.

**BICTEGRAVIR, EMTRICITABINE AND TENOFOVIR ALAFENAMIDE (BIKTARVY)
50 mg / 200 mg / 25 mg tablet**

For the treatment of adult patients with HIV-1 infection with no known substitution associated with resistance to the individual components of Biktarvy.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**BIMEKIZUMAB (BIMZELX)
160 mg/mL autoinjector and prefilled syringe**

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug will not be reimbursed.
- Approvals will be for 320 mg given every 4 weeks for 16 weeks then 320 mg every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

**BINIMETINIB (MEKTOVI)
15 mg film-coated tablet**

For the treatment of patients with BRAF V600 mutation-positive locally advanced unresectable or metastatic melanoma when used in combination with encorafenib.

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:

- Binimetinib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.

**BOSENTAN (TRACLEER and generic brands)
62.5 mg and 125 mg tablets**

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonist will not be reimbursed.
- The maximum dose of bosentan that will be reimbursed is 125 mg twice daily.
- Approval period: Long term.

BOSUTINIB (BOSULIF)
100 mg and 500 mg tablets

For the treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome-positive chronic myelogenous leukemia (Ph+ CML) who have resistance or intolerance to prior tyrosine kinase inhibitor therapy.

Clinical Note:

- Patients must have a good performance status.

Claim Note:

- Approval period: 1 year.

BRIGATINIB (ALUNBRIG)
30 mg, 90 mg and 180 mg tablets

For the treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who have not been previously treated with an ALK inhibitor.

Renewal Criteria

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- No further ALK inhibitor will be reimbursed following disease progression on brigatinib.
- 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](#).

BRIVARACETAM (BRIVLERA)
10 mg, 25 mg, 50 mg, 75 mg and 100 mg 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 Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

BRODALUMAB (SILIQ)
210 mg / 1.5 mL prefilled syringe

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug will not be reimbursed.
- Approvals will be for 210 mg at week 0, 1, and 2, then 210 mg every two weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

BROLUCIZUMAB (BEOVU)
6 mg / 0.05 mL prefilled syringe

Diabetic Macular Edema

For the treatment of patients with diabetic macular edema who meet all of the following criteria:

- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated
- Central retinal thickness greater than or equal to 250 micrometers

Claim Notes:

- An initial claim of up to two prefilled syringes (1 per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 prefilled syringe per eye every 6 weeks for 30 weeks, followed by 1 prefilled syringe per eye every 8 weeks thereafter.
- Approval period: 1 year. Confirmation of continued response is required.

Neovascular (wet) age-related macular degeneration

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).

Discontinuation Criteria:

- Reduction in Best Corrected Visual Acuity (BCVA) in the treated eye of 15 letters or more on 2 consecutive visits, attributed to AMD in the absence of other pathology, or
- Reduction in BCVA in the treated eye of 30 letters or more compared to either baseline and/or best recorded level, or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Clinical Note:

- BCVA must be provided with initial request and with subsequent renewal requests.

Claim Notes:

- An initial claim of up to two prefilled syringes (1 per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 prefilled syringe per eye every 4 weeks for 12 weeks, followed by 1 prefilled syringe per eye every 8 weeks thereafter.
- Approval period: 1 year.

BUDESONIDE (PULMICORT NEBUAMP and generic brands)
0.125 mg/mL, 0.25 mg/mL and 0.5 mg/mL suspension for inhalation

1. For patients who have tried using a budesonide inhaler and
 - cannot follow instructions, or cannot hold the device long enough to actuate it due to cognitive or physical limitations; or
 - have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Note:

- Approval period: Long term.

2. For patients who require budesonide for sinonasal irrigation when it is prescribed by, or in consultation with, a specialist (e.g., ENT, allergists, immunologists).

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

BUPROPION (ZYBAN)
150 mg tablet

For smoking cessation in adults 18 years of age and older.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking or to obtain the special authorization request form, visit our website [Smoking Cessation Therapies](#).

Claim Notes:

- A maximum of 12 weeks of standard therapy (168 tablets) will be reimbursed annually without special authorization.
- Patients who have a high probability of quitting with additional therapy may be approved under special authorization for another 168 tablets.
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.
- Requests for special authorization should be submitted on the Smoking Cessation Therapy Special Authorization Request Form.

BUROSUMAB (CRYSVITA)

10 mg/mL, 20 mg/mL and 30 mg/mL single-use vials

For the treatment of patients with X-linked hypophosphatemia (XLH) who meet the following criteria:

- Initiated in a pediatric patient who is at least one year of age and in whom epiphyseal closure has not yet occurred
- Fasting hypophosphatemia
- Normal renal function (defined as a serum creatinine below the age-adjusted upper limit of normal)
- Radiographic evidence of rickets with a rickets severity score (RSS) of two or greater
- Confirmed phosphate-regulating endopeptidase homolog, X-linked (PHEX) gene variant in either the patient or in a directly related family member with appropriate X-linked inheritance

Discontinuation Criteria:

In pediatric patients under 18 years of age in whom epiphyseal closure has not yet occurred and who met the above criteria, treatment should be discontinued if:

- there is no demonstrated improvement in the 12-month RSS total score from baseline RSS total score; or
- the patient's RSS total score achieved after the first 12 months of therapy has not been maintained subsequently.

In adolescent patients who are 13 to 17 years of age in whom epiphyseal closure has occurred and who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

In adult patients who met the above criteria and initiated treatment as a pediatric patient, treatment should be discontinued if any of the following occur:

- Hyperparathyroidism; or
- Nephrocalcinosis; or
- Evidence of fracture or pseudo-fracture based on radiographic assessment.

Clinical Note:

- A baseline and annual assessment of the RSS score must be provided for pediatric patients in whom epiphyseal closure has not occurred.

Claim Notes:

- Requests will not be considered for treatment-naïve adults.
- Must be prescribed by a physician working in a multidisciplinary team of health care providers who are experienced in the diagnosis and management of XLH.
- Approvals for children (1-17 years of age) will be up to a maximum of 90 mg every 2 weeks.
- Approvals for adults (18 years of age and older) will be up to a maximum of 90 mg every 4 weeks.
- Approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

CABOTEGRAVIR (VOCABRIA)

30 mg tablet

CABOTEGRAVIR and RILPIRIVINE (CABENUVA)

600 mg / 3 mL and 900 mg / 3 mL dosing kit

400 mg / 2 mL and 600 mg / 2 mL dosing kit

For the treatment of adult patients with HIV-1 infection who are virologically stable and suppressed (HIV-1 RNA less than 50 copies per mL).

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

CABOZANTINIB (CABOMETYX)
20 mg, 40 mg, and 60 mg tablets

Advanced Hepatocellular Carcinoma

For the second-line treatment of adult patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Disease progression on sorafenib or lenvatinib
- Child-Pugh class status of A
- ECOG performance status of 0 or 1

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and continues to experience clinical benefit.

Clinical Note:

- Treatment should continue until the patient no longer experiences clinical benefit or experiences unacceptable toxicity.

Claim Notes:

- Requests for cabozantinib will not be considered for patients who experience disease progression on regorafenib or atezolizumab in combination with bevacizumab.
- Approval period: 6 months.

Differentiated Thyroid Cancer

For the treatment of adult patients with locally advanced or metastatic differentiated thyroid cancer (DTC) who meet all of the following criteria:

- Refractory to prior radioactive iodine therapy (RAI) or not eligible for RAI
- Disease progression following treatment with one to two prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitors

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:

- Patients with anaplastic or medullary thyroid cancer are not eligible.
- Requests for cabozantinib will be considered for patients with RET fusion-positive DTC who received selpercatinib.
- Approval period: 1 year.

Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced or metastatic renal cell carcinoma who have received at least one prior vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitor (TKI) therapy when used as:

- second-line therapy following disease progression on sunitinib, pazopanib or pembrolizumab in combination with either axitinib or lenvatinib; or
- third-line therapy following disease progression on immunotherapy and VEGFR TKI (i.e., sunitinib or pazopanib), used in any sequence.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of clinically meaningful disease progression.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for cabozantinib will not be considered for patients who experience disease progression on everolimus or axitinib monotherapy.
- Approval period: 1 year.

CANAGLIFLOZIN (INVOKANA)
100 mg and 300 mg tablets

For the treatment of type 2 diabetes mellitus when added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea.

Clinical Note:

- For patients who cannot take metformin and/or a sulfonylurea due to contraindications or intolerances, details must be provided.

CANAKINUMAB (ILARIS)
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 use of more than one biologic drug will not be reimbursed.
- Approvals will be for 4 mg/kg for patients weighing more than 9 kg, to a maximum of 300 mg, 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](#).

CEFTOLOZANE AND TAZOBACTAM (ZERBAXA)
1 g / 0.5 g vial

For the treatment of patients with multidrug-resistant *Pseudomonas aeruginosa* when alternative agents are not an option.

Claim Notes:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.
- 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.
- Approval: 1 year.

CERLIPONASE ALFA (BRINEURA)
150 mg / 5 mL solution for intracerebroventricular infusion

For the treatment of neuronal ceroid lipofuscinosis type 2 (CLN2) disease, if all of the following criteria are met:

- Confirmed diagnosis of CLN2 disease based on tripeptidyl peptidase 1 (TPP1) enzyme activity and CLN2 genotype analysis
- Score of greater than or equal to 1 in each of the motor and language domains of the CLN2 Clinical Rating Scale

- Aggregate motor-language score of greater than or equal to 3 on the CLN2 Clinical Rating Scale

Discontinuation criteria:

- Reduction of greater than or equal to 2 points in the aggregate motor–language score of the CLN2 Clinical Rating Scale that is maintained over any two consecutive 24-week assessments; or
- Aggregate motor–language score of 0 on the CLN2 Clinical Rating Scale at two consecutive 24-week assessments.

Clinical Note:

- Documentation of the most recent motor and language domain scores of the CLN2 Clinical Rating Scale must be provided with all requests.

Claim Notes:

- Must be prescribed by, or in consultation with, a specialist with experience in the treatment of CLN2 disease.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**CERTOLIZUMAB PEGOL (CIMZIA)
200 mg/mL 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 greater than or equal to 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 2 weeks each 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 400 mg at weeks 0, 2, and 4, then 200 mg every two weeks (or 400 mg 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.

- Approvals will be for a maximum of 400 mg at weeks 0, 2, and 4, then 200 mg every two weeks (or 400 mg 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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 400 mg at weeks 0, 2, and 4, then 200 mg every two weeks (or 400 mg every four weeks)
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

CETIRIZINE (REACTINE and generic brands) 20 mg film-coated tablet

For the treatment of patients with moderate to severe chronic urticaria who have had hives, angioedema, or both for at least six weeks.

Claim Note:

- Approval period: Long term.

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 ophthalmologists and prescribing optometrists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

CIPROFLOXACIN (CIPRO and generic brands) 250 mg, 500 mg and 750 mg tablets

1. For the treatment of patients with any of the following:
 - Acute exacerbations of chronic obstructive pulmonary disease who are at risk of Pseudomonas infection
 - Bacterial prostatitis
 - Cystic fibrosis-related pulmonary infections
 - Febrile neutropenia
 - Gram-negative infections (e.g., osteomyelitis, joint infections) which are resistant to other oral antibacterials
 - Infections with Pseudomonas aeruginosa (susceptible strains).
 - Severe bacterial gastroenteritis when other antibacterials (e.g., macrolides, sulfamethoxazole/trimethoprim) are ineffective, not tolerated, or contraindicated
 - Severe ("malignant") otitis externa

- Urinary tract infections or acute uncomplicated pyelonephritis when caused by resistant bacteria or when other antibacterials are ineffective, not tolerated or are contraindicated
2. For chemoprophylaxis of close contacts of a patient with invasive meningococcal disease.
 3. For the prevention of endophthalmitis in patients who have had cataract surgery with unplanned vitrectomy.

Claim Notes:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, or general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Ciprofloxacin 250 mg, 500 mg, and 750 mg tablets are regular benefits for beneficiaries of Plan B.

CIPROFLOXACIN (CIPRO)
500 mg / 5 mL oral suspension

For use in patients when oral tablets are not an option and who otherwise meet special authorization criteria for ciprofloxacin tablets.

Claim Note:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, or general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

CLADRIBINE (MAVENCLAD)
10 mg tablet

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Has experienced one or more disabling relapses or new MRI activity in the past year
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
- Refractory or intolerant to at least one disease modifying therapy (e.g., interferon, glatiramer, dimethyl fumarate, teriflunomide, ocrelizumab)

Clinical Notes:

1. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
2. A relapse is defined as the appearance of new or worsening neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:

- Must be prescribed by a neurologist.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approvals will be for 1.75 mg/kg to a maximum of 200 mg per treatment year.
- Approval period: 2 years.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

COBIMETINIB (COTELLIC)
20 mg 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 targeted therapy.

- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.

CODEINE (CODEINE CONTIN)
50 mg, 100 mg, 150 mg, and 200 mg controlled release tablets

For the treatment of mild to moderate cancer-related or chronic non-cancer pain.

CRIZOTINIB (XALKORI)
200 mg and 250 mg capsules

1. 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.
2. As monotherapy for the first-line treatment of patients with ROS1-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).

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 experience disease progression on an ALK inhibitor.
- Approval period: 1 year.

CYCLOSPORINE (VERKAZIA)
0.1% ophthalmic emulsion

For the treatment of pediatric patients between the age of 4 and 18 years of age with severe vernal keratoconjunctivitis (VKC) who meet the following criteria:

- Grade 3 (severe) or 4 (very severe) on the Bonini scale, or
- Grade 4 (marked) or 5 (severe) on the modified Oxford scale.

Discontinuation Criteria:

- Treatment should be discontinued if no improvement in signs and symptoms of VKC is observed, or
- Treatment should be discontinued if signs and symptoms of VKC have resolved.

Clinical Note:

- Documentation of the severity of signs and symptoms of VKC at treatment initiation and renewal must be provided.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of VKC.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

CYSTEAMINE (CYSTADROPS)
0.37% ophthalmic solution

For the treatment of corneal cystine crystal deposits (CCCDs) in patients 2 years of age and older with cystinosis.

Clinical Note:

- Diagnosis of cystinosis confirmed by cystinosis (lysosomal cystine transporter) gene mutation or elevated white blood cell cystine levels. Documentation must be provided.

Claim Note:

- Must be prescribed by an ophthalmologist experienced in the treatment of CCCDs

CYSTEAMINE (PROCYSBI)
25 mg and 75 mg delayed-release capsules

For the treatment of infantile nephropathic cystinosis with documented cystinosis (lysosomal cystine transporter) gene mutation or elevated white blood cell cystine levels.

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)
110 mg and 150 mg capsules

For the prevention of stroke and systemic embolism in patients with atrial fibrillation.

Claim Note:

- Approval period: Long term

DABRAFENIB (TAFINLAR)
50 mg and 75 mg capsules

Adjuvant Melanoma

In combination with trametinib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria:

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease (AJCC 8th edition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

- Requests will be considered for patients with regional lymph nodes with micrometastases after sentinel lymph node biopsy.
- Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
- Approval period: Up to 12 months.

Metastatic Melanoma

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib.

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 targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.

DALTEPARIN (FRAGMIN)
10,000 IU/mL ampoule
12,500 IU/mL prefilled syringe
25,000 IU/mL multidose vial and prefilled syringe

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 tumour for up to 28 days.
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 of 35 days of therapy is available without special authorization.

DAPTOMYCIN (CUBICIN RF)
500 mg / 10mL single-use vial

For the treatment of patients with resistant gram-positive infections, including methicillin-resistant *Staphylococcus aureus* (MRSA) who failed to respond, or have a contraindication or intolerance to vancomycin, or for whom IV vancomycin is not appropriate.

Clinical Note:

- Daptomycin is inhibited by pulmonary surfactant and should not be used to treat respiratory tract infections.

Claim Note:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

DARBEPOETIN ALFA (ARANESP)
10 mcg / 0.4 mL, 20 mcg / 0.5 mL, 30 mcg / 0.3 mL, 40 mcg / 0.4 mL, 50 mcg / 0.5 mL, 60 mcg / 0.3 mL, 80 mcg / 0.4 mL, 100 mcg / 0.5 mL, 130 mcg / 0.65 mL, 150 mcg / 0.3 mL, 200 mcg / 0.4 mL, 300 mcg / 0.6 mL and 500 mcg/mL 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 and generic brand)
7.5 mg and 15 mg 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.

DAROLUTAMIDE (NUBEQA)
300 mg film-coated tablet

Non-Metastatic Castration-Resistant Prostate Cancer

In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer who have a prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with darolutamide.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for darolutamide will not be considered for patients who experience disease progression on apalutamide or enzalutamide.
- Approval period: 1 year.

Metastatic Castration-Sensitive Prostate Cancer

In combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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 and be eligible for chemotherapy.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who are within 1 year of completing adjuvant ADT in the non-metastatic setting.
- Patients who experience disease progression on apalutamide or enzalutamide are not eligible.
- Approval period: 1 year.

DARUNAVIR AND COBICISTAT (PREZCOBIX)

800 mg / 150 mg film-coated tablet

For treatment of HIV-1 infection in treatment-naïve and treatment-experienced patients without darunavir resistance-associated mutations.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

DASATINIB (SPRYCEL and generic brands)

20 mg, 50 mg, 70 mg, 80 mg, 100 mg and 140 mg tablets

1. For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic, accelerated, or blast phase.
2. For the treatment of patients with Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ ALL).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Note:

- Approval period: 1 year.

DECITABINE / CEDAZURIDINE (INQOVI)

35 mg / 100 mg tablet

For the treatment of patients with myelodysplastic syndromes (MDS), including previously treated and untreated, who meet all of the following criteria:

- De novo or secondary MDS including all French-American-British subtypes (i.e., refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, refractory anemia with excess blasts in transformation, and chronic myelomonocytic leukemia)
- Intermediate-1, intermediate-2, or high-risk MDS, according to the International Prognostic Scoring System
- Have not experienced disease progression on a hypomethylating agent

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 Note:

- Approval period: 1 year.

**DEFERASIROX (JADENU and generic brands)
90 mg, 180 mg and 360 mg film-coated tablets**

For the treatment of chronic iron overload.

**DEFERIPRONE (FERRIPROX)
1000 mg tablet and 100 mg/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)
60 mg/mL prefilled syringe**

For the treatment of osteoporosis in patients who have:

- a high fracture risk, and
- a contraindication, severe gastrointestinal intolerance, or are refractory to bisphosphonates.

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 osteoporosis therapy.
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 Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
 - High 10-year fracture risk ($\geq 20\%$) as defined by the CAROC or FRAX tool.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

**DENOSUMAB (XGEVA)
120 mg / 1.7 mL 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 (generic brands)
0.1 mg and 0.2 mg tablets
DESMOPRESSIN (DDAVP MELT)
60 mcg and 120 mcg 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 CDEF-18G.

**DESMOPRESSIN (generic brand)
10 mcg metered dose nasal spray**

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.

**DIENOGEST (VISANNE and generic brands)
2 mg 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 and generic brands)
120 mg and 240 mg delayed-release capsules**

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Approval Period: 2 years.

**DIPYRIDAMOLE AND ACETYLSALIC ACID (generic brand)
200 mg / 25 mg 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.

**DORNASE ALFA (PULMOZYME)
1 mg/mL solution**

For the treatment of patients with cystic fibrosis with clinical evidence of lung disease (e.g., frequent pulmonary exacerbations, FEV₁ less than 90% predicted, difficulty clearing secretions).

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACBDEFGV
- Approval period: Long term.

**DOLUTEGRAVIR AND RILPIVIRINE (JULUCA)
50 mg / 25 mg tablet**

As a complete regimen to replace the current antiretroviral regimen for the treatment of HIV-1 infection in adult patients who are virologically stable and suppressed (i.e. HIV-1 RNA less than 50 copies per mL).

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**DORAVIRINE (PIFELTRO)
100 mg tablet**

For use in combination with other antiretrovirals in adult patients with HIV-1 infection, who have no known mutations associated with resistance to doravirine.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

DULOXETINE (CYMBALTA and generic brands)
30 mg and 60 mg delayed release capsules

Chronic Pain

For the treatment of patients with chronic pain.

Claim Note:

- The maximum dose reimbursed is 60 mg 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 60 mg daily.

DUPILUMAB (DUPIXENT)
200 mg / 1.14 mL prefilled syringe and prefilled pen
300 mg / 2 mL prefilled syringe and prefilled pen

Asthma

1. For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype in patients aged 6 to 11 years of age who are inadequately controlled with medium-to high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., long-acting beta-agonist) or high-dose ICS alone and meet the following criteria:

- blood eosinophil count $\geq 0.15 \times 10^9/L$ within the past 12 months; and
- uncontrolled asthma with at least one clinically significant asthma exacerbation in the past 12 months.

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- The number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. Medium dose ICS is defined as between 200 mcg and 400 mcg of fluticasone propionate or equivalent daily dose and high-dose ICS is defined as greater than 400 mcg of fluticasone propionate or equivalent daily dose.
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 pediatric respirologist or allergist experienced in the treatment of severe asthma.
 - Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
 - Approvals will be for a maximum of 200 mg every two weeks or 300 mg every four weeks.
 - Approval period: 1 year.
2. For the adjunctive treatment of severe asthma with a type 2 or eosinophilic phenotype or oral corticosteroid (OCS) dependent severe asthma in patients 12 years of age and older who are inadequately controlled with high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., long-acting beta-agonist) and meets one of the following criteria:
 - blood eosinophil count $\geq 0.15 \times 10^9/L$ within the past 12 months, or
 - have OCS dependent asthma.

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or

- No decrease in the daily maintenance OCS dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. A baseline and annual number of clinically significant asthma exacerbations must be provided.
3. High-dose ICS is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
4. A significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe asthma.
- Combined use of dupilumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Approval period: 1 year.

Atopic Dermatitis

For the treatment of moderate to severe atopic dermatitis (AD) in patients 12 years of age and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies combined with phototherapy (where available)
- Refractory, intolerant or have contraindications to an adequate trial of methotrexate, cyclosporine, mycophenolic acid, or azathioprine
- Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater.

Renewal Criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Claim Notes:

- Must be prescribed by a dermatologist, pediatrician or clinical immunologist with experience in the treatment of moderate to severe AD.
- Combined use of more than one immunomodulatory drug (e.g., biologics or janus kinase inhibitors) for the treatment of moderate to severe AD will not be reimbursed.
- Approvals will be for a maximum of 600 mg at week 0, then 300 mg every two weeks thereafter.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

ECULIZUMAB (SOLIRIS)

30 mg / 30 mL 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](#).

EDARAVONE (RADICAVA)
0.3 mg/mL solution for injection
105 mg / 5 mL oral solution

For the treatment of patients with probable or definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:

- ALS Functional Rating Scale – Revised (ALSFRS-R) score of at least two points on each item
- Forced vital capacity (FVC) greater than or equal to 80% of predicted
- ALS symptoms for two years or less
- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:

- The patient is non-ambulatory (ALSFRS-R score less than or equal to 1 for item 8) and unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy tube is in place (ALSFRS-R score less than 1 for item 5a or 5b); or
- The patient requires permanent non-invasive or invasive ventilation.

Clinical Note:

- ALSFRS-R scores and FVC must be provided.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of ALS.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

ELOSULFASE ALFA (VIMIZIM)
5 mg / 5 mL single-use vial

For the treatment of patients with mucopolysaccharidosis type IVA (MPS IVA).

Clinical Note:

- Please contact the NB Drug Plans at 1-800-332-3691 for the complete criteria.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

EMPAGLIFLOZIN (JARDIANCE)
10 mg and 25 mg tablets

1. For the treatment of type 2 diabetes mellitus when added to metformin and a sulfonylurea for patients with inadequate glycemic control on metformin and a sulfonylurea.
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. For patients who cannot take metformin and/or a sulfonylurea due to contraindications or intolerances, details must be provided.
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 AND METFORMIN (SYNJARDY)
5 mg / 500 mg, 5 mg / 850 mg, 5 mg / 1000 mg, 12.5 mg / 500 mg, 12.5 mg / 850 mg and 12.5 mg / 1000 mg tablets

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 AND 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 less than or equal to 100,000 copies/mL

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**EMTRICITABINE, TENOFOVIR ALAFENAMIDE, ELVITEGRAVIR AND COBICISTAT (GENVOYA)
200 mg / 10 mg / 150 mg / 150 mg tablet**

For the treatment of HIV-1 infection in patients 12 years of age and older (weighing at least 35kg) with no known mutations associated with resistance to the individual components of Genvoya.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**EMTRICITABINE, TENOFOVIR DISOPROXIL, ELVITEGRAVIR AND COBICISTAT (STRIBILD)
200 mg / 300 mg / 150 mg / 150 mg tablet**

As a complete regimen for antiretroviral treatment naïve HIV-1 infected patients in whom efavirenz is not indicated.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**ENCORAFENIB (BRAFTOVI)
75 mg capsule**

Metastatic Colorectal Cancer

In combination with panitumumab for the treatment of patients with metastatic colorectal cancer who meet all of the following criteria:

- Presence of BRAF V600E mutation
- Disease progression following at least one prior therapy in the metastatic setting
- No previous treatment with an EGFR inhibitor

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:

- Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Approval period: 6 months.

Metastatic Melanoma

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with binimetinib.

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:

- Encorafenib will not be reimbursed in patients who have progressed on BRAF targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.

ENTRECTINIB (ROZLYTREK)
100 mg and 200 mg capsules

Non-Small Cell Lung Cancer

As monotherapy for the first-line treatment of patients with ROS1-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

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 Note:

- Approval period: 1 year.

Solid Tumors with NTRK gene fusion

As monotherapy for the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumors who meet all of the following criteria:

- Tumors have a NTRK gene fusion without a known acquired resistance mutation
- No other satisfactory treatment options
- Not a candidate for surgery and/or radiation due to risk of substantial morbidity

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If central nervous system metastases are present, patients must be asymptomatic.
3. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a NTRK inhibitor.
- Approval period: 6 months.

ENZALUTAMIDE (XTANDI)
40 mg capsule

Metastatic Castration-Resistant Prostate Cancer

For the treatment of patients with metastatic castration-resistant prostate cancer.

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 and no risk factors for seizures.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide or darolutamide.
- Approval period: 1 year.

Metastatic Castration-Sensitive Prostate Cancer

In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC) who have had no prior ADT, or are within 6 months of beginning ADT, in the metastatic setting.

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 and no risk factors for seizures.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who are within 1 year of completing adjuvant ADT in the non-metastatic setting.
- Patients who experience disease progression on apalutamide or darolutamide are not eligible.
- Approval period: 1 year.

Non-Metastatic Castration-Resistant Prostate Cancer

In combination with androgen deprivation therapy (ADT) for the treatment of patients with non-metastatic castration-resistant prostate cancer who have a prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L.
2. Castrate levels of testosterone must be maintained throughout treatment with enzalutamide.
3. Patients must have a good performance status and no risk factors for seizures.
4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests for enzalutamide will not be considered for patients who experience disease progression on apalutamide or darolutamide.
- Approval period: 1 year.

EPLERENONE (INSPIRA and generic brand)

25 mg and 50 mg 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 less than or equal to 40%), as an adjunct to standard care 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)

1,000 IU / 0.5 mL, 2,000 IU / 0.5 mL, 3,000 IU / 0.3 mL, 4,000 IU / 0.4 mL, 5,000 IU / 0.5 mL, 6,000 IU / 0.6 mL, 8,000 IU / 0.8 mL, 10,000 IU/mL, 20,000 IU/mL, 30,000 IU / 0.75 mL and 40,000 IU/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)
0.5 mg and 1.5 mg vials**

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

**EPTINEZUMAB (VYEPTI)
100 mg/mL vial**

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
 - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
 - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

**ESLICARBAZEPINE (APTiom)
200 mg, 400 mg, 600 mg and 800 mg 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 Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

ETANERCEPT

Brenzys 50 mg/mL autoinjector and prefilled syringe

Erelzi 25 mg / 0.5 mL prefilled syringe and 50 mg/mL 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 greater than or equal to 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 2 weeks each 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug 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: Long term.

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) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug 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 twice weekly for 12 weeks, then once weekly thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: Long term. Confirmation of 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.
- Combined use of more than one biologic drug will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar version only.
- Approvals will be for a maximum of 0.8 mg/kg, up to 50 mg per week.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors 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: Long term. Confirmation of 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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors 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: Long term. Confirmation of response is required.

**ETRAVIRINE (INTELENCE)
100 mg and 200 mg 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 and generic brands)
2.5 mg, 5 mg and 10 mg tablets**

Advanced Breast Cancer

For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer in postmenopausal patients, 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 Note:

- Approval period: 1 year.

Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced or metastatic renal cell carcinoma following disease progression on 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, cabozantinib or nivolumab monotherapy.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Neuroendocrine Tumours

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 tumours (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.
- Approval period: 1 year.

EVOLOCUMAB (REPATHA)

140 mg/mL autoinjector

120 mg/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 140 mg every 2 weeks or 420 mg monthly.

- Initial approval period: 6 months.
- Renewal approval period: 1 year.

FARICIMAB (VABYSMO)
6 mg / 0.05 mL solution for intravitreal injection

Diabetic macular edema

For the treatment of patients with diabetic macular edema who meet all of the following criteria:

- Clinically significant center-involving macular edema for whom laser photocoagulation is also indicated.
- Central retinal thickness greater than or equal to 250 micrometers.

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks.
- Approval period: 1 year. Confirmation of continued response is required.

Neovascular (wet) age-related macular degeneration

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).

Discontinuation Criteria:

- Reduction in Best Corrected Visual Acuity (BCVA) in the treated eye of 15 letters or more on 2 consecutive visits, attributed to AMD in the absence of other pathology, or
- Reduction in BCVA in the treated eye of 30 letters or more compared to either baseline and/or best recorded level, or
- There is evidence of deterioration of the lesion morphology despite optimum treatment over 3 consecutive visits.

Clinical Note:

- BCVA must be provided with initial request and with subsequent renewal requests.

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 4 weeks for 16 weeks, followed by 1 vial per eye every 8 weeks thereafter.
- Approval period: 1 year.

FEBUXOSTAT (generic brands)
80 mg tablet

For the treatment of symptomatic gout in patients who are refractory, intolerant or have a contraindication to allopurinol.

FEDRATINIB (INREBIC)
100 mg capsule

For the treatment of splenomegaly and/or disease-related symptoms in adult patients with:

- intermediate-2 or high-risk primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis; and
- a contraindication or intolerance to ruxolitinib.

Renewal Criteria:

- Confirmation that the patient has responded to treatment as evidenced by a reduction in spleen size or symptom improvement.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued in patients who have progressive increase in spleen size, return of constitutional symptoms or development of serious adverse events.

Claim Notes:

- Requests will not be considered for patients who experience disease progression following treatment with ruxolitinib.
- Approval period: 6 months.

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**FENTANYL (generic brands)
12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr and 100 mcg/hr transdermal patch**

For the treatment of cancer-related or chronic non-cancer pain in adult patients who were previously receiving at least 60 mg per day of oral morphine equivalents and who:

- had an inadequate response, intolerance, or contraindication to oral opioids; or
- are unable to take oral therapy.

**FESOTERODINE (TOVIAZ and generic brand)
4 mg and 8 mg 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)
200 mg 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 300 mcg / 0.5 mL and 480 mcg / 0.8 mL prefilled syringes
Nivestym 300 mcg / 0.5 mL and 480 mcg / 0.8 mL prefilled syringes, 300 mcg/mL and 480 mcg / 1.6 mL vial**

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 Note:

- All requests for coverage of filgrastim will be approved for the biosimilar versions only.

**FINERENONE (KERENDIA)
10 mg and 20 mg tablets**

As an adjunct to standard care therapy to reduce the risk of end-stage kidney disease, cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease and type 2 diabetes mellitus and who meet all of the following criteria:

- Estimated glomerular filtration rate (eGFR) level greater than or equal to 25 mL/min/1.73 m²
- Urine albumin-creatinine ratio (UACR) greater than or equal to 3 mg/mmol
- Does not have New York Heart Association (NYHA) class II to IV heart failure

Clinical Notes:

1. eGFR and UACR lab values must be provided.
2. Treatment should be discontinued if the eGFR is less than 15 mL/min/1.73 m² or if the UACR has increased from baseline.

Claim Notes:

- Must be prescribed by, or in consultation with, a nephrologist.
- Combined use of more than one mineralocorticoid receptor antagonist (e.g., spironolactone, eplerenone) will not be reimbursed.
- Approvals will be for a maximum of 20 mg daily.
- Approval period: Long term.

**FINGOLIMOD (GILENYA and generic brands)
0.5 mg capsule**

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Has experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Approval period: 2 years.

**FLUCONAZOLE (DIFLUCAN)
50 mg / 5 mL 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)
10 mg film-coated tablet**

- For the first-line treatment of patients with chronic lymphocytic leukemia (CLL)/ small lymphocytic lymphoma (SLL) when used in combination with rituximab (with or without cyclophosphamide).
- For the treatment of patients with CLL / SLL who have failed to respond to, or have relapsed during or after previous therapy with an alkylating agent.

**FLUOXETINE (Generic brands)
20 mg / 5 mL oral solution**

For use in patients for whom oral capsules are not an option.

FLUTICASONE FUROATE, UMECLIDINIUM AND VILANTEROL (TRELEGY ELLIPTA)
100 mcg / 62.5 mcg / 25 mcg dry powder for inhalation

For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting anticholinergic (LABA/LAAC).

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio of less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale Score grade).
2. Inadequate control while being treated with a LABA/LAAC is defined as persistent symptoms for at least two months or experiencing 2 or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least 1 exacerbation of COPD requiring hospitalization.
3. Patients should not be started on a LABA, LAAC and an inhaled corticosteroid (triple inhaled therapy) as initial therapy.

FORMOTEROL, GLYCOPYRRONIUM BROMIDE AND BUDESONIDE (BREZTRI AEROSPHERE)
5.8 mcg / 8.2 mcg / 182 mcg suspension for inhalation

For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting anticholinergic (LABA/LAAC).

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio of less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale Score grade).
2. Inadequate control while being treated with a LABA/LAAC is defined as persistent symptoms for at least two months or experiencing two or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least one exacerbation of COPD requiring hospitalization.
3. Patients should not be started on a LABA, LAAC and an inhaled corticosteroid (triple inhaled therapy) as initial therapy.

Claim Note:

- Approval period: Long term.

FOSFOMYCIN (MONUROL and generic brand)
3 g 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.

FREMANEZUMAB (AJOVY)
225 mg / 1.5 mL autoinjector and prefilled syringe

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
 - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
 - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

GALANTAMINE (generic brands)

8 mg, 16 mg, and 24 mg extended release capsules

For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria:

- Mini-Mental State Exam (MMSE) score of 10 to 30
- Functional Assessment Staging Test (FAST) score of 4 to 5

Clinical Notes:

1. Requests must contain an updated MMSE and FAST score completed within 6 months of the request.
2. The nature of the intolerance must be described.

Claim Note:

- Approval period: 1 year.

GALCANEZUMAB (EMGALITY)

120 mg/mL autoinjector and prefilled syringe

For the prevention of migraine in patients with a confirmed diagnosis of episodic or chronic migraine who have experienced an inadequate response, intolerance, or contraindication to at least two classes of oral prophylactic migraine medications.

Renewal Criteria:

- A reduction of at least 50% in the average number of migraine days per month at the time of initial renewal compared with baseline.
- At subsequent renewals, the patient continues to maintain the reduction of at least 50% in average number of migraine days per month.

Clinical Notes:

1. The average number of headache and migraine days per month must be provided on initial and renewal requests.
2. According to the International Headache Society criteria, episodic or chronic migraine are defined as:
 - Episodic migraine: migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.
 - Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least eight days per month are with migraine.

Claim Notes:

- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

GILTERITINIB (XOSPATA)

40 mg tablet

As monotherapy for the treatment of adult patients with relapsed or refractory FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia who meet all of the following criteria:

- Confirmed positive for FLT3 mutation at the time of relapse or determination of refractory disease
- Presence of FLT3-ITD, FLT3-TKD/D835 or FLT3-TKD/I836 mutation

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue as long as clinical benefit is observed or until unacceptable toxicity occurs.

Claim Notes:

- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

GIVOSIRAN (GIVLAARI)
189 mg/mL single-use vial

For the treatment of acute hepatic porphyria (AHP) in adult patients who meet all of the following criteria:

- Diagnosis of AHP confirmed by urinary delta-aminolevulinic acid (ALA), urinary porphobilinogen (PBG), or genetic testing
- Four or more porphyria attacks requiring either hospitalization, an urgent health care visit, or IV hemin in the year prior to initiating treatment with givosiran

Renewal Criteria:

- A reduction in the annualized attack rate of attacks that required hospitalization, an urgent health care visit, or IV hemin after 12 months of therapy compared to baseline.

Clinical Notes:

1. Documentation of a confirmed diagnosis of AHP must be provided.
2. The number of porphyria attacks within the year prior to initiation of givosiran, including the approximate dates and the management of each attack (i.e., hospitalization, urgent health care visit, IV hemin) must be provided on the initial request.
3. The annualized attack rate (i.e., the number of attacks over a specific time period) must be provided on each renewal request.

Claim Notes:

- Must be prescribed by a clinician experienced in the management of AHP.
- Requests for givosiran in combination with prophylactic hemin will not be considered.
- Approvals will be for a maximum of 2.5 mg/kg once a month.
- 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](#).

GLUCAGON (BAQSIMI)
3 mg nasal powder

For patients receiving insulin who are at high risk of hypoglycemia.

Claim Notes:

- A maximum of 2 doses will be reimbursed annually without special authorization for individuals who have had a claim for insulin in the previous 12 months.
- Special authorization requests for additional doses will be considered for up to one dose per month.

GLYCEROL PHENYLBUTYRATE (RAVICTI)
1.1 g/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 Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

GLECAPREVIR AND PIBRENTASVIR (MAVIRET)
100 mg / 40 mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) with a confirmed quantitative HCV RNA value within the last 12 months.

Approval Period	
Genotypes 1, 2, 3, 4, 5 or 6 <ul style="list-style-type: none">• Treatment-naïve	8 weeks
Genotypes 1, 2, 4, 5 or 6 <ul style="list-style-type: none">• Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	8 weeks (12 weeks with cirrhosis)

Genotype 1 <ul style="list-style-type: none"> NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing: <ul style="list-style-type: none"> Boceprevir/PR; or Simeprevir (SMV)/SOF; or SMV/PR; or Telaprevir/PR 	12 weeks
Genotype 1 <ul style="list-style-type: none"> NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing: <ul style="list-style-type: none"> Daclatasvir (DCV)/SOF; or DCV/PR; or Ledipasvir/SOF 	16 weeks
Genotype 3 <ul style="list-style-type: none"> Treatment-experienced with regimens containing PR and/or SOF 	16 weeks

Clinical Note:

- Genotype must be provided for treatment-experienced patients.

Claim Notes:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

GOLIMUMAB (SIMPONI)

50 mg / 0.5 mL and 100 mg/mL autoinjectors and prefilled syringes

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g., Bath AS Disease Activity Index (BASDAI) score greater than or equal to 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 2 weeks each 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 50 mg 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 50 mg per month.
- 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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 50 mg 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 greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:
 - refractory or intolerant to conventional therapy (i.e. aminosaliclates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
 - a decrease in the rectal bleeding subscore greater than or equal to 1.

Clinical Notes:

1. Consideration will be given for patients who have not received a four week trial of aminosaliclates if disease is severe (partial Mayo score greater than 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 drug will not be reimbursed.
- Approvals will be for a maximum of 200 mg at week 0, 100 mg at week 2 then 100 mg every four weeks thereafter.
- Initial approval period: 3 months.
- Renewal approval period: 1 year.

GRASS POLLEN ALLERGEN EXTRACT (ORALAIR) **100 IR and 300 IR 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

GUSELKUMAB (TREMFA) **100 mg/mL patient-controlled injector and prefilled syringe**

Plaque Psoriasis

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 will not be reimbursed.
- Approvals will be for a maximum of 100 mg at week 0 and 4, then every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Psoriatic Arthritis

- For the treatment of adult 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 100 mg at week 0 and 4, then every 8 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

IBRUTINIB (IMBRUVICA)
140 mg capsule

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for the treatment of patients with CLL/SLL who have received at least one prior therapy.
3. As monotherapy 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:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- 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](#).

ICATIBANT (FIRAZYR)
30 mg / 3 mL 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)
100 mg and 150 mg film-coated tablets

For the treatment of patients with relapsed chronic lymphocytic leukemia/small lymphocytic lymphoma, 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:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor, except as a bridge to transplant.
- Initial approval period: 6 months.
- Renewal approval period: 12 months.

ICOSAPENT ETHYL (VASCEPA)
1 g capsule

To reduce the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, coronary revascularization, or hospitalization for unstable angina) in statin treated patients with elevated triglycerides who meet all of the following criteria:

- 45 years of age and older
- Established cardiovascular disease

- Baseline fasting triglyceride between 1.7 mmol/L and 5.6 mmol/L measured within the three months prior to initiating treatment with Vascepa
- Baseline low-density lipoprotein cholesterol (LDL-C) between 1.0 mmol/L and 2.6 mmol/L
- Receiving a maximally tolerated statin dose for a minimum of 4 weeks, targeted to achieve an LDL-C lower than 2.0 mmol/L

Clinical Note:

- LDL-C and triglyceride levels must be provided.

Claim Notes:

- Approvals will be for a maximum of 4 g daily.
- Approval period: 1 year.

**IMIQUIMOD (ALDARA P 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 LD₅₀ units per vial and 100 LD₅₀ 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, GLYCOPYRRONIUM BROMIDE, AND MOMETASONE (ENERZAIR BREEZHALER)
160 mcg / 50 mcg / 150 mcg powder for inhalation**

For the treatment of asthma in patients who are inadequately controlled with a medium or high dose inhaled corticosteroid and a long-acting beta-2 agonist and have experienced one or more asthma exacerbations in the previous 12 months.

**INFliximab (AVSOLA, INFLECTRA, 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 greater than or equal to 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 2 weeks each 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.

- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug 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: Long term.
- 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 drug 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: Long term. Confirmation of 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 adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug 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: Long term. Confirmation of 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors 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: Long term. Confirmation of 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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors 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: Long term. Confirmation of 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 greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:
 - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
 - a decrease in the rectal bleeding subscore greater than or equal to 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 greater than 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 drug 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: Long term.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

INOTERSEN (TEGSEDI)
284 mg / 1.5 mL prefilled syringe

For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:

- Confirmed genetic diagnosis of hATTR
- Symptomatic early-stage neuropathy
- Does not have New York Heart Association class III or IV heart failure
- Has not previously undergone a liver transplant

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living, or
- The patient is receiving end-of-life care.

Clinical Note:

- Symptomatic early stage neuropathy is defined as Polyneuropathy disability stage I to IIIB or Familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 12 months. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

INSULIN DETEMIR (LEVEMIR)
100 U/mL penfill cartridge and FlexTouch prefilled pen

1. For the treatment of patients with type 1 or type 2 diabetes who have taken other long acting insulin analogues (insulin glargine and insulin degludec), and have:
 - experienced unexplained nocturnal hypoglycemia at least once a month despite optimal management; or
 - documented severe or continuing systemic or local allergic reaction.
2. For the treatment of pediatric and adolescent patients with type 1 diabetes.
3. For the treatment of pregnant individuals with type 1 or type 2 diabetes requiring insulin.

INTERFERON BETA-1A (AVONEX PS)
30 mcg / 0.5 mL autoinjector and prefilled syringe

1. For the treatment of adult patients who have experienced a clinically isolated syndrome.
2. For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet the following criteria:
 - Confirmed diagnosis based on McDonald criteria
 - Has experienced one or more disabling relapses or new MRI activity in the past two years
 - Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGHV.
- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat MS will not be reimbursed.
- Approval period: 2 years.

INTERFERON BETA-1A (REBIF)

22 mcg / 0.5 mL and 44 mcg / 0.5 mL prefilled syringes
66 mcg / 1.5 mL and 132 mcg / 1.5 mL prefilled cartridges

1. For the treatment of adult patients who have experienced a clinically isolated syndrome.
2. For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet the following criteria:
 - Confirmed diagnosis based on McDonald criteria
 - Has experienced one or more disabling relapses or new MRI activity in the past two years
 - Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGHV.
- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat MS will not be reimbursed.
- Approval Period: 2 years.

INTERFERON BETA-1B (BETASERON)

0.3 mg single-use vial

1. For the treatment of adult patients who have experienced a clinically isolated syndrome.
2. For the treatment of adult patients with relapsing-remitting multiple sclerosis who meet the following criteria:
 - Confirmed diagnosis based on McDonald criteria
 - Has experienced one or more disabling relapses or new MRI activity in the past two years
 - Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
3. For the treatment of adult patients with secondary progressive multiple sclerosis who meet the following criteria:
 - History of RRMS
 - Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests for Betaseron will be considered for individuals enrolled in Plans ACDEFGHV.
- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat MS will not be reimbursed.
- Approval period: 2 years.

IPRATROPIUM BROMIDE (generic brands)

125 mcg/mL and 250 mcg/mL solution for inhalation

For patients who have tried using an inhaler with spacer device and

- Are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- Have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

FERRIC DERISOMALTOSE (MONOFERRIC)

100 mg/mL single-use vial

For the treatment of iron deficiency anemia in patients who

- are intolerant to oral iron replacement products, or
- have not responded to an adequate trial of oral iron.

ISAVUCONAZOLE (CRESEMBA)**100 mg capsule****200 mg vial**

- For the treatment of adult patients with invasive aspergillosis who have a contraindication, intolerance or have failed to respond to oral voriconazole and caspofungin.
- For the treatment of adult patients with invasive mucormycosis.

Claim Notes:

- Must be prescribed by an infectious disease specialist or medical microbiologist.
- Initial requests will be approved for a maximum of 3 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

ITRACONAZOLE (SPORANOX and generic brands)**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)**5 mg and 7.5 mg 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 care therapy to reduce the incidence of cardiovascular death and hospitalization who meet all of the following criteria:

- Left ventricular ejection fraction (LVEF) of less than or equal to 35%
- Sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm)
- 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)**150 mg tablet**

For the treatment of cystic fibrosis in patients who are:

- age 6 years and older and have one of the following cystic fibrosis transmembrane conductance regulator (CFTR) gene mutations: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N or S549R; or
- age 18 years and older with an R117H mutation in the CFTR gene.

Renewal Criteria:

- Renewal requests will be considered in patients with documented response to treatment as evidenced by the following:

In cases where the baseline sweat chloride levels were greater than 60 mmol/L:

- the patient's sweat chloride level fell below 60 mmol/L; or
- the patient's sweat chloride level falls by at least 30%

In cases where the baseline sweat chloride levels were below 60 mmol/L:

- the patient's sweat chloride level falls by at least 30%; or
- the patient demonstrates a sustained absolute improvement in FEV₁ of at least 5% when compared to the FEV₁ test conducted prior to starting therapy. FEV₁ will be compared with the baseline pre-treatment level one month and three months after starting treatment

Clinical Notes:

1. The patient's sweat chloride level and FEV₁ must be provided with each request.

2. A sweat chloride test must be performed within a few months of starting ivacaftor therapy to determine if sweat chloride levels are reducing.
 - If the expected reduction occurs, a sweat chloride test must be performed again 6 months after starting therapy to determine if the full reduction has been achieved. Thereafter, sweat chloride levels must be checked annually.
 - If the expected reduction does not occur, a sweat chloride test should be performed again one week later. If the criteria are not met, coverage will be discontinued.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- The patient must be under the care of a physician with experience in the diagnosis and management of CF.
- Combined use of more than one CFTR modulator will not be reimbursed.
- Approved dose: 150 mg every 12 hours.
- 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](#).

**ELEXACFTOR, TEZACFTOR and IVACFTOR and IVACFTOR (TRIKAFTA)
80 mg / 40 mg / 60 mg granules and 59.5 mg granules
100 mg / 50 mg / 75 mg granules and 75 mg granules**

For the treatment of cystic fibrosis (CF) in patients aged 2 to 5 years of age who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Initial Renewal Criteria:

The patient must meet one of the following criteria:

- Decrease in the total number of days for which the patient received treatment with oral and/or intravenous (IV) antibiotics for pulmonary exacerbations compared with the 6-month period prior to initiating treatment.
- Decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6-month period prior to initiating treatment.
- No decrease in Body Mass Index (BMI) z-score compared with baseline.

Subsequent Renewal Criteria:

- Evidence of continued benefit must be provided for at least one of the parameters noted above at the end of each 12-month period.

Clinical Notes:

1. The following baseline measurements must be provided prior to initiation of treatment:
 - Total number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the 6 months prior to initiation of treatment
 - Total number of pulmonary exacerbations requiring oral and/or IV antibiotics in the 6 months prior to initiation of treatment
 - BMI z-score
2. Requests will not be considered for patients who have undergone lung transplantation.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans DFG.
- The patient must be under the care of a physician with experience in the diagnosis and management of CF.
- Combined use of more than one CFTR modulator will not be reimbursed.
- 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](#).

**ELEXACFTOR, TEZACFTOR and IVACFTOR and IVACFTOR (TRIKAFTA)
50 mg / 25 mg / 37.5 mg tablets and 75 mg tablets
100 mg / 50 mg / 75 mg tablets and 150 mg tablets**

For the treatment of cystic fibrosis (CF) in patients 6 years of age and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

Initial Renewal Criteria:

The patient must meet one of the following criteria:

- Increase in ppFEV1 by at least 5% compared with baseline.
- Decrease in the total number of days for which the patient received treatment with oral and/or intravenous (IV) antibiotics for pulmonary exacerbations compared with the 6-month period prior to initiating treatment.
- Decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6-month period prior to initiating treatment.

- Decrease in the number of CF-related hospitalizations compared with the 6-month period prior to initiating treatment.
- No decrease in Body Mass Index (BMI) or BMI z-score for children at 6-months compared with baseline.
- Increase of 4 points or more on the CF Questionnaire-Revised (CFQ-R) Respiratory Domain Scale compared with baseline.

Subsequent Renewal Criteria:

- Evidence of continued benefit must be provided for at least one of the parameters noted above at the end of each 12-month period.

Clinical Notes:

1. The following baseline measurements must be provided prior to initiation of treatment:
 - ppFEV1 measured within the 3-month period prior to initiation of treatment
 - Total number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the 6 months prior to initiation of treatment
 - Total number of pulmonary exacerbations requiring oral and/or IV antibiotics in the 6 months prior to initiation of treatment
 - Number of CF-related hospitalizations in the 6 months prior to initiation of treatment
 - BMI or BMI z-score for children
 - CFQ-R Respiratory Domain score
2. Requests will not be considered for patients who have undergone lung transplantation.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- The patient must be under the care of a physician with experience in the diagnosis and management of CF.
- Combined use of more than one CFTR modulator will not be reimbursed.
- Initial approval period: 7 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](#).

IXEKIZUMAB (TALTZ)

80 mg/mL autoinjector and prefilled syringe

Plaque Psoriasis

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for 160 mg at week 0, followed by 80 mg every four weeks.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

**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 (generic brands)
100 mg 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.

**LAMIVUDINE AND DOLUTEGRAVIR (DOVATO)
50 mg / 300 mg tablet**

For the treatment of HIV-1 infection in patients 12 years of age or older and weighing at least 40kg, who meet the following criteria:

- HIV-1 treatment-naïve
- Viral load less than or equal to 500,000 copies/mL

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**LAMIVUDINE, TENOFOVIR DISOPROXIL AND DORAVIRINE (DELSTRIGO)
300 mg / 300 mg / 100 mg tablet**

For the treatment of adult patients with HIV-1 infection with no known mutations associated with resistance to the individual components of Delstrigo.

Claim Notes:

- Prescriptions written for beneficiaries of Plans CU by infectious disease specialists and medical microbiologists who are licensed by the College of Physicians and Surgeons of New Brunswick, do not require special authorization.
- Approval period: Long term.

**LANADELUMAB (TAKHZYRO)
300 mg vial and prefilled syringe**

For the prevention of attacks of type I or II hereditary angioedema (HAE) in patients 12 years of age and older who have experienced at least three HAE attacks within any four-week period and required the use of an acute injectable treatment.

Discontinuation Criteria:

- No reduction in the number of HAE attacks for which acute injectable treatment was received during the first three months of treatment with lanadelumab compared to the number of attacks observed before initiating treatment with lanadelumab; or
- Increase in the number of HAE attacks for which acute injectable treatment was received compared to the number of attacks before initiating treatment with lanadelumab.

Clinical Note:

- The pre-treatment attack rate must be provided for those patients who are already receiving long-term prophylactic treatment for HAE and intend to transition to lanadelumab.

Claim Notes:

- The patient must be under the care of a physician experienced in the diagnosis and treatment of HAE
- Not to be used in combination with other long-term prophylactic treatment of HAE (e.g., C1 esterase inhibitor).
- Approvals will be for a maximum of 300 mg every two weeks.
- Initial approval period: 3 months.
- Renewal approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**LANSOPRAZOLE (PREVACID and generic brands)
15 mg and 30 mg 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).
- When compounded as an oral suspension for patients 18 years and younger, who require the use of a proton pump inhibitor and cannot use a tablet or capsule.

Claim Note:

- Approval period: Long term.

**LANSOPRAZOLE (PREVACID FASTAB)
15 mg and 30 mg delayed-release tablets**

For patients who require drugs to be administered through a feeding tube or cannot use a tablet or capsule.

Claim Note:

- Approval period: Long term.

**LANTHANUM (FOSRENOL)
500 mg, 750 mg and 1000 mg chewable tablets**

For the treatment of hyperphosphatemia (serum phosphate greater than 1.8 mmol/L) in patients with end-stage renal disease who are intolerant to, or have inadequate control of phosphate levels with, another phosphate binder.

Claim Note:

- Approval period: Long term.

**LAPATINIB (TYKERB)
250 mg tablet**

In combination with capecitabine for the treatment of patients with unresectable locally advanced or metastatic HER2-positive breast cancer when used as:

- first-line therapy following disease relapse during or within six months of completing adjuvant treatment with trastuzumab or trastuzumab emtansine; or
- second-line therapy following disease progression on trastuzumab, with or without pertuzumab, in the advanced setting.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and that there is no evidence of disease progression.

Clinical Note:

- Patients must have a good performance status.

Claim Note:

- Approval period: 6 months.

LAROTRECTINIB (VITRAKVI)
25 mg and 100 mg capsules
20 mg / mL oral solution

As monotherapy for the treatment of adult and pediatric patients with unresectable locally advanced or metastatic solid tumors who meet all of the following criteria:

- Tumors have a NTRK gene fusion without a known acquired resistance mutation
- No other satisfactory treatment options
- Not a candidate for surgery and/or radiation due to risk of substantial morbidity

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients must be asymptomatic.
3. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a NTRK inhibitor.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

LENALIDOMIDE (REVLIMID and generic brands)
2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg and 25 mg capsules

Multiple Myeloma

1. As first-line treatment for patients with newly diagnosed multiple myeloma who are not eligible for stem cell transplant when used:
 - in combination with dexamethasone, with or without bortezomib; or
 - in combination with daratumumab and dexamethasone.
2. For the treatment of patients with multiple myeloma when used in combination with bortezomib and dexamethasone as induction therapy prior to autologous stem cell transplant.
3. For the treatment of relapsed or refractory multiple myeloma when used:
 - in combination with dexamethasone for patients who have not progressed on lenalidomide; or
 - in combination with carfilzomib and dexamethasone for patients who have not progressed on bortezomib or lenalidomide; or
 - in combination with daratumumab and dexamethasone for patients who have not progressed on lenalidomide.
4. For the maintenance treatment of patients with newly diagnosed multiple myeloma who have stable or improved disease following stem cell transplant and no evidence of disease progression.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Treatment should be discontinued upon disease progression or unacceptable toxicity.
2. Patients must have a good performance status.

Claim Note:

- Approval period: 1 year.

Myelodysplastic Syndrome

For the treatment of patients with anemia due to myelodysplastic syndrome who meet all of the following:

- Presence of deletion 5q cytogenetic abnormality
- International Prognostic Scoring System (IPSS) risk category low or intermediate-1
- Transfusion-dependent symptomatic anemia

Renewal Criteria:

- Patients who are transfusion-dependent must demonstrate at least fifty percent reduction in transfusion requirements.
- Renewal requests for patients who are not transfusion-dependent may be considered if the patient's serial CBC (pre- and post-lenalidomide) and any other objective evidence of response to therapy is included.

Clinical Note:

- 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 Note:

- Approval period: 1 year.

LENVATINIB (LENVIMA)

4 mg, 8 mg, 10 mg, 12 mg, 14 mg, 20 mg and 24 mg per dose compliance packs

Advanced Endometrial Carcinoma

In combination with pembrolizumab for the treatment of patients with advanced, recurrent, or metastatic endometrial carcinoma that is not microsatellite instability high (MSI-H) or mismatch repair deficient (dMMR) and who meet all of the following criteria:

- Disease progression following prior platinum-based systemic therapy
- Not a candidate for curative surgery or radiation

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 and no active central nervous system metastases.
2. Treatment with lenvatinib should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

Advanced Hepatocellular Carcinoma

For the treatment of unresectable hepatocellular carcinoma, as first-line or second-line therapy after progression on atezolizumab in combination with bevacizumab, for patients who meet all of the following criteria:

- Child-Pugh class status of A
- ECOG performance status of 0 or 1
- Less than 50% liver involvement and no invasion of the bile duct or main portal vein
- No prior liver transplant
- No brain metastases

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:

- Requests for lenvatinib will not be considered for patients who have progressed on sorafenib.
- Approval period: 6 months.

Differentiated Thyroid Cancer

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 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 Note:

- Approval period: 1 year.

Metastatic Renal Cell Carcinoma

In combination with pembrolizumab for the treatment of patients with advanced (not amenable to curative therapy) or metastatic renal cell carcinoma who have not received prior systemic therapy for advanced 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 and no active central nervous system metastases.
2. Treatment with lenvatinib should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

LETERMOVIR (PREVYMIS)

240 mg and 480 mg tablets

240 mg / 12 mL and 480 mg / 24 mL vials

For the prevention of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who have undetectable CMV viremia at baseline and meet one of the following criteria:

- umbilical cord blood as a stem cell source
- recipient of a haploidentical transplant
- recipient of T-cell depleted transplant
- treated with antithymocyte globulin (ATG) for conditioning
- requiring high-dose steroids or other immunosuppression for acute graft versus host disease (GVHD)
- treated with ATG for steroid-refractory acute GVHD
- documented history of CMV disease prior to transplantation

Clinical Note:

- High-dose steroids is defined as the use of greater than or equal to 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid.

Claim Notes:

- Must be prescribed by a medical oncologist, hematologist, or infectious disease specialist or other physician with experience in the management of HSCT.
- Approvals will be for a maximum dose of 480 mg per day.
- Approval period: 100 days per HSCT.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

LEVETIRACETAM (pdp-LEVETIRACETAM)

100 mg/mL oral solution

For use in patients who require administration through a feeding tube or in pediatric patients when oral tablets are not an option.

Claim Note:

- Approval period: 1 year.

LEVOCARNITINE (CARNITOR and generic brand)

100 mg/mL oral solution

330 mg 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 AND CARBIDOPA (DUODOPA)

20 mg / 5 mg/mL intestinal gel

For the treatment of adult patients with advanced levodopa-responsive Parkinson's disease who meet all the following criteria:

- Experiences severe, debilitating motor fluctuations and dyskinesia, with at least 25% of the waking day in the "off" state and/or ongoing levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day)
- Received an adequate trial of maximally tolerated doses of levodopa, with demonstrated clinical response

- Failed an adequate trial of each of the following adjunctive medications, if not contraindicated and/or contrary to the clinical judgment of the prescriber: amantadine, a dopamine agonist, entacapone, and a monoamine oxidase (MAO-B) inhibitor

Renewal Criteria:

- The patient has a significant reduction in time spent in the “off” state and/or in ongoing levodopa-induced dyskinesias along with improvement in the related disability.

Clinical Note:

- Time in the “off” state, frequency of motor fluctuations, and severity of associated disability should be assessed by a movement disorder subspecialist and be based on an adequate and reliable account (e.g. clinical interview of a patient or care partner, motor symptom diary).

Claim Notes:

- Must be prescribed by a movement disorder subspecialist who has appropriate training in the use of Duodopa and are practising in a movement disorder clinic that provides ongoing management and support for patients receiving treatment with Duodopa.
- 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](#).

LEVODOPA, CARBIDOPA AND ENTACAPONE (STALEVO)

50 mg / 12.5 mg / 200 mg, 75 mg / 18.75 mg / 200 mg, 100 mg / 25 mg / 200 mg, 125 mg / 31.25 mg / 200 mg and 150 mg / 37.5 mg / 200 mg 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 (generic brands)

250 mg, 500 mg and 750 mg tablets

- For completion of treatment initiated in the hospital setting for patients with nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic obstructive pulmonary disease (AECOPD).
- For the treatment of complicated AECOPD in patients who:
 - have failed treatment with at least one first-line therapy (doxycycline, beta-lactam, trimethoprim-sulfamethoxazole, or macrolide), or
 - are intolerant or have contraindication(s) to at least two first-line therapies.
- For the treatment of CAP in patients with radiographic confirmation of pneumonia who:
 - have failed treatment with at least one first-line therapy (macrolide, doxycycline, beta-lactams), or
 - are intolerant or have contraindication(s) to at least two first-line therapies.
- For the treatment of pulmonary infections in patients with cystic fibrosis.
- For the treatment of severe pneumonia in nursing home patients.
- For the treatment of patients with complicated osteomyelitis or joint infections.
- For the treatment of patients with pyelonephritis.

Clinical Notes:

- If the patient has been treated with an antibiotic within the past 3 months consider an antibiotic from a different class.
- Complicated AECOPD is defined as patients with COPD (FEV₁/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
 - FEV₁ less than 50% predicted
 - At least 4 exacerbations per year
 - Ischemic heart disease
 - Home oxygen use
 - Chronic oral steroid use

Claim Notes:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, general practitioners in oncology, respirologists or urologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Levofloxacin is a regular benefit for Plans BV.

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 ACDEFGV.

LINEZOLID (generic brands)

600 mg tablet

- For treatment of proven vancomycin-resistant *enterococci* (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)

10 mg, 20 mg, 30 mg, 40 mg, 50 mg and 60 mg capsules and chewable tablets

For the treatment of Attention Deficit Hyperactivity Disorder in patients 6 years of age and older who have tried extended release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results.

Claim Notes:

- The maximum dose reimbursed is 60 mg daily.
- Approval period: 1 year.

LIXISENATIDE (ADLYXINE)

0.1 mg/mL prefilled pen

For the treatment of type 2 diabetes mellitus when added to:

- basal insulin for patients who have inadequate glycemic control on basal insulin; or
- basal insulin and metformin for patients who have inadequate glycemic control on metformin and basal insulin.

LONG-ACTING ANTICHOLINERGICS (LAAC)

Acclidinium bromide (Tudorza Genuair 400 mcg powder for inhalation)

Glycopyrronium bromide (Seebri Breezhaler 50 mcg powder for inhalation)

Tiotropium bromide (Spiriva 18 mcg powder for inhalation, Spiriva Respimat 2.5 mcg solution for inhalation)

Umeclidinium bromide (Incruse Ellipta 62.5 mcg powder for inhalation)

- For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience:
 - persistent symptoms, as defined by Medical Research Council (MRC) Dyspnea Scale of at least Grade 3 or a COPD Assessment test (CAT) score of at least 10, and have a post-bronchodilator FEV₁ less than 80% predicted; or
 - two or more moderate exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids; or
 - at least one acute severe exacerbation of COPD requiring hospitalization.
- For the treatment of COPD, as defined by spirometry, in combination with a long-acting beta-2 agonist/inhaled corticosteroid (LABA/ICS), for patients who have inadequate control while being treated with a LABA/ICS or a long-acting beta-2 agonist/long-acting anticholinergic (LABA/LAAC).

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale grade).
2. Inadequate control while being treated with a LABA/LAAC or LABA/ICS is defined as persistent symptoms for at least two months or experiencing 2 or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids, or at least 1 exacerbation of COPD requiring hospitalization.

Claim Note:

- Requests for combination therapy of single agent long-acting bronchodilators, i.e. LABA and 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 6 mcg, 12 mcg powder for inhalation)

Indacaterol (Onbrez Breezhaler 75 mcg powder for inhalation)

Salmeterol (Serevent Diskus 50 mcg powder for inhalation)

Asthma

For the treatment of asthma in patients who are using optimal corticosteroid treatment but are still poorly controlled.

Chronic Obstructive Pulmonary Disease

For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience:

- persistent symptoms, as defined by Medical Research Council (MRC) Dyspnea Scale of at least Grade 3 or a COPD Assessment test (CAT) score of at least 10, and have a post-bronchodilator FEV₁ less than 80% predicted; or
- two or more moderate exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids; or
- at least one acute severe exacerbation of COPD requiring hospitalization.

Clinical Note:

- COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale grade).

Claim Notes:

- Requests for 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 and Budesonide (Symbicort Turbuhaler 6 mcg / 100 mcg, 6 mcg / 200 mcg powder for inhalation)

Formoterol and Mometasone (Zenhale 5 mcg / 100mcg, 5 mcg / 200 mcg suspension for inhalation)

Indacaterol and Mometasone (Atectura Breezhaler 150 mcg / 80 mcg, 150 mcg / 160 mcg, 150 mcg / 300 mcg powder for inhalation)

Salmeterol and Fluticasone (Advair 25 mcg / 125 mcg, 25 mcg / 250 mcg suspension for inhalation)

Salmeterol and Fluticasone (Advair Diskus and generic brands 50 mcg / 100 mcg, 50 mcg / 250 mcg, 50 mcg / 500 mcg powder for inhalation)

Vilanterol and Fluticasone (Breo Ellipta 25 mcg / 100 mcg, 25 mcg / 200 mcg powder for inhalation)

Asthma

For the treatment of asthma in patients 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 chronic obstructive pulmonary disease (COPD), as defined by spirometry, in combination with a long-acting anticholinergic (LAAC), in patients who experience inadequate control while being treated with a long-acting beta-2 agonist/long-acting anticholinergic (LABA/LAAC).
- For the treatment of patients with asthma / chronic obstructive pulmonary disease (ACO) overlap, based on patient history and lung function studies indicating an ACO diagnosis.

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. MRC Dyspnea Scale grade).
2. Inadequate control while being treated with a LABA/LAAC is defined as persistent symptoms for at least two months or experiencing 2 or more exacerbations of COPD in the previous year requiring treatment with antibiotics and/or systemic corticosteroids or at least 1 exacerbation of COPD requiring hospitalization.

Claim Note:

- Aectura Breezhaler, 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 and Aclidinium bromide (Duaklir Genuair 12 mcg / 400 mcg powder for inhalation)
Indacaterol and Glycopyrronium bromide (Ultibro Breezhaler 110 mcg / 50 mcg powder for inhalation)
Olodaterol and Tiotropium bromide (Inspiroto Respimat 2.5 mcg / 2.5 mcg solution for inhalation)
Vilanterol and Umeclidinium bromide (Anoro Ellipta 25 mcg / 62.5 mcg powder for inhalation)

For the treatment of chronic obstructive pulmonary disease (COPD), as defined by spirometry, in patients who experience inadequate control while being treated with either a long-acting beta-2 agonist (LABA) or long-acting anticholinergic (LAAC).

Clinical Notes:

1. COPD is defined by spirometry as a post-bronchodilator FEV₁/FVC ratio less than 0.70. Spirometry reports from any point in time will be accepted. If spirometry cannot be obtained, reasons must be clearly explained, and other evidence of COPD severity provided (i.e. Medical Research Council (MRC) Dyspnea Scale grade).
2. Inadequate control is defined as persistent symptoms (e.g. MRC Dyspnea Scale of at least grade 3 or COPD Assessment test (CAT) score of at least 10) after at least one month of a LAAC or LABA.
3. LABA/LAAC combinations are not intended to be used with an inhaled corticosteroid (ICS) unless criteria for triple inhaled therapy (LABA/LAAC/ICS) is met.

LORLATINIB (LORBRENA)
25 mg and 100 mg tablets

As monotherapy for the first-line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer.

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:

- Approval period: 1 year.
- No further ALK inhibitor will be reimbursed following disease progression on lorlatinib.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

LUSPATERCEPT (REBLOZYL)
25 mg and 75 mg vials

Beta-Thalassemia Anemia

For the treatment of adult patients with red blood cell (RBC) transfusion-dependent anemia associated with beta-thalassemia who are receiving regular transfusions.

Initial Renewal Criteria:

- A reduction of 33% or greater in transfusion burden measured as the number of RBC units required in the initial 24 weeks of luspatercept treatment compared to the 24 weeks prior to luspatercept initiation.

Subsequent Renewal Criteria:

- Maintenance of a 33% or greater reduction in transfusion burden measured as the number of RBC units required in the past 24 weeks compared to the 24 weeks prior to luspatercept initiation.

Clinical Notes:

1. Regular transfusions are defined as receiving 6 to 20 RBC units and having no transfusion-free period greater than 35 days in the 24 weeks prior to initiating treatment.

- History of transfusion burden must be provided with the initial and renewal requests.
- Treatment should be discontinued if there is no response (as defined in renewal criteria) after 3 doses at the maximum dose.

Claim Notes:

- Must be prescribed by a hematologist.
- Approvals will be for a maximum of 1.25 mg/kg (up to 120 mg per dose) every three weeks.
- Approval period: 7 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Myelodysplastic Syndromes (MDS) Associated Anemia

For the treatment of adult patients with MDS-associated anemia who meet all of the following criteria:

- Diagnosed with very low- to intermediate-risk MDS with ringed sideroblasts in accordance with the Revised International Prognostic Scoring System (IPSS-R)
- Failed or are not suitable for erythropoietin stimulating agents (ESA)
- Red blood cell (RBC) transfusion-dependent anemia associated with MDS defined as having received at least 2 RBC units over 8 weeks
- Absence of deletion 5q cytogenetic abnormality
- Performance status of 0 to 2

Initial Renewal Criteria:

- Patient is RBC transfusion independent over a minimum of 16 consecutive weeks within the first 24 weeks of treatment with luspatercept.

Subsequent Renewal Criteria:

- Patient maintains transfusion independence with luspatercept treatment.

Clinical Notes:

- History of transfusion burden must be provided with the initial and renewal requests.
- Confirmation must be provided that the patient remains very low- to intermediate risk.
- Details of ESA use (i.e. name of treatment, dose(s), duration of use, response) must be provided.

Claim Notes:

- Must be prescribed by a hematologist or oncologist.
- Approvals will be for a maximum of 1.75 mg/kg (up to 168 mg per dose) every three weeks.
- Approval period: 7 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

MACITENTAN (OPSUMIT)

10 mg film-coated tablet

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Combined use of more than one endothelin receptor antagonists will not be reimbursed.
- The maximum dose of macitentan that will be reimbursed is 10 mg daily.
- Approval period: Long term.

MARAVIROC (CELSENTRI)

150 mg and 300 mg 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.

MECASERMIN (INCRELEX)
10 mg/mL multidose vial

For the treatment of patients between 2 and 18 years of age with growth failure due to confirmed severe primary insulin-like growth factor-1 deficiency (SPIGFD) in whom epiphyseal closure has not yet occurred and meet the following criteria:

- Documented genetic mutation recognized as a cause of SPIGFD; or
- Clinical and biochemical features of SPIGFD.

Renewal Criteria:

- Height velocity is 1 cm or greater per 6 months or 2 cm or greater per year; and
- Bone age is 16 years or less in boys and 14 years or less in girls.

Clinical Notes:

1. Clinical and biochemical features of SPIGFD are defined as:
 - height standard deviation score less than or equal to -3.0 ; and
 - basal insulin-like growth factor-1 (IGF-1) levels below the 2.5th percentile for age and gender; and
 - random or stimulated growth hormone (GH) level > 10 ng/mL and failure to increase IGF-1 by 50 ug/L in response to exogenous GH during an IGF-1 generation test.
2. Exclusion of secondary forms of IGF-1 deficiency such as malnutrition, hypopituitarism, hypothyroidism, or chronic treatment with pharmacologic doses of anti-inflammatory steroids.

Claim Notes:

- Must be prescribed by a pediatric endocrinologist.
- Mecasermin will not be reimbursed in combination with recombinant growth hormone treatment.
- Approvals will be for a maximum of 0.12 mg/kg/dose twice daily.
- Approval period: 1 year
- Claims that exceed the maximum claim amount of \$9,999 must be divided and submitted as separate transactions as outlined [here](#).

MEPOLIZUMAB (NUCALA)
100 mg/mL single-use vial, autoinjector and prefilled syringe

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high-dose inhaled corticosteroids (ICS) 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 $\geq 0.3 \times 10^9$ /L and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of $\geq 0.15 \times 10^9$ /L and is receiving 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:

- 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 ICS 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 100 mg every four weeks.
- Approval period: 1 year.

METFORMIN AND LINAGLIPTIN (JENTADUETO)
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 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

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)
1 mg, 5 mg, 10 mg and 25 mg 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 and generic brand)
10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg and 80 mg controlled release capsules

For the treatment of Attention Deficit Hyperactivity Disorder in patients 6 years of age and older.

Claim Notes:

- The maximum dose reimbursed is 80 mg daily.
- Approval period: 1 year.

METHYLPHENIDATE (FOQUEST)
25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg and 100 mg controlled release capsules

For the treatment of Attention Deficit Hyperactivity Disorder in patients 6 years of age and older.

Claim Notes:

- The maximum dose reimbursed is 100 mg daily.
- Approval period: 1 year.

MIDOSTAURIN (RYDAPT)
25 mg 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:

- Eligibility for the treatment of Fabry Disease is determined by 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.
- 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)

25 mg and 50 mg 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 Note:

- Requests for the treatment of stress incontinence will not be considered.

MIRTAZAPINE (REMERON RD and generic brand)

15 mg, 30 mg, and 45 mg orally disintegrating tablets

For use in patients when regular mirtazapine tablets are not an option.

MODIFIED RAGWEED POLLEN TYROSINE ADSORBATE (POLLINEX-R)

105 PNU / 0.5 mL, 250 PNU / 0.5 mL, 700 PNU / 0.5 mL and 2150 PNU / 0.5 mL 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 H₁ 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 (generic brands)

400 mg tablet

1. For completion of treatment initiated in the hospital setting for patients with nosocomial pneumonia, community acquired pneumonia (CAP) or acute exacerbation of chronic obstructive pulmonary disease (AECOPD).
2. For the treatment of complicated AECOPD in patients who:
 - have failed treatment with at least one first-line therapy (doxycycline, beta-lactam, trimethoprim-sulfamethoxazole, or macrolide), or
 - are intolerant or have contraindication(s) to at least two first-line therapies.
3. For the treatment of CAP in patients with radiographic confirmation of pneumonia who:
 - have failed treatment with at least one first-line therapy (macrolide, doxycycline, beta-lactams), or
 - are intolerant or have contraindication(s) to at least two first-line therapies.
4. For the treatment of pulmonary infections in patients with cystic fibrosis.
5. For the treatment of severe pneumonia in nursing home patients.
6. For the treatment of patients with complicated osteomyelitis or joint infections.

Clinical Notes:

1. If the patient has been treated with an antibiotic within the past 3 months consider an antibiotic from a different class.
2. Complicated AECOPD is defined as patients with COPD (FEV₁/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
 - FEV₁ less than 50% predicted
 - At least 4 exacerbations per year
 - Ischemic heart disease
 - Home oxygen use
 - Chronic oral steroid use

Claim Notes:

- Prescriptions written by infectious disease specialists, internal medicine specialists, hematologists, medical microbiologists, oncologists, oncology clinical associates, general practitioners in oncology, or respirologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Moxifloxacin is a regular benefit for Plans BV.

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)

9,500 IU/mL prefilled syringe

NADROPARIN (FRAXIPARIN FORTE)

19,000 IU/mL prefilled syringe

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 tumour for up to 28 days.
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 of 35 days of therapy is available without special authorization.

NARATRIPTAN (generic brands)

1 mg and 2.5 mg 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)

300 mg / 15 mL single-use vial

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the past year
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)
- Refractory or intolerant to at least one disease modifying therapy (e.g., interferon, glatiramer, dimethyl fumarate, teriflunomide, ocrelizumab)

Renewal Criteria:

- Evidence of continued benefit must be provided (i.e. stability or reduction in the number of relapses in the past year or stability or improvement of EDSS score obtained within the previous 90 days).

Clinical Notes:

1. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.
2. A relapse is defined as the appearance of new or worsening neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:

- Must be prescribed by a neurologist.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 2 years.

NETUPITANT AND PALONOSETRON (AKYNZEO)
300 mg / 0.5 mg capsule

In combination with dexamethasone for the prevention of acute and delayed nausea and vomiting in patients receiving:

- highly emetogenic chemotherapy, or
- moderately emetogenic chemotherapy who have had inadequate symptom control using a 5-HT3 antagonist and dexamethasone in a previous cycle.

Claim Note:

- Prescriptions written by hematologists, oncologists, oncology clinical associates, or general practitioners in oncology who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

NICOTINE (generic brands)
2 mg gum
7 mg, 14 mg and 21 mg patches
1 mg, 2 mg and 4 mg lozenges

For smoking cessation.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking or to obtain the special authorization request form, visit our website [Smoking Cessation Therapies](#).

Claim Notes:

- A maximum of 24 weeks of standard therapy (168 patches and 960 pieces of nicotine gum or nicotine lozenges) will be reimbursed annually without special authorization.
- Patients being treated within a program or clinic that participates in the Ottawa Model may be approved for additional patches based on degree of dependence (e.g. number of cigarettes smoked prior to initiating cessation therapy).
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.
- Requests for special authorization should be submitted on the Smoking Cessation Therapy Special Authorization Request Form.

NILOTINIB (TASIGNA)
150 mg and 200 mg capsules

1. For the first-line treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) in chronic phase.
2. For the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic or accelerated phase who have resistance or intolerance to tyrosine kinase inhibitor therapy.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Note:

- Approval period: 1 year.

NINTEDANIB (OFEV)
100 mg and 150 mg capsules

Chronic Fibrosing Interstitial Lung Diseases

For the treatment of adult patients with chronic fibrosing interstitial lung disease (ILD) with a progressive phenotype and a forced vital capacity (FVC) greater than or equal to 45% of predicted.

Renewal Criteria:

- Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of greater than or equal to 10% over the preceding 12 months of treatment with nintedanib.

Claim Notes:

- Must be prescribed by, or in consultation with a physician experienced in the treatment of ILD.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Approval period: 1 year.

Idiopathic Pulmonary Fibrosis

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 greater than or equal to 10% from initiation of therapy until renewal (initial 6 month treatment period).

Subsequent Renewal Criteria:

- Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of greater than or equal to 10% within any 12 month period.

Clinical Note:

- Mild to moderate IPF is defined as a FVC greater than or equal to 50% predicted.

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.
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 1 year.

NIRAPARIB (ZEJULA)

100 mg capsule and tablet

1. As monotherapy maintenance treatment for adult patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
 - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
 - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
 - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
- Requests for treatment beyond 3 years will not be considered.

Clinical Notes:

1. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
2. Treatment should continue until unacceptable toxicity, disease progression, or completion of 3 years of therapy, whichever occurs first.

Claim Notes:

- Requests for niraparib in combination with bevacizumab will not be considered.
 - 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](#).
2. As monotherapy maintenance treatment for adult patients with recurrent, platinum-sensitive, epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
 - Completed at least 2 prior lines of platinum-based chemotherapy
 - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
 - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

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. Patients should have good performance status and no active or uncontrolled metastases to the central nervous system.
3. Treatment should continue until unacceptable toxicity or disease progression.

Claim Notes:

- Requests for niraparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
- 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](#).

**NITISINONE (ORFADIN and generic brand)
2 mg, 5 mg, 10 mg and 20 mg capsules**

For the treatment of adult and pediatric patients with hereditary tyrosinemia type 1 (HT-1) in combination with dietary restriction of tyrosine and phenylalanine.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of HT-1.
- 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](#).

**NORETHINDRONE (NORLUTATE)
5 mg 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; and
- Patient is not requiring permanent invasive ventilation; and
- Patient who:
 - is pre-symptomatic with genetic documentation of two or three copies of the survival motor neuron 2 (SMN2) gene, or
 - has had disease duration less than 6 months, two copies of the SMN2 gene, and symptom onset after the first week of birth and on or before 7 months of age, or
 - is under the age of 18 with symptom onset after 6 months of age.

Discontinuation Criteria:

Prior to the fifth dose or every subsequent dose:

- There is failure to demonstrate achievement or maintenance of motor milestone function as assessed using age-appropriate scales since treatment initiation in patients who were pre-symptomatic at the time of treatment initiation; or
- There is failure to demonstrate maintenance in motor milestone function as assessed using age-appropriate scales since treatment initiation in patients who were symptomatic at the time of treatment initiation; or
- Permanent invasive ventilation is required.

Clinical Notes:

1. An age-appropriate scale is defined as the Hammersmith Infant Neurological Examination (HINE) Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND), or Hammersmith Functional Motor Scale-Expanded (HFMSE).
2. A baseline assessment using an age-appropriate scale must be completed prior to initiation of nusinersen treatment.
3. Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Notes:

- The patient must be under the care of a specialist experienced in the treatment of SMA.
- Combination therapy with risdiplam will not be reimbursed.
- Requests for nusinersen will not be considered for patients who have received adeno-associated virus (AAV) vector-based gene therapy
- Patients currently receiving SMA drug therapy may be eligible to switch to an alternate SMA drug therapy; however, patients will not be permitted to switch back to a previously trialed SMA drug.
- 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 \geq 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.

OCRELIZUMAB (OCREVUS)
30 mg/mL single-use vial

Primary Progressive Multiple Sclerosis

For the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Recent Expanded Disability Status Scale (EDSS) score between 3.0 and 6.5
- Recent Functional Systems Scale (FSS) score of at least 2 for the pyramidal functions component due to lower extremity findings
- Disease duration of 10 years for those with an EDSS of less than or equal to 5 or disease duration less than 15 years for those with an EDSS greater than 5
- Diagnostic imaging features characteristic of inflammatory activity

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Must be prescribed by a neurologist.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approval period: 2 years.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Relapsing Remitting Multiple Sclerosis

For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the last two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Must be prescribed by a neurologist.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approval period: 2 years.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**OFATUMUMAB (KESIMPTA)
20 mg / 0.4 mL autoinjector**

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Must be prescribed by a neurologist.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approval period: 2 years.

**OFLOXACIN (OCUFLOX)
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 ophthalmologists and prescribing optometrists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.

**OLAPARIB (LYNPARZA)
100 mg and 150 mg tablets****Breast Cancer**

1. For the adjuvant treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated high-risk early breast cancer who have had upfront surgery followed by adjuvant chemotherapy and who meet one of the following criteria:
 - Triple negative breast cancer and either axillary node-positive or axillary node-negative with invasive primary tumor pathological size of at least 2 cm (\geq pT2 cm)
 - Hormone receptor positive, HER2-negative breast cancer with at least 4 pathologically confirmed positive lymph nodes
2. For the adjuvant treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated high-risk early breast cancer who received neoadjuvant chemotherapy followed by surgery and who meet one of the following criteria:
 - Triple negative breast cancer with residual invasive disease in the breast and/or resected lymph nodes (non-pCR)
 - Hormone receptor positive, HER2-negative breast cancer with residual invasive disease in the breast, and/or the resected lymph nodes, and a CPS + EG score of 3 or higher

Clinical Notes:

1. Patients must have completed neoadjuvant or adjuvant chemotherapy containing an anthracycline and/or taxane.
2. Treatment should be initiated within 12 weeks of completion of the last treatment (i.e., surgery, chemotherapy, or radiation therapy).
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease recurrence, unacceptable toxicity, or completion of 1 year of therapy, whichever occurs first.

Claim Notes:

- Requests for patients determined to be at high-risk for relapse using a disease scoring system other than CPS + EG will be considered.
- Approval period: 1 year.

Metastatic Castration-Resistant Prostate Cancer

For the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC) who meet all of the following criteria:

- Deleterious or suspected deleterious germline and/or somatic mutations in the homologous recombination repair (HRR) genes BRCA1, BRCA2 or ATM; and
- Disease progression on prior treatment with androgen-receptor-axis-targeted (ARAT) 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 Note:

- Approval period: 1 year.

Ovarian Cancer

1. As monotherapy maintenance treatment for adult patients with newly diagnosed BRCA-mutated (germline or somatic) epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:
 - Complete or partial radiologic response after at least 4 cycles of first-line platinum-based chemotherapy
 - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks
 - High-grade serous or endometrioid tumors classified as Stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.
- Requests for treatment beyond 2 years will not be considered if there is no evidence of disease.

Clinical Notes:

1. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
2. Treatment should continue until unacceptable toxicity, disease progression, or completion of 2 years of therapy, whichever occurs first.

Claim Notes:

- Requests for olaparib in combination with bevacizumab will not be considered.
- Approval period: 1 year.

2. As monotherapy maintenance treatment for patients with recurrent, platinum-sensitive, BRCA-mutated (germline or somatic) epithelial ovarian, fallopian tube, or primary peritoneal cancer with high grade serous or endometrioid histology who meet all of the following criteria:
 - Completed at least 2 previous lines of platinum-based chemotherapy
 - Received at least 4 cycles of the most recent platinum-based chemotherapy and in complete or partial radiologic response
 - Last cycle of platinum-based chemotherapy was completed within the previous 12 weeks

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. Patients must have a good performance status and no active or uncontrolled metastases to the central nervous system.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for olaparib will not be considered for patients who experience disease progression on a PARP-inhibitor or who complete treatment with a PARP-inhibitor in a prior line of therapy.
- Approval period: 1 year.

OMALIZUMAB (XOLAIR)
150 mg single-use vial
150 mg/mL prefilled syringe

For the treatment of patients 12 years of age and older with moderate to severe chronic idiopathic urticaria (CIU) who remain symptomatic (presence of hives and/or associated itching) despite optimum management with H₁ antihistamines.

Requirement for 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 300 mg every four weeks.
- Approval period: 24 weeks.

ONABOTULINUMTOXINA (BOTOX)
50 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

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.

ONASEMNOGENE ABEPARVOVEC (ZOLGENSMA)

2 x 10¹³ vector genomes/mL solution for infusion

For the treatment of spinal muscular atrophy (SMA) in individuals who meet all of the following criteria:

- Genetic documentation of 5q SMA with biallelic mutations in the survival motor neuron 1 (SMN1) gene; and
- Patient is 180 days of age or younger at the time onasemnogene abeparvec is administered; and
- Patient is pre-symptomatic or symptomatic with one to three copies of the survival motor neuron 2 (SMN2) gene; and
- Patient does not require permanent ventilatory support (invasive or non-invasive) or a permanent feeding tube.

Clinical Note:

- Permanent ventilatory support is defined as the need for a tracheostomy or requirement of 16 hours or more of respiratory assistance per day (via non-invasive ventilatory support) for 14 or more consecutive days in the absence of an acute reversible illness excluding perioperative ventilation.

Claim Notes:

- The patient must be under the care of a specialist experienced in the diagnosis and treatment of SMA.
- No treatment with nusinersen, risdiplam or other medications indicated for the treatment of SMA will be considered after the patient has received a dose of onasemnogene abeparvec.
- Approvals will be limited to one lifetime administration of 1.1 x 10¹⁴ vector genomes/kg.
- Patients who have received a prior dose of onasemnogene abeparvec accessed by any mechanism (e.g. private insurance plan, clinical trial, compassionate access) will not be funded.
- Patients with 4 or more copies of the SMN2 gene will not be funded.

ONDANSETRON (ZOFTRAN, ZOFTRAN ODT and generic brands)

2 mg/mL injection

4 mg / 5 mL oral solution

4 mg and 8 mg tablets and orally disintegrating tablets

1. For the prevention of nausea and vomiting in patients receiving:
 - highly or moderately emetogenic chemotherapy / radiation therapy, or
 - chemotherapy / radiation therapy who have had inadequate symptom control with other available antiemetics.

Claim Note:

- Prescription written for tablets and orally disintegrating tablets by oncologists, oncology clinical associates, or a general practitioner in oncology who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
2. For the treatment of nausea and vomiting in pediatric patients (under 18 years of age) receiving chemotherapy (e.g., methotrexate) for chronic non-oncology conditions who have experienced an episode of nausea and vomiting.
 3. For the management of nausea and vomiting in patients receiving palliative care.

OSELTAMIVIR (TAMIFLU and generic brands)

30 mg, 45 mg and 75 mg capsules

For residents of nursing homes during an influenza outbreak when one of the following criteria is met:

- For treatment of nursing home 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 nursing home or surrounding community.
- For prophylaxis of nursing home residents during 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 nursing home.

Claim Notes:

- Coverage is limited to individuals enrolled in Plan V, when recommended by a Medical Officer of Health as outlined in the [policy](#).
- Oseltamivir is a regular benefit for individuals who meet eligibility criteria of the Avian Flu Drug Therapy program (Plan I), as outlined [here](#).
- Oseltamivir is a regular benefit for individuals who meet eligibility criteria of the Seasonal Influenza Drug Therapy for Residents of Adult Residential Facilities program (Plan I), as outlined [here](#).

**OSELTAMIVIR (TAMIFLU and generic brand)
6 mg/mL powder for suspension**

1. For residents of nursing homes during an influenza outbreak when oral capsules are not an option and who otherwise meet special authorization criteria for oseltamivir capsules.
2. For the prevention and treatment of avian influenza when oral capsules are not an option, for individuals who meet eligibility criteria of the Avian Flu Drug Therapy program.
3. For the prevention and treatment of seasonal influenza when oral capsules are not an option, for individuals who meet eligibility criteria of the Seasonal Influenza Drug Therapy for Residents of Adult Residential Facilities program.

Claim Notes:

- Requests will be considered for individuals enrolled in Plan V, when recommended by a Medical Officer of Health as outlined in the [policy](#).
- Requests will be considered for individuals who meet eligibility criteria of the Avian Flu Drug Therapy program (Plan I) as outlined [here](#).
- Requests will be considered for individuals who meet eligibility criteria of the Seasonal Influenza Drug Therapy for Residents of Adult Residential Facilities program (Plan I) as outlined [here](#).

**OSIMERTINIB (TAGRISSO)
40 mg and 80 mg tablets**

Adjuvant Non-Small Cell Lung Cancer

For the adjuvant treatment of patients with completely resected stage IB to IIIA (AJCC 7th edition or equivalent) non-small cell lung cancer (NSCLC) whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations.

Renewal Criteria:

- Written confirmation that the patient has not experienced disease recurrence.

Clinical Notes:

1. Patients must have a good performance status.
2. Patients should initiate treatment within 26 weeks of complete surgical resection if treated with adjuvant chemotherapy, or within 10 weeks if chemotherapy was not given.
3. Treatment should continue until disease recurrence, unacceptable toxicity, or until a maximum treatment duration of 3 years, regardless of dose reduction and dose interruption.

Claim Notes:

- Requests for treatment beyond 3 years will not be considered.
- 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](#).

Advanced Non-Small Cell Lung Cancer

1. For the first-line treatment of patients with locally advanced (not amenable to curative intent therapy) or metastatic NSCLC whose tumours have EGFR exon 19 deletions or exon 21 (L858R) substitution mutations.
2. For the treatment of patients with locally advanced (not amenable to curative therapy) or metastatic EGFR T790M mutation-positive NSCLC who have progressed on EGFR tyrosine kinase inhibitor therapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for first line therapy will be considered for patients with de novo EGFR T790M mutation-positive NSCLC.
- Requests will not be considered for patients who progress on, or within 6 months of, treatment with adjuvant EGFR targeted therapy.
- 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](#).

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.

OXYCODONE (OXY IR and generic brand and SUPEUDOL)
5 mg, 10 mg and 20 mg immediate release tablets

For the treatment of moderate to severe cancer-related or chronic non-malignant pain.

PALBOCICLIB (IBRANCE)
75 mg, 100 mg, and 125 mg capsules and tablets

1. In combination with an aromatase inhibitor for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who meet all of the following criteria:
 - have not received prior endocrine therapy for advanced or metastatic disease, but may have received up to one prior line of chemotherapy
 - are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy
 - 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. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
2. Pre- and peri-menopausal patients must be treated with a luteinizing hormone-releasing hormone agonist.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease recurrence during or within six months of stopping adjuvant CDK4/6 inhibitor therapy.
 - Approval period: 1 year.
2. In combination with fulvestrant for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:
 - have not received prior endocrine therapy or have experienced disease progression on endocrine therapy, and
 - may have received up to one prior line of chemotherapy for advanced or metastatic disease, 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. Pre- and peri-menopausal patients must be treated with a luteinizing hormone-releasing hormone agonist.
2. Patients must have a good performance status.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease recurrence during or within six months of stopping adjuvant CDK4/6 inhibitor therapy, or for patients who progress on a CDK4/6 inhibitor, fulvestrant or everolimus in the metastatic setting.
- Approval period: 1 year.

PALIPERIDONE (INVEGA SUSTENNA)

50 mg / 0.5 mL, 75 mg / 0.75 mL, 100 mg/mL and 150 mg / 1.5 mL 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.

Claim Note:

- Approval period: Long term.

PALIPERIDONE PALMITATE (INVEGA TRINZA)

175 mg / 0.875 mL, 263 mg / 1.315 mL, 350 mg / 1.75 mL and 525 mg / 2.625 mL prefilled syringes

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.

Claim Note:

- Approval period: Long term.

PATISIRAN (ONPATTRO)

2 mg/mL vial

For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:

- Confirmed genetic diagnosis of hATTR
- Symptomatic early-stage neuropathy
- Does not have New York Heart Association class III or IV heart failure
- Has not previously undergone a liver transplant

Discontinuation Criteria:

- The patient is permanently bedridden and dependent on assistance for basic activities of daily living, or
- The patient is receiving end-of-life care.

Clinical Note:

- Symptomatic early stage neuropathy is defined as Polyneuropathy disability stage I to IIIB or Familial amyloidotic polyneuropathy stage I or II.

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and management of hATTR.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 12 months. Confirmation of continued response is required.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

PAZOPANIB (VOTRIENT and generic brand)

200 mg tablet

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy, or
- second-line therapy following disease progression on nivolumab and ipilimumab combination 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 Note:

- Approval period: 1 year.

PEGFILGRASTIM

Fulphila 6 mg / 0.6 mL prefilled syringe

Lapelga 6 mg / 0.6 mL autoinjector and prefilled syringe

Nyvepria 6 mg / 0.6 mL prefilled syringe

Ziextenzo 6 mg / 0.6 mL prefilled syringe

For the prevention of febrile neutropenia in patients receiving myelosuppressive chemotherapy with curative intent who:

- are at high risk of febrile neutropenia due to chemotherapy regimen, co-morbidities or pre-existing severe neutropenia; or
- have had an episode of febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy; or
- have had a dose reduction, or treatment delay greater than one week due to neutropenia.

Clinical Note:

- Patients with non-curative cancer receiving chemotherapy with palliative intent are not eligible for coverage of pegfilgrastim for prevention of febrile neutropenia.

PEGINTERFERON-BETA 1A (PLEGRIDY)

63 mcg / 0.5 mL, 94 mcg / 0.5 mL, and 125 mcg / 0.5 mL prefilled syringes and pens

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Has experienced one or more disabling relapses of MS in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Approval period: 2 years

PERAMPANEL (FYCOMPA and generic brand)

2 mg, 4 mg, 6 mg, 8 mg, 10 mg and 12 mg tablets

For the adjunctive treatment of refractory partial-onset seizures or primary generalized tonic-clonic seizures in patients who are currently receiving two or more antiepileptic drugs, and who have had an inadequate response to at least three other antiepileptic drugs.

Claim Note:

- The patient must be under the care of a physician experienced in the treatment of epilepsy.

PILOCARPINE (SALAGEN)

5 mg 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.

PIRFENIDONE (ESBRIET and generic brands)

267 mg capsule

267 mg and 801 mg 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 $\geq 10\%$ from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Subsequent Renewal Criteria:

Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical Notes:

1. Mild to moderate IPF is defined as a FVC $\geq 50\%$ 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 and generic brand)
24 mg / 1.2 mL 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 Notes:

- Reimbursement is limited to a maximum of 4 doses (0.24 mg/kg given daily) for a single mobilization attempt and to prescriptions written by an oncologist or hematologist.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**POMALIDOMIDE (POMALYST)
1 mg, 2 mg, 3 mg and 4 mg capsules**

For the treatment of relapsed or refractory multiple myeloma when used:

- in combination with dexamethasone, with or without cyclophosphamide, for patients who experience disease progression on lenalidomide and a proteasome inhibitor; or
- in combination with isatuximab and dexamethasone for patients who experience disease progression on lenalidomide and a proteasome inhibitor.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Treatment should be discontinued upon disease progression or unacceptable toxicity.
2. Patients must have a good performance status.

Claim Note:

- Approval period: 1 year.

**PONATINIB (ICLUSIG)
15 mg and 45 mg 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:

- 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](#).

**PRASUGREL (generic brand)
10 mg tablet**

In combination with ASA for patients with:

- unstable angina (UA) or non-ST-segment elevation myocardial infarction (NSTEMI) managed with percutaneous coronary intervention (PCI); or
- ST-segment elevation myocardial infarction (STEMI) managed with primary or delayed PCI; or
- failure on clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after revascularization with PCI.

Clinical Note:

- Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.

Claim Notes:

- Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Approval period: 1 year.

**PROPIVERINE (MICTORYL PEDIATRIC)
5 mg 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

**RANIBIZUMAB (BYOOVIZ)
10 mg/mL solution for intravitreal injection**

1. For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD).
2. For the treatment of patients with choroidal neovascularization secondary to pathologic myopia (PM).
3. For the treatment of patients with choroidal neovascularization secondary to ocular conditions other than AMD and PM.
3. For the treatment of patients with diabetic macular edema (DME).
4. For the treatment of macular edema secondary to central retinal vein occlusion (CRVO) or branch retinal vein occlusion (BRVO).

Claim Notes:

- An initial claim of up to two vials (1 vial per eye treated) will be automatically reimbursed when prescribed by a New Brunswick ophthalmologist. If continued treatment is required, a request must be made through special authorization.
- Approvals will be for a maximum of 1 vial per eye every 30 days.
- Approval period: 1 year. Confirmation of continued response is required.

REGORAFENIB (STIVARGA)
40 mg film-coated tablet

Advanced Hepatocellular Carcinoma

For the second-line treatment of patients with unresectable hepatocellular carcinoma who meet all of the following criteria:

- Disease progression on sorafenib or lenvatinib
- Child-Pugh class status of A
- ECOG performance status of 0 or 1

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:

- Patients with disease progression on sorafenib must have tolerated a minimum dose of 400 mg per day for at least 20 of the last 28 days of treatment.
- Requests for regorafenib will not be considered for patients who experience disease progression on cabozantinib or atezolizumab in combination with bevacizumab.
- Initial approval period: 4 months.
- Renewal approval period: 6 months.

Gastrointestinal Stromal Tumour

For the treatment of patients with unresectable or metastatic gastrointestinal stromal tumors who experience disease progression on, or intolerance to, imatinib and sunitinib.

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 Note:

- Approval period: 6 months.

RIBOCICLIB (KISQALI)
200 mg tablet

1. In combination with an aromatase inhibitor for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who meet all of the following criteria:
 - have not received prior endocrine therapy for advanced or metastatic disease, but may have received up to one prior line of chemotherapy
 - are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy
 - 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. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required.
2. Pre- and peri-menopausal patients must be treated with a luteinizing hormone-releasing hormone agonist.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will be not be considered for patients who experience disease recurrence during or within six months of stopping adjuvant CDK4/6 inhibitor therapy.
 - Approval period: 1 year.
2. In combination with fulvestrant for the treatment of patients with hormone receptor positive, HER2 negative advanced or metastatic breast cancer who:

- have not received prior endocrine therapy or have experienced disease progression on endocrine therapy, and
- may have received up to one prior line of chemotherapy for advanced or metastatic disease, 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. Pre- and peri-menopausal patients must be treated with a luteinizing hormone-releasing hormone agonist.
2. Patients must have a good performance status.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease recurrence during or within six months of stopping adjuvant CDK4/6 inhibitor therapy, or for patients who progress on a CDK4/6 inhibitor, fulvestrant or everolimus in the metastatic setting.
- Approval period: 1 year.

**RIFABUTIN (MYCOBUTIN)
150 mg capsule**

For the prevention of disseminated Mycobacterium avium complex (MAC) disease in patients with advanced HIV infection.

Claim Notes:

- Must be prescribed by, or in consultation with, an infectious disease specialist.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.

**RIFAXIMIN (ZAXINE)
550 mg 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.

**RIOCIGUAT (ADEMPAS)
0.5 mg, 1 mg, 1.5 mg, 2 mg, and 2.5 mg 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.

**RIPRETINIB (QINLOCK)
50 mg tablet**

For the treatment of adult patients with advanced gastrointestinal stromal tumors who experience disease progression on, or intolerance to, imatinib, sunitinib, and regorafenib.

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 and no active central nervous system metastases.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Approval period: 6 months.

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

RISANKIZUMAB (SKYRIZI)
75 mg / 0.83 mL prefilled syringe
150 mg/mL autoinjector and prefilled syringe

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug will not be reimbursed.
- Approvals will be for a maximum of 150 mg at weeks 0 and 4, then every 12 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

RISDIPLAM (EVRYSDI)
60 mg powder for oral solution

For the treatment of 5q spinal muscular atrophy (SMA), if the following criteria are met:

- Genetic documentation of 5q SMA homozygous gene deletion, or compound heterozygous mutation; and
- Patient is not requiring permanent invasive ventilation; and
- Patient who is symptomatic with two or three copies of the SMN2 gene and is:
 - 2 months to 7 months of age, or
 - 8 months to 25 years of age and non-ambulatory.

Discontinuation Criteria:

- There is failure to demonstrate maintenance in motor milestone function as assessed using age-appropriate scales since treatment initiation; or
- permanent invasive ventilation is required.

Clinical Notes:

1. An age-appropriate scale is defined as the Hammersmith Infant Neurological Examination (HINE) Section 2, Children's Hospital of Philadelphia Infant Test of Neuromuscular Disorders (CHOP INTEND), or Hammersmith Functional Motor Scale-Expanded (HFMSE).
2. A baseline assessment using an age-appropriate scale must be completed prior to initiation of treatment.
3. Yearly assessments must be completed using an age-appropriate scale no more than 12 weeks prior to the renewal date.
4. Permanent invasive ventilation is defined as the use of tracheostomy and a ventilator due to progression of SMA that is not due to an identifiable and reversible cause.

Claim Notes:

- The patient must be under the care of a specialist experienced in the treatment of SMA.
- Combination therapy with nusinersen will not be reimbursed.
- Requests for risdiplam will not be considered for patients who have received adeno-associated virus (AAV) vector-based gene therapy.
- Patients currently receiving SMA drug therapy may be eligible to switch to an alternate SMA drug therapy; however, patients will not be permitted to switch back to a previously trialed SMA drug.
- Approvals will be for a maximum of 0.2 mg/kg/day for patients 2 months to less than 2 years of age, 0.25 mg/kg/day for patients greater than or equal to 2 years of age weighing less than 20 kg, or 5 mg/day for patients greater than or equal to 2 years of age and weighing greater than or equal to 20 kg.
- 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](#).

**RISEDRONATE (generic brand)
30 mg 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)
12.5 mg, 25 mg, 37.5 mg and 50 mg vials**

For the treatment of patients who are:

- not adherent to an oral antipsychotic, or
- currently receiving a long-acting injectable antipsychotic and require an alternative long-acting injectable antipsychotic.

Claim Notes:

- Requests will not be considered for the treatment of psychotic symptoms related to dementia.
- Approval period: Long term.

**RITUXIMAB (RIXIMYO, RUXIENCE, TRUXIMA)
10 mg/mL vial**

For the treatment of patients with rheumatoid arthritis, vasculitis, or other autoimmune disease.

Claim Notes:

- Must be prescribed by a specialist.
- Initial approval period: 6 months.
- Renewal approval period: Long term. Confirmation of 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](#).

**RIVASTIGMINE (EXELON and generic brands)
1.5 mg, 3 mg, 4.5 mg and 6 mg capsules**

For the treatment of patients with mild to moderate dementia who have had an intolerance to donepezil and who meet the following criteria:

- Mini-Mental State Exam (MMSE) score of 10 to 30
- Functional Assessment Staging Test (FAST) score of 4 to 5

Clinical Notes:

1. Requests must contain an updated MMSE and FAST score completed within 6 months of the request.
2. The nature of the intolerance must be described.

Claim Note:

- Approval period: 1 year.

**RIVASTIGMINE (EXELON)
2 mg/mL oral solution**

For the treatment of patients with mild to moderate dementia for whom oral tablets or capsules are not an option and who meet the following criteria:

- Mini-Mental State Exam (MMSE) score of 10 to 30
- Functional Assessment Staging Test (FAST) score of 4 to 5

Clinical Note:

- Requests must contain an updated MMSE and FAST score completed within 6 months of the request.

Claim Note:

- Approval period: 1 year.

**ROMOSOZUMAB (EVENITY)
105 mg / 1.17 mL prefilled syringe**

For the treatment of osteoporosis in postmenopausal women who meet all of the following criteria:

- History of osteoporotic fracture

- High fracture risk
- Treatment naïve to osteoporosis medications, except for calcium and vitamin D

Clinical Note:

- High fracture risk is defined as a 10-year fracture risk ($\geq 20\%$) as defined by the Fracture Risk Assessment (FRAX) tool.

Claim Notes

- Combined use of romosozumab with other osteoporosis medications will not be reimbursed.
- Approvals will be for a maximum of 210 mg monthly.
- Maximum approval period: 1 year.

ROTIGOTINE (NEUPRO)

2 mg, 4 mg, 6 mg and 8 mg transdermal patch

For adjunctive treatment of patients with advanced stage Parkinson's disease who are currently receiving a levodopa-decarboxylase inhibitor combination.

RUFINAMIDE (BANZEL)

100 mg, 200 mg and 400 mg 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)

5 mg, 10 mg, 15 mg and 20 mg tablets

Acute Graft-Versus-Host Disease

For the treatment of patients aged 12 years and older with corticosteroid-refractory or corticosteroid-dependent acute graft-versus-host disease (aGvHD) and a confirmed diagnosis of grade II to IV aGvHD according to the National Institute of Health (NIH) criteria.

Renewal Criteria:

- Confirmation that the patient has responded to treatment as evidenced by an overall response (i.e., complete response, very good partial response, partial response, or stable disease with significant reduction in corticosteroid dose), according to NIH criteria at day 28 of treatment.
- Requests for renewal will not be considered upon the occurrence of any of the following:
 - Progression of aGvHD, defined as worsening of symptoms or occurrence of new symptoms
 - Unacceptable toxicity
 - Addition of systemic therapies (except calcineurin inhibitors) for aGvHD after day 28
 - Recurrence or relapse of underlying hematological malignancy

Clinical Notes:

1. Clinical details supporting the diagnosis of grade II to IV aGvHD must be provided at baseline (e.g., organ involvement and staging).
2. Corticosteroid refractory is defined according to the EBMT-NIH-CIBMTR Task Force position statement criteria, as one or more of the following:
 - Progressing based on organ assessment after at least 3 days compared to organ stage at the time of initiation of a high-dose systemic corticosteroid with or without a calcineurin inhibitor.
 - Failure to achieve, at a minimum, partial response based on organ assessment after 7 days compared to organ stage at the time of initiation of a high-dose systemic corticosteroid with or without a calcineurin inhibitor.
 - Patients who fail corticosteroid taper, defined as either an increase in the corticosteroid dose to methylprednisolone greater than or equal to 2 mg/kg per day (or equivalent prednisone dose of greater than or equal to 2.5 mg/kg per day) or failure to taper the methylprednisolone dose to less than 0.5 mg/kg/day (or equivalent prednisone dose less than 0.6 mg/kg/day) for a minimum 7 days.
3. Corticosteroid dependence is defined as the inability to taper prednisone under 2 mg/kg/day after an initially successful treatment of at least 7 days or as the recurrence of aGvHD activity during steroid taper.
4. Treatment with ruxolitinib must not be added to concurrent systemic therapies for the treatment of aGvHD other than corticosteroids with or without a calcineurin inhibitor.

Claim Notes:

- Must be prescribed by a physician with experience in the treatment of aGvHD.

- Approvals will be for a maximum dose of 10 mg twice daily.
- Initial approval period: 4 weeks.
- Renewal approval period: 12 weeks.

Chronic Graft-Versus-Host Disease

For the treatment of patients aged 12 years and older with chronic graft-versus-host disease (cGvHD) who meet all of the following criteria:

- Confirmed diagnosis of moderate to severe cGvHD according to National Institutes of Health (NIH) consensus criteria
- Refractory to corticosteroids or other systemic therapies

Renewal Criteria:

- Confirmation that the patient has responded to treatment as evidenced by an overall response (i.e., complete response, partial response, or stable disease with significant reduction in corticosteroid dose), according to NIH criteria, after 24 weeks of therapy.
- Requests for renewal will not be considered upon the occurrence of any of the following:
 - Progression of cGvHD, defined as worsening of symptoms or occurrence of new symptoms.
 - Recurrence or relapse of underlying hematological malignancy.

Clinical Notes:

1. Clinical details supporting the diagnosis of cGvHD must be provided including the affected organs or systems.
2. Corticosteroid refractory is defined, according to NIH consensus criteria irrespective of the concomitant use of a calcineurin inhibitor, by any of the following:
 - Lack of response, or disease progression, after administration of a minimum dose of 1 mg/kg/day of prednisone for at least 1 week (or equivalent).
 - Disease persistence without improvement despite continued treatment with prednisone at greater than 0.5 mg/kg/day or 1 mg/kg/every other day for at least 4 weeks (or equivalent).
 - Increased prednisone dose to greater than 0.25 mg/kg/day after two unsuccessful attempts to taper the dose (or equivalent).
3. Treatment with ruxolitinib must not be added to concurrent systemic therapies for the treatment of cGvHD other than corticosteroids with or without a calcineurin inhibitor.

Claim Notes:

- Must be prescribed by a physician with experience in the treatment of cGvHD.
- Approvals will be for a maximum dose of 10 mg twice daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Myelofibrosis

For the treatment of splenomegaly and/or disease-related symptoms in adult patients with primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis who meet all of the following criteria:

- Intermediate to high risk disease, or low risk disease with symptomatic splenomegaly, as assessed using DIPSS Plus
- Previously untreated or refractory to other treatment

Renewal Criteria:

- Confirmation that the patient has responded to treatment as evidenced by a reduction in spleen size or symptom improvement.

Clinical Notes:

1. Patients must have an ECOG performance status of less than or equal to 3.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression following treatment with fedratinib.
- Approval period: 6 months

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 10⁹/L and white blood cell count > 10 x 10⁹/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 10⁹/L, platelet count < 100 x 10⁹/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 10⁹/L, white blood cell count ≤ 10 x 10⁹/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 AND VALSARTAN (ENTRESTO)

24 mg / 26 mg, 49 mg / 51 mg and 97 mg / 103 mg film-coated tablets

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 less than or equal to 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.

SALBUTAMOL (VENTOLIN and generic brands)

0.5 mg/mL, 1 mg/mL, 2 mg/mL and 5 mg/mL solution for inhalation

For patients who have tried using an inhaler with spacer device and

- Are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- Have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

SALBUTAMOL AND IPRATROPIUM BROMIDE (generic brands)

2.5 mg / 0.5 mg / 2.5 mL solution for inhalation

For patients who have tried using an inhaler with spacer device and

- are unable to follow instructions, hold the spacer device or hold the device long enough to actuate it due to cognitive or physical limitations; or
- have difficulty generating adequate inspiratory effort to achieve therapeutic benefit.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: Long term.

SAPROPTERIN (KUVAN)
100 mg tablet
100 mg and 500 mg sachets

For the ongoing treatment of hyperphenylalaninemia due to tetrahydrobiopterin (BH4)-responsive phenylketonuria (PKU) in conjunction with a phenylalanine (Phe)-restricted diet in patients who meet all of the following criteria:

- Confirmed diagnosis based on genetic testing.
- Response to Kuvan as demonstrated by a Kuvan responsiveness test.
- Baseline blood Phe levels greater than 360 umol/L despite compliance with a low protein diet and formulas (non-pregnant patients require at least 2 baseline levels and pregnant patients require at least 1 baseline level during a 3 to 6 month time frame).
- Achievement of the following during a 6-month trial of treatment:
 - For pregnant or non-pregnant patients, normal sustained blood Phe levels of 120 umol/L to 360 umol/L; or
 - For non-pregnant patients, sustained blood Phe reduction of at least 30% compared to baseline if the baseline blood Phe level is less than 1200 umol/L; or
 - For non-pregnant patients, sustained blood Phe reduction of at least 50% compared to baseline if the baseline blood Phe level is greater than 1200 umol/L.
- For non-pregnant patients, documented increase in dietary protein tolerance based on targets set between the clinician and patient.

Renewal Criteria:

- Confirmation of continued response to Kuvan based on Phe levels achieved during the 6-month trial. Two Phe levels taken at least 1 month apart must be provided.

Clinical Notes:

1. Patients must be initiated on treatment and followed in a specialized clinic with expertise in the diagnosis and management of PKU.
2. Phe blood levels and Phe tolerance levels must be provided.
3. Pregnant patients who have maintained a decrease in Phe levels below 360 umol/L during the 6-month trial period will be eligible for coverage of Kuvan for the duration of the pregnancy.

Claim Notes:

- Approvals will be for a maximum of 20 mg/kg per day.
- Renewals for Kuvan in pregnant patients will not be considered.
- 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](#).

SARILUMAB (KEVZARA)
150 mg / 1.14 mL and 200 mg / 1.14 mL prefilled pens

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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 200 mg every other week.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

SATRALIZUMAB (ENSPRYNG)
120 mg/mL prefilled syringe

For the treatment of patients 12 years of age and older with neuromyelitis optica spectrum disorder (NMOSD) who meet all of the following criteria:

- Aquaporin-4 antibody positive
- Expanded Disability Status Scale (EDSS) score of 6.5 points or less
- Experienced at least one relapse in the previous 12 months
- Relapse occurred despite an adequate trial of rituximab, or there has been an intolerance to rituximab

Renewal Criteria:

- Requests for renewal will be considered for patients who maintain an EDSS score of less than 8 points.

Clinical Note:

- Satralizumab should not be initiated during a NMOSD relapse.

Claim Notes:

- Must be prescribed by a neurologist with experience in the treatment of NMOSD.
- Combined use of more than one biologic drug will not be reimbursed.
- Approvals will be for a maximum of 120 mg at week 0, 2 and 4, then 120 mg every four weeks thereafter.
- 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](#).

SAXAGLIPTIN (ONGLYZA and generic brands)
2.5 mg and 5 mg tablets

For the treatment of type 2 diabetes mellitus when 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.

SEBELIPASE ALFA (KANUMA)
20 mg vial

For the treatment of patients with lysosomal acid lipase (LAL) deficiency. For the complete criteria, please contact the NB Drug Plans at 1-800-332-3691.

Claim Note:

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

SECUKINUMAB (COSENTYX)
150 mg/mL 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 greater than or equal to 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 2 weeks each 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 2 weeks each and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - a decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic drug 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 monthly will be considered for patients who continue to have active disease while on the recommended monthly maintenance dose of 150 mg.
- 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) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors 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.

SELINEXOR (XPOVIO)
20 mg tablet

In combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma who have received at least one prior therapy. If previously treated with a proteasome inhibitor then the patient must meet all of the following criteria:

- Achieved at least a partial response with any prior bortezomib and with the most recent proteasome inhibitor.
- Therapy with bortezomib was not discontinued due to grade 3 or greater related toxicity.
- A proteasome inhibitor treatment-free interval of at least 6 months.

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:

- Requests will be considered for patients with plasma cell leukemia and systemic light chain amyloidosis.
- 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](#).

SELPERCATINIB (RETEVMO)
40 mg and 80 mg capsules**Differentiated Thyroid Cancer**

For the treatment of RET fusion-positive differentiated thyroid cancer in adult patients with advanced or metastatic disease, not amenable to surgery or radioactive iodine therapy, following prior treatment with lenvatinib.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- 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](#).

Medullary Thyroid Cancer

For the treatment of patients 12 years of age and older with unresectable advanced or metastatic RET-mutant medullary thyroid cancer who have progressed on, are intolerant to, or have a contraindication to first-line therapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- 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](#).

Non-Small Cell Lung Cancer

For the treatment of adult patients with metastatic RET fusion-positive non-small cell lung cancer as first-line therapy or after prior systemic therapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

3. If central nervous system metastases are present, patients must be asymptomatic or have stable disease.

Claim Notes:

- 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](#).

SEMAGLUTIDE (OZEMPIC)

2 mg / 1.5 mL and 2 mg / 3 mL prefilled pens

4 mg / 3 mL prefilled pens

For the treatment of type 2 diabetes mellitus when added to:

- metformin for patients who have inadequate glycemic control on metformin; or
- metformin and a sulfonylurea for patients who have inadequate glycemic control on metformin and a sulfonylurea.

Clinical Note:

- For patients who cannot take metformin due to contraindications or intolerances, details must be provided.

Claim Note:

- Approvals will be for a maximum of 1 prefilled pen every 4 weeks.

SEVELAMER (RENVELA)

0.8 g and 2.4 g sachets

For use in patients who have difficulty swallowing tablets.

Claim Note:

- Approval period: 1 year

SILDENAFIL (REVATIO and generic brands)

20 mg film-coated tablet

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class II, III or IV.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- The maximum dose of sildenafil that will be reimbursed is 20 mg three times daily.
- Approval period: Long term.

SIPONIMOD (MAYZENT)

0.25 mg and 2 mg tablets

For the treatment of patients with active secondary progressive multiple sclerosis (SPMS) who meet all of the following criteria:

- History of relapsing-remitting multiple sclerosis and current active SPMS
- Recent Expanded Disability Status Scale (EDSS) score of 3.0 to 6.5

Clinical Notes:

1. Active SPMS is defined as having had relapses in the past 2 years and/or having at least one T1 gadolinium-enhancing lesion prior to treatment initiation with siponimod.
2. Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Must be prescribed by a neurologist.
- Approvals will be for a maximum of 2 mg daily.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approval period: 2 years.

SODIUM BICARBONATE (generic brands)

500 mg tablets

For the treatment of metabolic acidosis in patients with chronic kidney disease who have a serum bicarbonate (CO₂) < 22mmol/L.

SODIUM FERRIC GLUCONATE COMPLEX (FERRLECIT)
12.5 mg/mL 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 an adequate trial of oral iron.

SODIUM PHENYLBUTYRATE (PHEBURANE)
483 mg/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 Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

SODIUM PHENYLBUTYRATE AND URSODOXICOLTAURINE (ALBRIOZA)
3 g / 1 g powder for suspension

For the treatment of patients with definite amyotrophic lateral sclerosis (ALS) who meet all the following criteria:

- Forced vital capacity (FVC) greater than or equal to 60% of predicted
- ALS symptoms for 18 months or less
- Permanent non-invasive or invasive ventilation is not required

Discontinuation Criteria:

- The patient requires permanent non-invasive or invasive ventilation; or
- The patient becomes non-ambulatory and is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place.

Clinical Note:

- FVC must be provided with initial request.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of ALS.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

SOFOBUVIR (SOVALDI)
400 mg tablet

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) with a confirmed quantitative HCV RNA value in the last 12 months.

Approval Period	
Genotype 2 <ul style="list-style-type: none">• Without cirrhosis• With compensated cirrhosis	12 weeks in combination with ribavirin (RBV)
Genotype 3 <ul style="list-style-type: none">• Without cirrhosis• With compensated cirrhosis	24 weeks in combination with RBV

Clinical Notes:

1. Genotype must be provided.
2. 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 prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ACDEFGV.

- 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)
400 mg / 90 mg tablet**

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) with a confirmed quantitative HCV RNA value within the last 12 months.

	Approval Period
Genotype 1 <ul style="list-style-type: none"> • Treatment-naïve without cirrhosis, who have pre-treatment HCV RNA level < 6 million IU/mL and mono-HCV infected only 	8 or 12 weeks
Genotype 1 <ul style="list-style-type: none"> • 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 • Liver transplant recipients without cirrhosis or with compensated cirrhosis. 	12 weeks
Genotype 1 <ul style="list-style-type: none"> • Treatment-experienced with compensated cirrhosis • Decompensated cirrhosis 	24 weeks

Clinical Notes:

1. Genotype must be provided
2. 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 prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- 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)
400 mg / 100 mg tablet**

For treatment-naïve or treatment-experienced adult patients with chronic hepatitis C virus (HCV) with a confirmed quantitative HCV RNA value within the last 12 months.

	Approval Period
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes <ul style="list-style-type: none"> • Patients with compensated cirrhosis • Patients without cirrhosis 	12 weeks
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes <ul style="list-style-type: none"> • Patients with decompensated cirrhosis 	24 weeks

Clinical Note:

- 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 prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ACDEFGV.

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**SOFOSBUVIR, VELPATASVIR AND VOXILAPREVIR (VOSEVI)
400 mg / 100 mg / 100 mg tablet**

For treatment-experienced adult patients with chronic hepatitis C virus (HCV) without cirrhosis or with compensated cirrhosis with a quantitative HCV RNA value within the last 12 months.

Approval Period	
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes <ul style="list-style-type: none"> • Patients with compensated cirrhosis • Patients without cirrhosis 	12 weeks

Clinical Note:

- Compensated cirrhosis is defined as a Child-Turcotte-Pugh (CTP) score of 5 to 6 (Class A).

Claim Notes:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other prescriber experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**SOMATROGON (NGENLA)
24 mg / 1.2 mL and 60 mg / 1.2 mL prefilled pens**

For the treatment of isolated growth hormone deficiency or growth hormone deficiency as part of multiple pituitary hormone deficiency in pre-pubertal children who are at least 3 years of age.

Discontinuation Criteria:

- Height velocity is less than 2 cm per year and bone age is more than 16 years in boys and 14 years in girls; or
- Closure of the epiphyseal growth plates.

Clinical Notes:

1. Patient height and weight must be provided with all requests.
2. Confirmation there is no evidence of epiphyseal growth plate closure and a copy of the bone age report must be provided with all requests.
3. Bone age assessments may be based on the Greulich Pyle Atlas, Tanner-Whitehouse, or other appropriate methods of assessment.

Claim Notes:

- Must be prescribed by, or in consultation with, an endocrinologist.
- Approvals will be for a maximum of 0.66 mg/kg weekly.
- Approval period: 1 year

**SOMATROPIN (GENOTROPIN)
0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg and 2 mg MiniQuick® prefilled syringes
5.3 mg and 12 mg 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)
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)

5 mg / 1.5 mL, 10 mg / 1.5 mL and 15 mg / 1.5 mL prefilled pens

SOMATROPIN (NORDITROPIN FLEXPPO)

5 mg / 1.5 mL, 10 mg / 1.5 mL and 15 mg / 1.5 mL prefilled pens

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 (NUTROPIN AQ NuSpin)

5 mg / 2 mL, 10 mg / 2 mL, and 20 mg / 2 mL prefilled cartridges

SOMATROPIN (SAIZEN)

5 mg vials

6 mg, 12 mg and 20 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.

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)

5 mg / 1.5 mL, 10 mg / 1.5 mL and 15 mg / 1.5 mL 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)
200 mg film-coated tablet

Advanced Hepatocellular Carcinoma

For the treatment of unresectable hepatocellular carcinoma, as first-line or second-line therapy after progression on atezolizumab in combination with bevacizumab, for patients who meet all of the following criteria:

- Child-Pugh class status of A
- ECOG performance status of 0-2
- Progressed on trans-arterial chemoembolization (TACE) or not suitable for the TACE procedure

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Claim Notes:

- Requests for sorafenib will not be considered for patients who have progressed on lenvatinib.
- Approval period: 6 months.

Metastatic Renal Cell Carcinoma (MRCC)

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as a second-line therapy following disease progression on cytokine therapy.

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 Note:

- Approval period: 1 year.

STIRIPENTOL (DIACOMIT)
250 mg and 500 mg capsules
250 mg and 500 mg 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.

SUCROFERRIC OXYHYDROXIDE (VELPHORO)
500 mg iron chewable tablet

For the treatment of hyperphosphatemia (serum phosphate greater than 1.8 mmol/L) in patients with end-stage renal disease who are on dialysis.

Claim Note:

- Approval period: Long term.

SUMATRIPTAN (IMITREX NASAL SPRAY)
5 mg and 20 mg 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 and generic brands)
12.5 mg, 25 mg and 50 mg capsules**

Gastrointestinal Stromal Tumour

For the treatment of patients with unresectable or metastatic gastrointestinal stromal tumour who experience disease progression on, or intolerance to, imatinib.

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 Note:

- Approval period: 6 months.

Metastatic Renal Cell Carcinoma

For the treatment of patients with advanced or metastatic renal cell carcinoma when used as:

- first-line therapy, or
- second-line therapy following disease progression on nivolumab and ipilimumab combination 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 Note:

- Approval period: 1 year.

Pancreatic Neuroendocrine Tumours

For the treatment of patients with progressive, unresectable, locally advanced or metastatic, well or moderately differentiated pancreatic neuroendocrine tumours.

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 Note:

- 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).

TAFAMIDIS (VYNDAMAX)
61 mg capsule
TAFAMIDIS MEGLUMINE (VYNDAQEL)
20 mg capsule

For the treatment of cardiomyopathy in adult patients with documented hereditary or wild-type transthyretin-mediated amyloidosis (ATTR) who meet all of the following criteria:

- New York Heart Association (NYHA) class I to III heart failure
- At least one prior hospitalization for heart failure or clinical evidence of heart failure that required treatment with a diuretic
- Has not previously undergone a heart or liver transplant
- Does not have an implanted cardiac mechanical assist device (CMAD)

Discontinuation Criteria:

The patient has:

- NYHA class IV heart failure, or
- received an implanted CMAD, or
- received a heart or liver transplant.

Clinical Notes:

1. Wild-type ATTR-cardiomyopathy (CM) consists of all of the following:
 - absence of a variant transthyretin (TTR) genotype
 - TTR precursor protein identification by immunohistochemistry, scintigraphy, or mass spectrometer
 - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
 - positive findings on technetium-99m pyrophosphate (Tc-99m-PYP) scintigraphy with single-photon emission computerized tomography (SPECT) scanning or presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connection tissue sheath, or cardiac tissue)
2. Hereditary ATTR-CM consists of all of the following:
 - presence of a variant TTR genotype associated with CM and presenting with a CM phenotype
 - evidence of cardiac involvement by echocardiography with end-diastolic interventricular septal wall thickness greater than 12 mm
 - positive findings on technetium-99m pyrophosphate (Tc-99m-PYP) scintigraphy with single-photon emission computerized tomography (SPECT) scanning or presence of amyloid deposits in biopsy tissue (fat aspirate, salivary gland, median nerve connective tissue sheath, or cardiac tissue)

Claim Notes:

- The patient must be under the care of a physician with experience in the diagnosis and treatment of ATTR-CM.
- Combination therapy with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat ATTR-CM will not be reimbursed.
- Initial approval period: 9 months.
- Renewal approval period: 1 year.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

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% cream

For the treatment of patients with plaque psoriasis in whom conventional therapies have been ineffective or are inappropriate.

TEDUGLUTIDE (REVESTIVE)
5 mg vial

For the ongoing treatment of patients with Short Bowel Syndrome (SBS) as a result of major intestinal resection (e.g. volvulus, vascular disease, cancer, Crohn's disease, injury, congenital disease) who meet the following criteria:

- For pediatric patients:
 - Cumulative lifetime duration of parenteral support (PS) must be at least 12 months
 - PS must provide more than 30% of caloric and/or fluid and electrolyte needs
 - Prior to initiating teduglutide, PS frequency and volume must be stable for at least three months or there must be no improvement in enteral feeding for at least three months
- For adult patients:
 - Dependency on parenteral support (PS) for at least 12 months
 - Prior to initiating teduglutide, PS required at least three times weekly to meet caloric, fluid and electrolyte needs and stable PS 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 PS volume compared to baseline, while on teduglutide therapy.

Renewal Criteria:

- Has maintained at least a 20% reduction in PS volume from baseline at 12 months.

Clinical Note:

- PS is defined as parenteral nutrition which encompasses parenteral delivery of lipids, protein and/or carbohydrates to address caloric needs, and/or 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 and generic brands)
14 mg film-coated tablet

For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS) who meet all of the following criteria:

- Confirmed diagnosis based on McDonald criteria
- Experienced one or more disabling relapses or new MRI activity in the past two years
- Ambulatory with or without aid (i.e. has a recent Expanded Disability Status Scale (EDSS) score of less than or equal to 6.5)

Clinical Note:

- Treatment should be discontinued for patients with an EDSS score of greater than or equal to 7.

Claim Notes:

- Prescriptions written by neurologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Combined use with other disease modifying therapies to treat RRMS will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans ACDEFGV.
- Approval period: 2 years

TESTOSTERONE (ANDROGEL, TESTIM and generic brand)
1% gel (2.5 g and 5 g packets)
TESTOSTERONE UNDECANOATE (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 tumours, 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.

TEZEPelumAB (TEZSPIRE)
210 mg / 1.91 mL prefilled syringe and prefilled pen

For the adjunctive treatment of severe asthma in patients 12 years of age and older who meet all of the following criteria:

- Inadequately controlled with high-dose inhaled corticosteroids (ICS), and one or more additional asthma controller(s) (e.g., long-acting beta-agonist)
- Two or more clinically significant asthma exacerbations in the past 12 months

Initial Discontinuation Criteria:

- Baseline asthma control questionnaire score has not improved at 12 months since initiation of treatment, or
- No decrease in the daily maintenance oral corticosteroids (OCS) dose in the first 12 months of treatment, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Subsequent Discontinuation Criteria:

- Asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently, or
- Reduction in the daily maintenance OCS dose achieved after the first 12 months of treatment is not maintained subsequently, or
- Number of clinically significant asthma exacerbations has increased within the previous 12 months.

Clinical Notes:

1. A baseline and annual assessment of asthma symptom control using a validated asthma control questionnaire must be provided.
2. A baseline and annual number of clinically significant asthma exacerbations must be provided.
3. High-dose ICS is defined as greater than or equal to 500 mcg of fluticasone propionate or equivalent daily dose.
4. A significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist, allergist or internist experienced in the treatment of severe asthma.
- Combined use of tezepelumab with other biologics used to treat asthma will not be reimbursed.
- Approvals will be for a maximum of 210 mg every four weeks.
- Approval period: 1 year.

THYROTROPIN (THYROGEN)
0.9 mg/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 (generic brands)
60 mg tablet

In combination with ASA for patients with a history of ST elevation myocardial infarction (STEMI) or non-ST elevation acute coronary syndrome (NSTEMI) in the previous 3 years who are at high risk for subsequent cardiovascular events.

Clinical Note:

- High risk for subsequent cardiovascular events is defined as age 65 years or older, diabetes, second prior spontaneous myocardial infarction, multivessel coronary artery disease, or chronic renal dysfunction (creatinine clearance < 60mL/min).

Claim Notes:

- Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Approval period: 3 years.

TICAGRELOR (BRILINTA and generic brands)
90 mg tablet

1. In combination with ASA for patients with ST elevation myocardial infarction (STEMI) or non-ST elevation acute coronary syndrome (NSTEMI) who receive percutaneous coronary intervention (PCI).

Claim Notes:

- Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Approval period: 1 year.

2. For the treatment of patients who have recurrent cardiovascular events (STEMI or NSTEMI), or definite stent thrombosis, while on clopidogrel and ASA therapy.

Clinical Note:

- Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.

Claim Notes:

- Prescriptions written by cardiologists who are licensed by the College of Physicians and Surgeons of New Brunswick do not require special authorization.
- Approval period: Long term.

TIGECYCLINE (TYGACIL)
50 mg vial

For the treatment of patients with multi-drug resistant infections when alternative agents are not an option.

Claim Note:

- Must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

TINZAPARIN (INNOHEP)
10,000 IU/mL multidose vial and prefilled syringes
20,000 IU/mL multidose vial and prefilled syringes

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 tumour for up to 28 days.
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 of 35 days of therapy is available without special authorization.

**TILDRAKIZUMAB (ILUMYA)
100 mg/mL prefilled syringe**

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals or nails
- Refractory, intolerant or unable to access phototherapy
- Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. Refractory is defined as lack of effect at the recommended dose and for duration of treatment 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 drug will not be reimbursed.
- Approvals will be for a maximum of 100 mg at weeks 0 and 4, then every 12 weeks thereafter.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of response is required.

**TIPRANAVIR (APTIVUS)
250 mg 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 PODHALER)
28 mg 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 Notes:

- 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 ABCDEFGV.

**TOCILIZUMAB (ACTEMRA)
80 mg / 4 mL, 200 mg / 10 mL, and 400 mg / 20 mL single-use vials
162 mg / 0.9 mL autoinjector and prefilled syringe**

Giant Cell Arteritis

- For the treatment of adult patients with new onset or relapsed giant cell arteritis (GCA) in combination with oral glucocorticoids.
- Requests for renewal must include:
 - confirmation of response to treatment (e.g. absence of flares, normalization of C-reactive protein), and
 - description of attempts to taper or discontinue glucocorticoids, and
 - rationale for the need for ongoing treatment.

Clinical Note:

- A flare is defined as the recurrence of signs or symptoms and/or erythrocyte sedimentation rate greater than or equal to 30 mm/hour.

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist or other physician experienced in the treatment of GCA.
- Combined use of more than one biologic drug will not be reimbursed.
- Subcutaneous injection: Approvals will be for up to 162 mg every week.
- Approval period: 1 year

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 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 drug will not be reimbursed.
- Intravenous infusion: Approvals will be for 10 mg/kg for patients less than 30 kg or 8 mg/kg for patients greater than or equal to 30 kg, to a maximum of 800 mg, administered every four weeks.
- Subcutaneous injection: Approvals will be for a maximum of 162 mg once every three weeks for patients weighing less than 30 kg or 162 mg once every two weeks for patients weighing more than 30 kg.
- 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, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Intravenous infusion: Initial approvals will be for 4 mg/kg/dose every four weeks, with a maximum maintenance dose escalation up to 8 mg/kg, to a maximum of 800 mg per infusion for patients greater than 100 kg.
- Subcutaneous injection: Initial approvals will be for 162 mg every other week for patients less than 100 kg, with a maximum maintenance dose escalation to weekly dosing permitted. Patients greater than or equal to 100 kg will be approved for 162 mg 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

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 drug will not be reimbursed.
- Intravenous infusion: Approvals will be for 12 mg/kg for patients less than 30kg or 8 mg/kg for patients greater than or equal to 30kg, to a maximum of 800 mg, administered every two weeks.

- Subcutaneous injection: Approvals will be for a maximum of 162 mg once every three weeks for patients weighing less than 30 kg or 162 mg once every two weeks for patients weighing more than 30 kg.
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year. Confirmation of continued response is required.

**TOFACITINIB (XELJANZ and generic brands and XELJANZ XR)
5 mg and 10 mg film-coated tablets
11 mg extended-release tablet**

Rheumatoid Arthritis

For the treatment of moderately to severely active rheumatoid arthritis, alone or in combination with methotrexate, in adult patients who are refractory, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another disease-modifying antirheumatic drug (DMARD), at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum dose of 5 mg twice daily (Xeljanz) or 11 mg once daily (Xeljanz XR).
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Ulcerative Colitis

- For the treatment of patients with moderately to severely active ulcerative colitis who have a partial Mayo score greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:
 - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
 - a decrease in the rectal bleeding subscore greater than or equal to 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 greater than 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 drug will not be reimbursed.
- Approvals will be for a maximum dose of 10 mg twice daily (Xeljanz).
- Initial approval period: 16 weeks.
- Renewal approval period: 1 year.

**TOPIRAMATE (TOPAMAX)
15 mg and 25 mg sprinkle capsules**

For patients who cannot take the tablet form of topiramate and require sprinkle capsules for proper administration.

TRAMETINIB (MEKINIST)
0.5 mg and 2 mg tablets

Adjuvant Melanoma

In combination with dabrafenib for the adjuvant treatment of patients with cutaneous melanoma who meet all of the following criteria:

- Stage IIIA (limited to lymph node metastases of greater than 1 mm) to stage IIID disease (AJCC 8th edition)
- BRAF V600-mutation positive
- Completely resected disease including in-transit metastases

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should continue until disease recurrence, unacceptable toxicity, or up to a maximum of 12 months.

Claim Notes:

- Requests will be considered for patients with regional lymph nodes with micrometastases after sentinel lymph node biopsy.
- Requests will not be considered for patients who received adjuvant immunotherapy for greater than three months. Patients may switch to BRAF targeted therapy within the first three months of initiating immunotherapy to complete a total of 12 months of adjuvant treatment.
- Approval period: Up to 12 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Metastatic Melanoma

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 targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

TREPROSTINIL (REMODULIN)
1 mg/mL, 2.5 mg/mL, 5 mg/mL and 10 mg/mL multi-use vials

For the treatment of patients with Group 1 pulmonary arterial hypertension (PAH) with World Health Organization (WHO) functional class III or IV who have failed to respond to non-prostanoid therapies.

Clinical Note:

- The diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of PAH.
- Approval period: Long term.

TRIAMCINOLONE HEXACETONIDE (TRISPAN)
20 mg/mL suspension for injection

For the treatment of juvenile idiopathic arthritis.

TRIENTINE (generic brands)
250 mg capsule

For the treatment of patients with Wilson's disease (WD) who are intolerant, or have contraindications, to d-penicillamine.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment. Supporting documentation must be provided.

Clinical Note:

- Details of d-penicillamine intolerances and/or contraindications must be provided.

Claim Notes:

- In adult patients, trientine therapy must be initiated by a clinician experienced in the management of WD.
- In pediatric patients, initiation and renewal of trientine therapy must be overseen by a clinician experienced in the management of WD.
- Approvals will be for a maximum of 2000 mg per day.
- Approval period: 1 year.

**TRIFLURIDINE / TIPIRACIL (LONSURF)
15 mg / 6.14 mg and 20 mg / 8.19 mg tablets**

For the treatment of adult patients with metastatic gastric cancer or adenocarcinoma of the gastroesophageal junction who meet the following criteria:

- Previously treated with at least two prior lines of chemotherapy including a fluoropyrimidine, a platinum, and either a taxane or irinotecan and if appropriate, with HER2-targeted therapy
- ECOG performance status of 0 or 1

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Trifluridine / tipiracil should be used in combination with best supportive care.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will be considered for patients who have an intolerance or contraindication to platinum-based therapy.
- Approval period: 6 months.

**TRIEPTANOIN (DOJOLVI)
100% w/w oral solution**

For the treatment of patients with an acute life-threatening long-chain fatty acid oxidation disorder (LC-FAOD) who meet all of the following criteria:

- Alternative therapy to conventional even-chain medium-chain triglyceride (MCT) supplementation is required; and
- One of the following circumstances is met:
 - The patient has a confirmed diagnosis of one of the types of LC-FAOD and is experiencing acute life-threatening events; or
 - The patient lacks a confirmed diagnosis of LC-FAOD but is presenting with acute life-threatening events consistent with LC-FAOD.

Renewal Criteria:

Renewals will be considered for patients meeting all of the following criteria:

- Patient who was initiated on triheptanoin without a confirmed diagnosis of LC-FAOD has subsequently received a confirmed diagnosis established by a specialist in metabolic diseases experienced in the treatment and management of LC-FAOD with the type of LC-FAOD specified and the genetic and other findings provided to confirm the diagnosis.
- Patient is optimized on, and adherent to, appropriate dietary management.
- Patient continues to benefit from triheptanoin therapy. Requesters must include a description of the patient's current response to triheptanoin therapy and clearly outline how this response meets the clinical treatment goals established at initiation.

Clinical Notes:

1. Acute life-threatening events consistent with LC-FAOD may include:
 - A catastrophic presentation with acute or recurrent rhabdomyolysis with severe pain, compartment syndrome, acute renal failure requiring hospitalization and life-saving interventions including dialysis, treatment of hyperkalemia, and surgical treatment of compartment syndrome.
 - Severe hypoglycemia, recurrent or acute with or without seizures.
 - Cardiomyopathy with or without arrhythmia.
2. Requests should specify the acute life-threatening events that the patient presents with that are consistent with LC-FAOD and include clinical and biochemical findings of impacted organ systems which support warranted triheptanoin initiation.

3. Individualized treatment goals for triheptanoin treatment must be submitted with the initial coverage request.
4. Patient's Daily Caloric Intake (DCI) requirements must be provided with all requests.

Claim Notes:

- Must be prescribed by a physician with experience in the management of LC-FAOD.
- Approvals will be for a maximum of 35% of the patient's total DCI.
- 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](#).

**TROSPiUM (TROSEC and generic brands)
20 mg 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.

**TUCATINIB (TUKYSA)
50 mg and 150 mg film-coated tablets**

In combination with trastuzumab and capecitabine for the treatment of patients with locally advanced unresectable or metastatic HER2-positive breast cancer who have received prior treatment with trastuzumab, pertuzumab and a HER2-targeted antibody-drug conjugate (e.g., Kadcyla, Enhertu), where at least one was given in the advanced or metastatic setting.

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, unacceptable toxicity, or if both trastuzumab and capecitabine are discontinued.

Claim Notes:

- Approval period: 6 months.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

**UPADACITINIB (RINVOQ)
15 mg and 30 mg extended-release tablets**

Atopic Dermatitis

For the treatment of moderate to severe atopic dermatitis (AD) in patients aged 12 years and older who meet all of the following criteria:

- Refractory or have contraindications to an adequate trial of topical prescription therapies combined with phototherapy (where available).
- Refractory, intolerant or have contraindications to an adequate trial of topical prescription therapies combined with methotrexate, cyclosporine, mycophenolic acid, or azathioprine.
- Baseline Physician Global Assessment score of 3 or greater and Eczema Area and Severity Score of 7.1 or greater.

Renewal Criteria:

- Requests for renewal must provide proof of beneficial clinical effect defined as a 75% or greater improvement from baseline in the Eczema Area and Severity Index (EASI-75) score six months after treatment initiation.
- Proof of maintenance of EASI-75 response from baseline must be provided for subsequent authorizations.

Claim Notes:

- Must be prescribed by a dermatologist, pediatrician or clinical immunologist with experience in the treatment of moderate to severe AD.
- Combined use of more than one immunomodulatory drug (e.g., biologics or janus kinase inhibitors) for the treatment of moderate to severe AD will not be reimbursed.
- Approvals will be for a maximum of 30 mg daily.
- 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 greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 15 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis

For the treatment of moderately to severely active rheumatoid arthritis, alone or in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory, intolerant or have contraindications to:

- methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 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 can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use with other biologic drugs or janus kinase inhibitors will not be reimbursed.
- Approvals will be for a maximum of 15 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year. Confirmation of response is required.

USTEKINUMAB (STELARA)

45 mg / 0.5 mL and 90 mg/mL prefilled syringes

For the treatment of adult patients with chronic moderate to severe plaque psoriasis who meet all of the following criteria:

- Psoriasis Area Severity Index (PASI) greater than 10 and Dermatology Life Quality Index (DLQI) greater than 10, or major involvement of visible areas, scalp, genitals, or nails
- Refractory, intolerant or unable to access phototherapy
 - Refractory, intolerant or have contraindications to methotrexate (oral or parenteral) at a dose of greater than or equal to 20 mg weekly (greater than or equal to 15 mg if patient is greater than or equal to 65 years of age) 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. 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 drug 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 and generic brand)
50 mg/mL oral suspension**

For the prevention and treatment of cytomegalovirus (CMV) in patients for whom oral tablets are not an option.

**VANDETANIB (CAPRELSA)
100 mg and 300 mg 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 Note:

- Approval period: 1 year.

**VARENICLINE (CHAMPIX and generic brands)
0.5 mg and 1 mg tablets**

For smoking cessation in adults 18 years of age and older.

Clinical Notes:

1. The patient should be participating in a form of smoking cessation counselling.
2. For information on quitting smoking visit our website [Smoking Cessation Therapies](#).

Claim Notes:

- A maximum of 24 weeks of standard therapy (336 tablets) will be reimbursed annually without special authorization. Special authorization requests for additional tablets will not be considered.
- Requests for nicotine replacement therapy (patches/gum/lozenge) for use in combination with a non-nicotine prescription smoking cessation drug (varenicline or bupropion) will not be considered.

**VEDOLIZUMAB (ENTYVIO)
108 mg / 0.68 mL prefilled syringe and prefilled pen
300 mg 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 drug will not be reimbursed.
- Intravenous infusion: Approvals will be for maximum of 300 mg at week 0, 2, and 6, then 300 mg every eight weeks.
- Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.
- 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 greater than 4, and a rectal bleeding subscore greater than or equal to 2 and are:
 - refractory or intolerant to conventional therapy (i.e. aminosalicylates for a minimum of four weeks, and prednisone greater than or equal to 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 greater than or equal to 2 from baseline, and
 - a decrease in the rectal bleeding subscore greater than or equal to 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 greater than 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 drug will not be reimbursed.
- Intravenous infusion: Approvals will be for maximum of 300 mg at week 0, 2, and 6, then 300 mg every eight weeks.
- Subcutaneous injection: Approvals will be for a maximum of 108 mg every two weeks following at least two intravenous infusions of vedolizumab.
- Initial approval period: 14 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) 240 mg 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 targeted therapy.
- Requests will be considered for patients who received adjuvant BRAF targeted therapy if disease progression occurred at least 6 months following completion of therapy.
- Approval period: 6 months.

VENETOCLAX (VENCLEXTA)
10 mg, 50 mg and 100 mg film-coated tablets

Acute Myeloid Leukemia

In combination with azacitidine for the treatment of patients with newly diagnosed acute myeloid leukemia who are 75 years of age or older, or who have comorbidities that preclude use of intensive induction chemotherapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment and there is no evidence of disease progression.

Clinical Note:

- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for patients previously treated with a hypomethylating agent or chemotherapy for myelodysplastic syndrome will not be considered.
- Requests for patients with high-risk myelodysplastic syndrome will not be considered.
- Approval period: 1 year.

Chronic Lymphocytic Leukemia / Small Cell Lymphoma

1. In combination with obinutuzumab for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) whom fludarabine-based treatment is inappropriate.

Clinical Notes:

1. Patient must have a good performance status.
2. Treatment should be given for a total of 12 months (six 28-day cycles in combination with obinutuzumab, followed by six months of monotherapy), or until disease progression or unacceptable toxicity, whichever occurs first.

Claim Notes:

- Requests for re-treatment with venetoclax in combination with obinutuzumab will not be considered.
- Approval period: 1 year.

2. In combination with rituximab for the treatment of patients with CLL / SLL who have received at least one prior therapy.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patient must have a good performance status.
2. Treatment should be continued until disease progression or unacceptable toxicity, up to a maximum of 2 years.

Claim Notes:

- Requests will not be considered for patients previously treated with anti-CD20 therapy if relapse occurs less than 6 months following completion of therapy. However, for patients previously treated with venetoclax, the relapse-free interval must be 12 months or greater.
- Approval period: 1 year.

3. As monotherapy for the treatment of patients with CLL / SLL who have received at least one prior therapy which must include disease progression on or intolerance to a B-cell receptor 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:

- Requests will not be considered for patients previously treated with venetoclax-based therapy if relapse occurs less than 12 months following completion of therapy.
- Approval period: 1 year.

VIGABATRIN (SABRIL)**500 mg tablet****500 mg 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.

VISMODEGIB (ERIVEDGE)**150 mg 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 surgery¹ AND inappropriate for radiotherapy²
AND
- Patient 18 years of 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 surgery¹ AND radiation² 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:

- ¹Considered 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
- ²Considered 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: 150 mg orally once daily taken until disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

VITAMINS B AND C (REPLAVITE)**Tablet**

For the replacement of water-soluble vitamins in patients with end-stage renal disease who are on dialysis.

Claim Note:

- Approval period: Long term.

VORICONAZOLE (VFEND and generic brands)**50 mg and 200 mg 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, infectious disease specialist or medical microbiologist.
- Initial requests will be approved for a maximum of 3 months.

ZANAMIVIR (RELENZA)
5 mg 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.

ZANUBRUTINIB (BRUKINSA)
80 mg capsule

Chronic Lymphocytic Leukemia

1. As monotherapy for adult patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is inappropriate due to high-risk cytogenetic markers (i.e., del17p, TP53 mutation, or unmutated IGHV).
2. As monotherapy for the treatment of adult patients with relapsed or refractory CLL / SLL who have received at least one prior systemic 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 and no evidence of prolymphocytic leukemia or Richter's transformation.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests will not be considered for patients who experience disease progression on a Bruton's tyrosine kinase (BTK) inhibitor or idelalisib.
- Approval period: 1 year.

Waldenström Macroglobulinemia

For the treatment of adult patients with relapsed or refractory Waldenström macroglobulinemia who have received at least one prior therapy and have not experienced disease progression on a Bruton's tyrosine kinase inhibitor.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must meet at least one criterion for treatment as per IWWM consensus panel.
2. Patients must have a good performance status and no evidence of disease transformation.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Note:

- Approval period: 1 year.

ZOLMITRIPTAN (ZOMIG NASAL SPRAY)
2.5 mg and 5 mg 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 AND BUTALBITAL (FIORINAL and generics)

330 mg / 40 mg / 50 mg capsule and tablet

ACETYLSALICYLIC ACID, CAFFEINE, CODEINE AND BUTALBITAL (FIORINAL C1/4 and generic)

330 mg / 40 mg / 15 mg / 50 mg capsule

ACETYLSALICYLIC ACID, CAFFEINE, CODEINE AND BUTALBITAL (FIORINAL C1/2 and generic)

330 mg / 40 mg / 30 mg / 50 mg capsule

Effective March 20, 2018, requests for coverage of butalbital-containing products which include Fiorinal, Fiorinal C¹/₄, Fiorinal C¹/₂ 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 (generic brand)

10 mg 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.

ATORVASTATIN / AMLODIPINE (CADUET and generic brands)

10 mg / 5 mg, 10 mg / 10 mg, 20 mg / 5 mg, 10 mg / 10 mg, 40 mg / 5 mg, 40 mg / 10 mg, 80 mg / 5 mg and 80 mg / 10 mg tablets

Effective May 13, 2021, atorvastatin/amlodipine tablets are no longer listed as a regular benefit. Patients who have had a claim paid for atorvastatin/amlodipine between November 13, 2020 and May 13, 2021 will continue to have coverage. Requests for special authorization will not be considered.

BETAHISTINE (generic brands)

8 mg tablet

Effective March 18, 2021, requests for coverage of betahistine 8 mg tablets are no longer considered. Patients who had a claim paid for betahistine 8 mg between September 18, 2020 and March 18, 2021 will continue to have coverage.

CHLORAL HYDRATE (Chloral hydrate syrup Odan)

100 mg/mL syrup

Effective June 26, 2023, chloral hydrate syrup is no longer listed as a regular benefit. For patients who had a claim paid for chloral hydrate between December 26, 2022 and June 26, 2023, chloral hydrate syrup will continue to be a benefit until January 26, 2024. After January 26, 2024, a special authorization request, documenting the rationale for continued use, will be required on an annual basis for coverage to be considered. New requests for special authorization will not be considered.

CLIDINIUM / CHLORDIAZEPOXIDE (LIBRAX)

5 mg / 2.5 mg capsule

Effective April 22, 2021, chlordiazepoxide/clidinium is no longer listed as a regular benefit. For patients who had a claim paid for chlordiazepoxide/clidinium between October 22, 2020 and April 22, 2021, chlordiazepoxide/clidinium will continue to be a benefit until October 22, 2021. After October 22, 2021, a special authorization request, documenting the rationale for continued use, will be required on an annual basis for coverage to be considered. New requests for special authorization will not be considered.

GLIMEPIRIDE (Sandoz Glimepiride)

1 mg, 2 mg and 4 mg tablets

Effective June 17, 2021, Sandoz glimepiride 1 mg, 2 mg and 4 mg tablets are no longer listed as a regular benefit. Patients who had a claim paid between June 17, 2020 and June 17, 2021, will continue to have coverage. Requests for special authorization will not be considered.

HYDROCORTISONE / PRAMOXINE / ZINC (PROCTODAN-HC)**0.5% / 1% / 0.5% ointment****10 mg / 20 mg / 10 mg suppositories**

Effective June 29, 2023, Proctodan-HC ointment and suppositories are no longer listed as a regular benefit. Patients who had a claim paid between December 29, 2022 and June 28, 2023 will continue to have coverage. Requests for special authorization will not be considered.

INSULIN ASPART (NOVORAPID)**100 U/mL vial**

Effective January 22, 2024, insulin aspart (NovoRapid vial) is no longer listed as a regular benefit. Patients who have had a claim paid for NovoRapid vial between July 22, 2023 and January 21, 2024 will continue to have coverage until July 31, 2024. Patients must switch to the biosimilar brand of insulin aspart to maintain coverage under the New Brunswick Drug Plans.

For patients who are unable to switch, an SA request for exceptional coverage of the originator biologic may be submitted. Exceptional requests are reviewed on a case-by-case basis.

The biosimilar brand of insulin aspart is listed as a regular benefit.

OXYBUTYNIN (generic brand)**2.5 mg tablet**

Effective April 22, 2021, pms-Oxybutynin 2.5 mg tablets are no longer listed as a regular benefit. Patients who had a claim paid between October 22, 2020 and April 22, 2021 will continue to have coverage. Requests for special authorization will not be considered.

PLACEBO**100 mg capsule**

Effective June 29, 2023, placebo 100 mg capsules are no longer listed as a regular benefit. Patients who had a claim paid between December 29, 2022 and June 28, 2023 will continue to have coverage. Requests for special authorization will not be considered.

QUININE SULFATE (generic brands)**200 mg and 300 mg capsules****300 mg 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)**2 mg, 4 mg and 8 mg 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.