New Brunswick Drug Plans Formulary

April 2024

TABLE OF CONTENTS

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 drugs[1]
- Natural health products[1] (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.

Legend

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

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

M01AE [3] **PROPIONIC ACID DERIVATIVES**

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

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

A ALIMENTARY TRACT AND METABOLISM

A01 STOMATOLOGICAL PREPARATIONS

A01A STOMATOLOGICAL PREPARATIONS

A01AC CORTICOSTEROIDS FOR LOCAL ORAL TREATMENT

A01AC01 TRIAMCINOLONE

Pst	Den	0.1%	Oracort	01964054	TAR	ACDEFGV

A01AD OTHER AGENTS FOR LOCAL ORAL TREATMENT

A01AD02 BENZYDAMINE

Liq	Buc	0.15%	Odan-Benzydamine	02463105	ODN	ACDEFGV
			pms-Benzydamine	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
Tab	Orl	200 mcg	Misoprostol	02244023	AAP	ACDEFGJV
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	02536137	SAS	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	Apo-Trimebutine	02245663	APX	ACDEFGV
			Mint-Trimebutine	02538202	MNT	ACDEFGV
Tab	Orl	200 mg	Apo-Trimebutine	02245664	APX	ACDEFGV
			Mint-Trimebutine	02538210	MNT	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 GLYCOPYRRONIUM BROMIDE (GLYCOPYRROLATE)

Liq	Inj	0.2 mg/mL	Glycopyrrolate	02039508	SDZ	ACDEFGVW
			Glycopyrrolate Injection USP	02532379	JPC	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
			Metoclopramide Hydrochloride Injection	02537397	JPC	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 (Disc/non disp Mar 14/25)	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 (Disc/non disp Mar 14/25)	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	AEFGVW
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

Aer	Rt	2 mg	Uceris	02498057	BSL	ACDEFGV
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
ECT	Orl	400 mg	Teva-5-ASA	02171929	TEV	ACDEFGV
ECT	Orl	500 mg	Salofalk	02112787	ABV	ACDEFGV
ERT	Orl	500 mg	Mezera	02524481	AVI	ACDEFGV
			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

A09AA02 MULTIENZYMES (LIPASE, PROTEASE, ETC)

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 (Disc/non disp Apr 30/24)	02415194	BGP	ABCDEFGV
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

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

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

A10AE06 INSULIN DEGLUDEC

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

A10BB SULFONAMIDES, UREA DERIVATIVES

A10BB01 GLIBENCLAMIDE (GLYBURIDE)

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

A10BD07	METFORMIN AND SITAGLIPTIN					
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
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)

A10BD20 METFORMIN AND EMPAGLIFLOZIN

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

A10BF ALPHA GLUCOSIDASE INHIBITORS

A10BF01 ACARBOSE

Tab	Orl	50 mg	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

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
			Teva-Sitagliptin Malate	02522705	TEV	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
			Teva-Sitagliptin Malate	02522713	TEV	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
			Teva-Sitagliptin Malate	02522721	TEV	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

A10BJ GLUCAGON-LIKE PEPTIDE-1 (GLP-1) ANALOGUES

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

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

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

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)
			Reddy-Sapropterin	02534533	RCH	(SA)
Pws	Orl	500 mg	Kuvan	02482215	BMR	(SA)
			Reddy-Sapropterin	02535610	RCH	(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	Monoferric	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 ERYTHROOPOIETIN (EPOETIN ALFA)

Liq	Inj	1 000 IU / 0.5 mL	Eprex	02231583	JAN	W (SA)
Liq	Inj	2 000 IU / 0.5 mL	Eprex	02231584	JAN	W (SA)
Liq	Inj	3 000 IU / 0.3 mL	Eprex	02231585	JAN	W (SA)
Liq	Inj	4 000 IU / 0.4 mL	Eprex	02231586	JAN	W (SA)
Liq	Inj	5 000 IU / 0.5 mL	Eprex	02243400	JAN	W (SA)
Liq	Inj	6 000 IU / 0.6 mL	Eprex	02243401	JAN	W (SA)

B03XA01 ERYTHROOPOIETIN (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	BRI	(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	Mint-Mexiletine	02536854	MNT	ACDEFGV
			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
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
Slt	Slg	0.3 mg	Nitrostat	00037613	UJC	ACDEFGV

C01DA02 NITROGLYCERIN (GLYCERYL TRINITRATE)

Slt	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	Clonidine	02540061	SIV	ACDEFGV
			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

C02AC01 CLONIDINE

Tab	Orl	0.1 mg		Clonidine	02538490	SIV	ACDEFGV
				Mint-Clonidine	02462192	MNT	ACDEFGV
				Sandoz Clonidine	02515784	SDZ	ACDEFGV
				Teva-Clonidine	02046121	TEV	ACDEFGV
Tab	Orl	0.2 mg		Clonidine	02538504	SIV	ACDEFGV
				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

C02DB02 HYDRALAZINE

Tab	Orl	10 mg	Apo-Hydralazine	00441619	APX	ACDEFGV
			Jamp-Hydralazine	02457865	JPC	ACDEFGV
			Mint-Hydralazine	02468778	MNT	ACDEFGV
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)

C02KX02 AMBRISENTAN

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 RIOCIGUAT

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

C02KX99 SILDENAFIL

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

C03AA03 HYDROCHLOROTHIAZIDE

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

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	02527502	JPC	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

C03CA01	FUROSEMIDE					
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	Inspra	02323052	BGP	(SA)
			Mint-Eplerenone	02471442	MNT	(SA)
Tab	Orl	50 mg	Inspra	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

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

C05AA01	HYDROCORTISONE						
	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	Hemangiol	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

C07AA06	TIMOLOL						
	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 (Disc/non disp Apr 30/24)	02385988	SIV	ACDEFGV
	Tab	Orl	160 mg	Apo-Sotalol	02167794	APX	ACDEFGV
				Jamp-Sotalol	02368625	JPC	ACDEFGV
				pms-Sotalol	02238327	PMS	ACDEFGV
				Sotalol (Disc/non disp Apr 30/24)	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

C07AB02 METOPROLOL

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

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					

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
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	Viskazide	00568627	XPI	ACDEFGV
Tab	Orl	10 mg / 50 mg	Viskazide	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

C08CA01 AMLODIPINE

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
Cap	Orl	10 mg	Nifedipine	00755907	AAP	ACDEFGV

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

C09AA02 ENALAPRIL

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

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

C09CA03 VALSARTAN

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

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
			Candesartan/HCTZ	02536064	SAS	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	Olmetec 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
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
Ont	Top	1%	Cortoderm	00716693	TAR	ACDEFGV

D07AA02	HYDROCORTISONE						
	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 (Disc/non disp Mar 25/25)	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 CLOTRIMAZOLE

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 INTRAVAGINAL 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

G03AC08 ETONOGESTREL

Imp	SC	68 mg	Nexplanon	02499509	ORG	CDEFGV

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	Delatestryl	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)

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
Pth	Trd	250 mcg / 50 mcg	Estalis	02241837	SDZ	ACDEFGV

G03FA04 PROGESTERONE AND ESTROGEN

Cap	Orl	1 mg / 100 mg	Bijuva	02505223	KNI	ACDEFV

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
			Taro-Cyproterone/Ethinyl Estradiol	02425017	SUN	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 TROSPIUM

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	Flomax CR (Disc/non disp Feb 15/25)	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
SRC	Orl	0.4 mg	Sandoz Tamsulosin	02319217	SDZ	ACDEFV

G04CA03 TERAZOSIN

Tab	Orl	1 mg	Apo-Terazosin	02234502	APX	ACDEFV
			pms-Terazosin	02243518	PMS	ACDEFV
Tab	Orl	2 mg	Apo-Terazosin	02234503	APX	ACDEFV
			pms-Terazosin	02243519	PMS	ACDEFV
Tab	Orl	5 mg	Apo-Terazosin	02234504	APX	ACDEFV
			pms-Terazosin	02243520	PMS	ACDEFV
			Teva-Terazosin	02230807	TEV	ACDEFV
Tab	Orl	10 mg	Apo-Terazosin	02234505	APX	ACDEFV
			pms-Terazosin	02243521	PMS	ACDEFV

G04CA04 SILODOSIN

Cap	Orl	4 mg	pms-Silodosin	02517779	PMS	(SA)
			Sandoz Silodosin	02475421	SDZ	(SA)
Cap	Orl	8 mg	pms-Silodosin	02517787	PMS	(SA)
			Sandoz Silodosin	02475448	SDZ	(SA)

G04CB TESTOSTERONE-5-ALPHA REDUCTASE INHIBITORS

G04CB01 FINASTERIDE

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

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)

H01AC01 SOMATROPIN

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)
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)

H01AC01 SOMATROPIN

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)

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

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

H01CB SOMATOSTATIN AND ANALOGUES

H01CB02 OCTREOTIDE

Liq	Inj	0.05 mg/mL	Sandostatin	00839191	NVR	ACDEFGVW
			Octreotide Acetate Omega	02248639	OMG	ACDEFGVW

H01CB02 OCTREOTIDE

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

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 MINERALOCORTICOIDS

H02AA02 FLUDROCORTISONE

Tab	Orl	0.1 mg	Florinef	02086026	PAL	ACDEFGV

H02AB GLUCOCORTICOIDS

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

H02AB02	DEXAMETHASONE					
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
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 Jul 31/24)	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					

H02AB08 TRIAMCINOLONE

Sus	IA	10 mg/mL	Kenalog-10	01999761	BRI	ACDEFGV
Sus	IA	20 mg/mL	Trispan (Disc/non disp Mar 11/25)	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
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

H03AA01 LEVOTHYROXINE SODIUM

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
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
Pws	Nas	3 mg	Baqsimi	02492415	APM	(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

H05BX01 CINACALCET

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
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

J01CA04 AMOXICILLIN

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 BENZYLPENICILLIN (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
			M-Amoxi Clav	02542226	MRA	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

J01CR02 AMOXICILLIN AND ENZYME INHIBITOR

AMOXICILLIN / CLAVULANIC ACID

Tab	Orl	500 mg / 125 mg	Clavulin-500 F (Disc/non disp Jan 13/25)	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 (Disc/non disp Jan 13/25)	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
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

J01DB01 CEPHALEXIN

Cap	Orl	500 mg	Teva-Cephalexin	00342114	TEV	ABCDEFGVW
Pws	Orl	125 mg / 5 mL	Auro-Cephalexin	02497743	ARO	ABCDEFGVW
			Jamp Cephalexin Suspension	02528436	JPC	ABCDEFGVW
			Lupin-Cephalexin	02469170	LUP	ABCDEFGVW
			Teva-Cephalexin	00342106	TEV	ABCDEFGVW
Pws	Orl	250 mg / 5 mL	Auro-Cephalexin	02497751	ARO	ABCDEFGVW
			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

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
			Cefazolin for Injection	02108135	TEV	ACDEFGVW
			Cefazolin for Injection USP	02465477	STR	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

J01DD04 CEFTRIAXONE

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)

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

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

J01F MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

J01FA MACROLIDES

J01FA01 ERYTHROMYCIN

ECC	Orl	333 mg	Eryc (Disc/non disp Apr 27/24)	00873454	PFI	ACDEFGVW
Tab	Orl	250 mg	Erythro	00682020	AAP	ACDEFGVW

J01FA02 SPIRAMYCIN

Cap	Orl	750 000 IU	Rovamycine 250	01927825	ODN	ACDEFGVW
Cap	Orl	1 500 000 IU	Rovamycine 500	01927817	ODN	ACDEFGVW

J01FA09 CLARITHROMYCIN

J01FA09	CLARITHROMYCIN					
ERT	Orl	500 mg	Act Clarithromycin XL	02403196	TEV	ACDEFGVW
			Apo-Clarithromycin XL	02413345	APX	ACDEFGVW
Pws	Orl	125 mg / 5 mL	Biaxin	02146908	ABB	ACDEFGVW
			Taro-Clarithromycin	02390442	TAR	ACDEFGVW
Pws	Orl	250 mg / 5 mL	Biaxin	02244641	ABB	ACDEFGVW
			Taro-Clarithromycin	02390450	TAR	ACDEFGVW
Tab	Orl	250 mg	Biaxin BID	01984853	ABB	ACDEFGVW
			Apo-Clarithromycin	02274744	APX	ACDEFGVW
			Clarithromycin	02466120	SAS	ACDEFGVW
			Clarithromycin	02442469	SIV	ACDEFGVW
			pms-Clarithromycin	02247573	PMS	ACDEFGVW
			Sandoz Clarithromycin	02266539	SDZ	ACDEFGVW
			Taro-Clarithromycin	02361426	SUN	ACDEFGVW
Tab	Orl	500 mg	Biaxin BID	02126710	ABB	ACDEFGVW
			Apo-Clarithromycin	02274752	APX	ACDEFGVW
			Clarithromycin	02466139	SAS	ACDEFGVW
			Clarithromycin	02442485	SIV	ACDEFGVW
			M-Clarithromycin	02471396	MRA	ACDEFGVW
			pms-Clarithromycin	02247574	PMS	ACDEFGVW
			Sandoz Clarithromycin	02266547	SDZ	ACDEFGVW
			Taro-Clarithromycin	02361434	SUN	ACDEFGVW
J01FA10	AZITHROMYCIN					
Pws	Inj	500 mg	Zithromax	02239952	PFI	ACDEFGVW
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

J01FA10 AZITHROMYCIN

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
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

J01FF01 CLINDAMYCIN

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)
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)

J01MA02	CIPROFLOXACIN						
	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
J01MA12	LEVOFLOXACIN						
	Liq	Inh	240 mg / 2.4 mL	Quinsair	02442302	HRZ	(SA)
	Liq	Inj	5 mg/mL	Levofloxacin	02314932	PFI	W
	Tab	Orl	250 mg	Act Levofloxacin	02315424	TEV	BVW (SA)
				Apo-Levofloxacin	02284707	APX	BVW (SA)
				Mint-Levofloxacin	02505797	MNT	BVW (SA)
				Sandoz Levofloxacin	02298635	SDZ	BVW (SA)
	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

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

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					
Pws	Inj	200 mg	Voriconazole for Injection	02381966	SDZ	ACDEFGV

J02AC03 VORICONAZOLE

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	Cancidas IV	02244265	FRS	ACDEFGVW
			Caspofungin for Injection	02460947	JNO	ACDEFGVW
Pws	Inj	70 mg	Cancidas 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

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 LEPRA

J04BA DRUGS FOR TREATMENT OF LEPRA

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
Tab	Orl	400 mg	Apo-Acyclovir	02207648	APX	ACDEFGV
			Mint-Acyclovir	02524716	MNT	ACDEFGV
			Mylan-Acyclovir	02242463	MYL	ACDEFGV
			Teva-Acyclovir	02285967	TEV	ACDEFGV

J05AB01	ACYCLOVIR						
	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
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

J05AE07 FOSAMPRENAVIR

Sus	Orl	50 mg/mL	Telzir	02261553	VIV	ACDEFGUV
Tab	Orl	700 mg	Telzir	02261545	VIV	ACDEFGUV

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 TIPRANAVIR

Cap	Orl	250 mg	Aptivus	02273322	BOE	(SA)

J05AE10 DARUNAVIR

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 ABACAVIR

Liq	Orl	20 mg/mL	Ziagen	02240358	VIV	ACDEFGUV

J05AF06 ABACAVIR

Tab	Orl	300 mg	Ziagen (Disc/non disp Jan 31/25)	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)
			Oseltamivir	02504006	STD	(SA)
Cap	Orl	45 mg	Tamiflu	02304856	HLR	(SA)
			Mar-Oseltamivir	02497360	MAR	(SA)
			Nat-Oseltamivir	02472643	NAT	(SA)
			Oseltamivir	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)
			Oseltamivir	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	Epclusa	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-Abacarvir/Lamivudine	02450682	MYL	ACDEFGUV
			pms-Abacavir-Lamivudine	02458381	PMS	ACDEFGUV
			Teva-Abacavir/Lamivudine	02416662	TEV	ACDEFGUV

J05AR03 TENOFOVIR DISOPROXIL AND EMTRICITABINE

J05AR03	TENOFOVIR 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, TENOFOVIR 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/TenofovirDisoproxilFumarate	02461412	MYL	ACDEFGUV
			pms-Efavirenz-Emtricitabine-Tenofovir	02487284	PMS	ACDEFGUV
			Teva-Efavirenz/Emtricitabine/Tenofovir	02393549	TEV	ACDEFGUV
J05AR08	EMTRICITABINE, TENOFOVIR DISOPROXIL AND RILPIVIRINE					
Tab	Orl	200 mg / 300 mg / 25 mg	Complera	02374129	GIL	ACDEFGUV
J05AR09	EMTRICITABINE, TENOFOVIR 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, TENOFOVIR 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 MARAVIROC

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	Metoject Subcutaneous	02454831	MDX	ACDEFGV
Liq	SC	12.5 mg / 0.25 mL	Metoject Subcutaneous	02454750	MDX	ACDEFGV
Liq	SC	15 mg / 0.3 mL	Metoject Subcutaneous	02454858	MDX	ACDEFGV
			Methotrexate Subcutaneous	02491311	AHI	ACDEFGV
Liq	SC	17.5 mg / 0.35 mL	Metoject Subcutaneous	02454769	MDX	ACDEFGV
			Methotrexate Subcutaneous	02491338	AHI	ACDEFGV
Liq	SC	20 mg / 0.4 mL	Metoject Subcutaneous	02454866	MDX	ACDEFGV
			Methotrexate Subcutaneous	02491346	AHI	ACDEFGV
Liq	SC	22.5 mg / 0.45 mL	Metoject 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	BRI	(SA)

L01BC07	AZACITIDINE						
Tab	Orl	300 mg		Onureg	02510200	BRI	(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	CLT	(SA)
			Truxima (50 mL)	02478390	CLT	(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 (Disc/non disp Feb 19/25)	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)
Tab	Orl	240 mg	Erleada	02540185	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
Tab	Orl	1 mg	Rapamune	02247111	PFI	ACDEFGRV
L04AA13	LEFLUNOMIDE					
Tab	Orl	10 mg	Arava	02241888	SAV	ACDEFGV
			Apo-Leflunomide	02256495	APX	ACDEFGV
			Leflunomide	02351668	SAS	ACDEFGV
			Novo-Leflunomide	02261251	TEV	ACDEFGV
			pms-Leflunomide	02288265	PMS	ACDEFGV
			Sandoz Leflunomide	02283964	SDZ	ACDEFGV

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

L04AC07 TOCILIZUMAB

Liq	IV	80 mg / 4 mL	Actemra	02350092	HLR	(SA)
Liq	IV	200 mg / 10 mL	Actemra	02350106	HLR	(SA)
Liq	IV	400 mg / 20 mL	Actemra	02350114	HLR	(SA)

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

L04AD02 TACROLIMUS

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

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-STEROIDS

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
Sup	Rt	100 mg	Odan-Indomethacin	02231800	ODN	ACDEFGV

M01AB02 SULINDAC

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

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 (Disc/non disp Feb 1/25)	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 (Disc/non disp Mar 14/25)	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)
			Febuxostat	02539837	SAS	(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 ROMOSOZUMAB

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

M09AX07 NUSINERSEN

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

M09AX09 ONASEMNOGENE ABEPARVOVEC

Liq	IV	2 x 10 13 vg/mL	Zolgensma	02509695	NVR	(SA)	

M09AX10 RISDIPLAM

Pws	Orl	0.75 mg/mL	Evrysdi	02514931	HLR	(SA)	

N NERVOUS SYSTEM

N01 ANAESTHETICS

N01B LOCAL ANAESTHETICS

N01BB AMIDES

N01BB02 LIDOCAINE

Liq	Orl	2%	Lidodan Viscous	01968823	ODN	ACDEFGV

N01BB09 ROPIVACAINE

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

N01BX OTHER LOCAL ANAESTHETICS

N01BX04 CAPSAICIN

Crm	Top	0.025%	Zostrix	00740306	BSH	ACDEFGV
			Capsaicin	02157101	BSL	ACDEFGV
Crm	Top	0.075%	Zostrix H.P.	02004240	BSH	ACDEFGV
			Capsaicin Crm	02157128	BSL	ACDEFGV

N02 ANALGESICS

N02A OPIOIDS

N02AA NATURAL OPIUM ALKALOIDS

N02AA01 MORPHINE

MORPHINE SULFATE

Liq	Inj	10 mg/mL	Morphine Sulfate	00392588	SDZ	ACDEFGVW
Liq	Inj	15 mg/mL	Morphine Sulfate	00392561	SDZ	ACDEFGVW
Liq	Inj	50 mg/mL	Morphine HP 50	00617288	SDZ	ACDEFGVW
SRC	Orl	10 mg	Kadian	02242163	BGP	ACDEFGVW
			M-Eslon	02019930	ETH	ACDEFGVW

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

N02AA01	MORPHINE						
	MORPHINE SULFATE						
Tab	Orl	10 mg	MS IR	02014211	PFR	ACDEFGVW
			Statex	00594644	PAL	ACDEFGVW
Tab	Orl	20 mg	MS IR	02014238	PFR	ACDEFGVW
Tab	Orl	30 mg	MS IR	02014254	PFR	ACDEFGVW
N02AA03	HYDROMORPHONE					
Liq	Inj	2 mg/mL	Dilaudid (Disc/non disp Dec 5/24)	00627100	PFR	ACDEFGVW
			Hydromorphone Hydrochloride	02145901	SDZ	ACDEFGVW
Liq	Inj	10 mg/mL	Dilaudid HP (Disc/non disp Dec 5/24)	00622133	PFR	ACDEFGVW
			Hydromorphone HP 10	02145928	SDZ	ACDEFGVW
Liq	Inj	20 mg/mL	Hydromorphone HP 20	02145936	SDZ	ACDEFGVW
Liq	Inj	50 mg/mL	Hydromorphone HP 50	02146126	SDZ	ACDEFGVW
			Hydromorphone Hydrochloride	02469413	STR	ACDEFGVW
SRC	Orl	3 mg	Hydromorph Contin	02125323	PFR	ACDEFGVW
SRC	Orl	4.5 mg	Hydromorph Contin	02359502	PFR	ACDEFGVW
SRC	Orl	6 mg	Hydromorph Contin	02125331	PFR	ACDEFGVW
SRC	Orl	9 mg	Hydromorph Contin	02359510	PFR	ACDEFGVW
SRC	Orl	12 mg	Hydromorph Contin	02125366	PFR	ACDEFGVW
SRC	Orl	18 mg	Hydromorph Contin	02243562	PFR	ACDEFGVW
SRC	Orl	24 mg	Hydromorph Contin	02125382	PFR	ACDEFGVW
SRC	Orl	30 mg	Hydromorph Contin	02125390	PFR	ACDEFGVW
Syr	Orl	1 mg/mL	pms-Hydromorphone	01916386	PMS	ACDEFGVW
Tab	Orl	1 mg	Dilaudid	00705438	PFR	ACDEFGVW
			Apo-Hydromorphone	02364115	APX	ACDEFGVW
			pms-Hydromorphone	00885444	PMS	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

ACETAMINOPHEN / CODEINE

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

N02AB PHENYLPIPERIDINE DERIVATIVES

N02AB03 FENTANYL

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

N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BA SALICYLIC ACID AND DERIVATIVES

N02BA01 ACETYLSALICYLIC ACID

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

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	Lyrica	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	Lyrica	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	Lyrica	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)

N02CD07 ATOGEPANT

Tab	Orl	10 mg	Qulipta	02533979	ABV	(SA)
Tab	Orl	30 mg	Qulipta	02533987	ABV	(SA)
Tab	Orl	60 mg	Qulipta	02533995	ABV	(SA)

N02CX OTHER ANTIMIGRAINE PREPARATIONS

N02CX01 PIZOTIFEN

Tab	Orl	1 mg	Sandomigran DS	00511552	PAL	ACDEFGV

N03 ANTIEPILEPTICS

N02B OTHER ANALGESICS AND ANTIPYRETICS

N02BF GABAPENTINOIDS

N02BF01 GABAPENTIN

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
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

N02BF01 GABAPENTIN

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
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

N03AA03 PRIMIDONE

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
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

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
	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
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

N03AX09	LAMOTRIGINE					
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
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

N03AX17 STIRIPENTOL

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

N03AX18 LACOSAMIDE

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

N04 ANTI-PARKINSON DRUGS

N04A ANTI-CHOLINERGIC AGENTS

N04AA TERTIARY AMINES

N04AA01 TRIHEXYPHENIDYL

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

N04AA04 PROCYCLIDINE

Elx	Orl	2.5 mg / 5 mL	pdp-Procyclidine	00587362	PDP	ACDEFGV
Tab	Orl	2.5 mg	pdp-Procyclidine	00649392	PDP	ACDEFGV
Tab	Orl	5 mg	pdp-Procyclidine	00587354	PDP	ACDEFGV

N04AA05 PROFENAMINE (ETHOPROPAZINE)

Tab	Orl	50 mg	Parsitan	01927744	SLP	ACDEFGV

N04AC ETHERS OF TROPINE OR TROPINE DERIVATIVES

N04AC01 BENZATROPINE

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

N04B DOPAMINERGIC AGENTS

N04BA DOPA AND DOPA DERIVATIVES

N04BA02 LEVODOPA AND DECARBOXYLASE INHIBITOR

LEVODOPA / BENSERAZIDE

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

LEVODOPA / CARBIDOPA

Gel	Itt	20 mg / 5 mg/mL	Duodopa	02292165	ABV	(SA)
SRT	Orl	100 mg / 25 mg	AA-Levocarb CR	02272873	AAP	ACDEFGV
SRT	Orl	200 mg / 50 mg	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-Levocarbidopa	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-Levocarbidopa	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-Levocarbidopa	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
			Mint-Entacapone	02535939	MNT	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 LEVOMEPROMAZINE (METHOTRIMEPRAZINE)

N05AA02 LEVOMEPROMAZINE (METHOTRIMEPRAZINE)

Liq	Inj	25 mg/mL	Nozinan	01927698	XPI	ACDEFVW
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 DIPHENYLBUTYLPIPERIDINE 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

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

Slt	Orl	5 mg	Saphris (Sublingual)	02374803	ORG	(SA)
Slt	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	ARIPIPRAZOLE					
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
Slt	Orl	0.5 mg	Ativan SL	02041456	PFI	ACDEFGVW
			Lorazepam Sublingual	02410745	AAP	ACDEFGVW
Slt	Orl	1 mg	Ativan SL	02041464	PFI	ACDEFGVW
			Lorazepam Sublingual	02410753	AAP	ACDEFGVW
Slt	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
				pmsc-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	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 (Disc/non disp Jan 19/25)	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	ACDEFV
			Apo-Rivastigmine	02336715	APX	ACDEFV
			Jamp-Rivastigmine	02485362	JPC	ACDEFV
			Med-Rivastigmine	02401614	GMP	ACDEFV
			Sandoz Rivastigmine	02324563	SDZ	ACDEFV
Cap	Orl	3 mg	Exelon	02242116	KNI	ACDEFV
			Apo-Rivastigmine	02336723	APX	ACDEFV
			Jamp-Rivastigmine	02485370	JPC	ACDEFV
			Med-Rivastigmine	02401622	GMP	ACDEFV
			Sandoz Rivastigmine	02324571	SDZ	ACDEFV
Cap	Orl	4.5 mg	Exelon	02242117	KNI	ACDEFV
			Apo-Rivastigmine	02336731	APX	ACDEFV
			Jamp-Rivastigmine	02485389	JPC	ACDEFV
			Med-Rivastigmine	02401630	GMP	ACDEFV
			Sandoz Rivastigmine	02324598	SDZ	ACDEFV

N06DA03 RIVASTIGMINE

Cap	Orl	6 mg	Exelon	02242118	KNI	ACDEFV
			Apo-Rivastigmine	02336758	APX	ACDEFV
			Jamp-Rivastigmine	02485397	JPC	ACDEFV
			Med-Rivastigmine	02401649	GMP	ACDEFV
			Sandoz Rivastigmine	02324601	SDZ	ACDEFV
Liq	Orl	2 mg	Exelon	02245240	KNI	(SA)

N06DA04 GALANTAMINE

ERC	Orl	8 mg	Auro-Galantamine ER	02425157	ARO	ACDEFV
			Galantamine ER	02443015	SAS	ACDEFV
			Mylan-Galantamine ER	02339439	MYL	ACDEFV
			pms-Galantamine ER	02398370	PMS	ACDEFV
ERC	Orl	16 mg	Auro-Galantamine ER	02425165	ARO	ACDEFV
			Galantamine ER	02443023	SAS	ACDEFV
			Mylan-Galantamine ER	02339447	MYL	ACDEFV
			pms-Galantamine ER	02398389	PMS	ACDEFV
ERC	Orl	24 mg	Auro-Galantamine ER	02425173	ARO	ACDEFV
			Galantamine ER	02443031	SAS	ACDEFV
			Mylan-Galantamine ER	02339455	MYL	ACDEFV
			pms-Galantamine ER	02398397	PMS	ACDEFV

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
Slt	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

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-Beclomethasone 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	Ipratopium 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	NVR	(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 mcg / 7.2 mcg / 160 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)

R03BA02	BUDESONIDE						
	Sus	Inh	0.5 mg/mL	Pulmicort Nebuamp	01978926	AZE	(SA)
				Taro-Budesonide	02494280	TAR	(SA)
				Teva-Budesonide	02465957	TEV	(SA)
R03BA05	FLUTICASONE						
	Aem	Inh	50 mcg	Flovent Metered Dose HFA	02244291	GSK	ACDEFGV
	Aem	Inh	125 mcg	Flovent Metered Dose HFA	02244292	GSK	ACDEFGV
				Apo-Fluticasone HFA	02526557	APX	ACDEFGV
				pms-Fluticasone HFA	02503123	PMS	ACDEFGV
	Aem	Inh	250 mcg	Flovent Metered Dose HFA	02244293	GSK	ACDEFGV
				Apo-Fluticasone HFA	02510987	APX	ACDEFGV
				pms-Fluticasone HFA	02503131	PMS	ACDEFGV
	Pwr	Inh	55 mcg	Aermony Respiclick	02467895	TEV	ACDEFGV
	Pwr	Inh	100 mcg	Flovent Diskus	02237245	GSK	ACDEFGV
	Pwr	Inh	113 mcg	Aermony Respiclick	02467909	TEV	ACDEFGV
	Pwr	Inh	232 mcg	Aermony Respiclick	02467917	TEV	ACDEFGV
	Pwr	Inh	250 mcg	Flovent Diskus	02237246	GSK	ACDEFGV
	Pwr	Inh	500 mcg	Flovent Diskus	02237247	GSK	ACDEFGV
R03BA07	MOMETASONE						
	Pwr	Inh	100 mcg	Asmanex Twisthaler	02438690	ORG	CDEFG
	Pwr	Inh	200 mcg	Asmanex Twisthaler	02243595	ORG	ACDEFGV
	Pwr	Inh	400 mcg	Asmanex Twisthaler	02243596	ORG	ACDEFGV
R03BA08	CICLESONIDE						
	Aem	Inh	100 mcg	Alvesco	02285606	CPC	ACDEFGV
	Aem	Inh	200 mcg	Alvesco	02285614	CPC	ACDEFGV
R03BA09	FLUTICASONE FUROATE						
	Pwr	Inh	100 mcg	Arnuity Ellipta	02446561	GSK	ACDEFGV

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-Ipratropium	02231135	PMS	(SA)
Liq	Inh	250 mcg/mL	Apo-Ipravent	02126222	AAP	W (SA)
			pms-Ipratropium	02231136	PMS	W (SA)
			pms-Ipratropium (1mL nebules)	02231244	PMS	W (SA)
			pms-Ipratropium (2mL nebules)	02231245	PMS	W (SA)
			Teva-Ipratropium	02216221	TEV	W (SA)

R03BB04 TIOTROPIUM BROMIDE

Cap	Inh	18 mcg	Spiriva	02246793	BOE	(SA)
			Lupin-Tiotropium	02537850	LUP	(SA)
Liq	Inh	2.5 mcg	Spiriva Respimat	02435381	BOE	(SA)

R03BB05 ACLIDINIUM BROMIDE

Pwr	Inh	400 mcg	Tudorza Genuair	02409720	ALM	(SA)

R03BB06 GLYCOPYRRONIUM BROMIDE

Cap	Inh	50 mcg	Seebri Breezhaler	02394936	NVR	(SA)

R03BB07 UMECLIDINIUM BROMIDE

Pwr	Inh	62.5 mcg	Incruse Ellipta	02423596	GSK	(SA)

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

R03DA04 THEOPHYLLINE

SRT	Orl	200 mg	AA-Theo LA	00692697	AAP	ACDEFGV
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 (Disc/non disp Apr 30/24)	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 ELEXACAFTOR

Gran	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

Ont	Oph	0.3%	Tobrex	00614254	NVR	ACDEFGV

S01AA17 ERYTHROMYCIN

Ont	Oph	0.5%	Erythromycin	02326663	SGQ	ACDEFGV
			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
			Jamp Diclofenac	02534525	JPC	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

S01CA01 DEXAMETHASONE AND ANTIINFECTIVES

DEXAMETHASONE / TOBRAMYCIN

Ont	Oph	0.1% / 0.3%	Tobradex	00778915	NVR	ACDEFGV
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

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%	Mydriacyl	00000981	ALC	ACDEFGV
Liq	Oph	1%	Mydriacyl	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 OPTHALMOLOGICALS

S01XA OTHER OPTHALMOLOGICALS

S01XA03 SODIUM CHLORIDE, HYPERTONIC

Dps	Oph	5%	Muro 128	00750824	BSH	AEFGV
			Odan-Sodium Chloride	80046737	ODN	AEFGV
Ont	Oph	5%	Muro 128	00750816	BSH	AEFGV
			Odan-Sodium Chloride	80046696	ODN	AEFGV

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)
Slt	Orl	100 IR	Oralair	02381885	STA	(SA)
Slt	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 liberation 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	Flm	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	Slt/Co.S.L.	Comprimé sublingual
Spray	Spr/Vap	Vaporisateur
Sustained-Released Capsule	SRC/Caps.L.L.	Capsule à liberation lente
Sustained-Release Disc	Srd	Disque à action soutenue
Sustained-Release Tablet	SRT/Co.L.L.	Comprimé à liberation lente
Suppository	Sup/Supp.	Suppositoire
Suspension	Susp/Susp	Suspension
Syrup	Syr/Sir.	Sirop
Tablet	Tab/Co.	Comprimé

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

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

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

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

OTS	Otsuka Canada Pharmaceuticals In
PAL	Paladin Labs Inc.
PCI	Phebra Canada Inc.
PDL	Pro Doc Laboratories Ltd
PDP	PendoPharm, Division of Pharmascience
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
WLS	Wellspring Pharmaceutical Canada Corp
WMD	Waymade Canada Inc.
WNC	Warner Chilcott Canada Co.
WNP	WN Pharmaceuticals Ltd.
XPI	Xediton Pharmaceuticals Inc.

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 than100 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
Hyrimoz 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 (LEMTRADA)
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 respirology.

Withdrawal of therapy
1. Patients to be considered for reimbursement of drug costs for alglucosidase alfa treatment must be willing to participate in the long-term evaluation of the efficacy of treatment by periodic medical assessment. Failure to comply with recommended medical assessment and investigations may result in withdrawal of financial support of drug therapy.

2. The development of the need for continuing invasive ventilatory support after the initiation of ERT should be considered a treatment failure. Funding for ERT should not be continued for infants who fail to achieve ventilator-free status, or who deteriorate further, within 6 months after the initiation of ventilatory support.

3. Deterioration of cardiac function, as shown by failure of LV hypertrophy (as indicated by LV mass index) to regress by more than Z=1 unit, or persistent clinical or echocardiographic findings of cardiac systolic or diastolic failure without evidence of improvement, in spite of 24 weeks of ERT, should be considered a treatment failure and funding for ERT should be discontinued.

ALIROCUMAB (PRALUENT)
75 mg/mL and 150 mg/mL prefilled pen

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)
60mg and 240 mg tablets

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 darolutamide or enzalutamide 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 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.

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-HT_3 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-HT_3 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.

ARIPIPRAZOLE (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.

ATOGEPANT (QULIPTA)
10 mg, 30 mg and 60 mg tablets

For the prevention of episodic migraine in adult patients who are refractory, intolerant or have contraindications 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 migraine is defined as migraine headaches on at least 4 days per month and less than 15 headache days per month for more than 3 months.

Claim Notes:
- Combined use with other calcitonin gene-related peptide (CGRP) antagonists will not be reimbursed.
- Maximum dose reimbursed is 60 mg daily.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

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 x 10^9/L.

AZTREONAM (CAYSTON)
75 mg powder for inhalation

For the treatment of chronic pulmonary *Pseudomonas aeruginosa* infections, when used as a cyclic treatment, in patients with moderate to severe cystic fibrosis and deteriorating clinical condition despite treatment with inhaled tobramycin.

Clinical Note:
- Cyclic treatment measured in 28-day cycles is defined as 28 days of treatment, followed by 28 days without treatment.

Claim Notes:
- Combined use of aztreonam either concurrently or for antibiotic cycling during off-treatment periods, with other inhaled antibiotics (e.g, tobramycin, levofloxacin) will not be reimbursed.
- Requests will be considered for individuals enrolled in Plans 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 ≥ 0.3 x 10^9/L within the past 12 months and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15 x 10^9/L and is receiving maintenance treatment with oral corticosteroids (OCS).

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

Subsequent Discontinuation Criteria:
- 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 cancer-related or chronic non-cancer pain in patients previously treated with an immediate–release codeine product.

Claim Notes:
- Approvals will be for a maximum of 200 mg twice daily.
- Approval period: 1 year.

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 cystinosin (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 cystinosin (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 (≥ 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, FEV_1 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 ≥ 0.15×10^9/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 ≥ 0.15×10^9/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 themself 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 (INSPRA 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 adult patients with a confirmed diagnosis of episodic or chronic migraine who are refractory, intolerant or have contraindications 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 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 m^2
- 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 m^2 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 FEV_1/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 mcg / 7.2 mcg / 160 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 FEV_1/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 adult patients with a confirmed diagnosis of episodic or chronic migraine who are refractory, intolerant or have contraindications 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.

GALCANEZUMAB (EMGALITY)
120 mg/mL autoinjector and prefilled syringe

For the prevention of migraine in adult patients with a confirmed diagnosis of episodic or chronic migraine who are refractory, intolerant or have contraindications 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 • Treatment-naïve	8 weeks
Genotypes 1, 2, 4, 5 or 6 • Treatment-experienced with regimens containing peginterferon/ribavirin (PR) and/or sofosbuvir (SOF)	8 weeks (12 weeks with cirrhosis)
Genotype 1 • NS5A inhibitor treatment-naïve and treatment-experienced with regimens containing: – Boceprevir/PR; or – Simeprevir (SMV)/SOF; or – SMV/PR; or – Telaprevir/PR	12 weeks
Genotype 1 • NS3/4A inhibitor treatment-naïve and treatment-experienced with regimens containing: – Daclatasvir (DCV)/SOF; or – DCV/PR; or – Ledipasvir/SOF	16 weeks
Genotype 3 • Treatment-experienced with regimens containing PR and/or SOF	16 weeks

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. 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 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 (TREMFYA)
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 to15 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 proression 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 LD_{50} units per vial and 100 LD_{50} units per vial

- For the treatment of blepharospasm in patients 18 years of age and older.
- For the treatment of cervical dystonia (spasmodic torticollis) in patients 18 years of age or older.

INDACATEROL, 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 FEV_1 of at least 5% when compared to the FEV_1 test conducted prior to starting therapy. FEV_1 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 FEV_1 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.

ELEXACAFTOR, TEZACAFTOR and IVACAFTOR and IVACAFTOR (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.

ELEXACAFTOR, TEZACAFTOR and IVACAFTOR and IVACAFTOR (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 all of the following criteria:
- Refractory or resistant to radioactive iodine therapy
- Radiological evidence of disease progression within the previous 13 months
- Previously untreated or have received one prior tyrosine kinase inhibitor (TKI) 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 with anaplastic or medullary thyroid cancer.
- 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: z
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

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.
7. For the treatment of patients with pyelonephritis.

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 (FEV_1/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
   - FEV_1 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 *enterocci* (VRE) infections.
- For the treatment of proven methicillin-resistant *Staphylococcus aureus* (MRSA) / methicillin-resistant *Staphylococcus epidermidis* (MRSE) infections in patients who are unresponsive to, or intolerant of, intravenous vancomycin or in whom intravenous vancomycin is not appropriate.

Claim Note:
- The drug must be prescribed by, or in consultation with, an infectious disease specialist or medical microbiologist.

LISDEXAMFETAMINE (VYVANSE)
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.

LONG-ACTING ANTICHOLINERGICS (LAAC)
Aclidinium bromide (Tudorza Genuair 400 mcg powder for inhalation)
Glycopyrronium bromide (Seebri Breezhaler 50 mcg powder for inhalation)
Tiotropium bromide (Spiriva and generic brand 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 FEV_1 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 FEV_1/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 FEV_1 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 FEV_1/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 FEV_1/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:
- Atectura 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 (Inspiolto Respimat 2.5 mcg / 2.5 mcg solution for inhalation)
Vilanterol and Umeclidinum 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).

Clincal Notes:
1. COPD is defined by spirometry as a post-bronchodilator FEV_1/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.
2. History of transfusion burden must be provided with the initial and renewal requests.
3. 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:
1. History of transfusion burden must be provided with the initial and renewal requests.
2. Confirmation must be provided that the patient remains very low- to intermediate risk.
3. 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 fim-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 ≥ 0.3 x 10^9 /L and has experienced two or more clinically significant asthma exacerbations in the past 12 months, or
- blood eosinophil count of ≥ 0.15 x 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 H_1 antihistamines) and allergen avoidance have not been sufficiently effective in controlling symptoms.

Clinical Notes:
1. Treatment with ragweed pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
2. Treatment should be initiated one month before the onset of ragweed season.
3. Optimal duration of therapy is unknown; therefore, if there is no improvement in symptoms after three years, treatment should be discontinued.

MOXIFLOXACIN (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 (FEV_1/FVC greater than 0.7) experiencing increased sputum purulence, and with increased dyspnea or sputum volume, and one of the following:
   - FEV_1 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 ≥ 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 (≥ 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.
- Concurrent or sequential use of adjuvant olaparib and pembrolizumab will not be reimbursed.
- Requests will not be considered for patients previously treated with a CDK4/6 inhibitor.
- 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 H_1 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 10^{13} 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 abeparvovec 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 abeparvovec.
- Approvals will be limited to one lifetime administraton of 1.1 x 10^{14} vector genomes/kg.
- Patients who have received a prior dose of onasemnogene abeparvovec 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 (ZOFRAN, ZOFRAN 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 here.
- 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 here.
- 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 ≥10% from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Subsequent Renewal Criteria:
Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of ≥10% within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical Notes:
1. Mild to moderate IPF is defined as a FVC ≥ 50% predicted.
2. All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim Notes:
- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests).
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 12 months.

PLERIXAFOR (MOZOBIL 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)
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 naive to osteoporosis medications, except for calcium and vitamin D

Clinical Note:
- High fracture risk is defined as a 10-year fracture risk (≥ 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 10^9/L and white blood cell count > 10 x 10^9/L)
   - Failure to reduce massive splenomegaly by greater than 50%, as measured by palpation
4. Intolerance to HU is considered if patients experience at least one of the following:
   - Absolute neutrophil count < 1.0 x 10^9/L, platelet count < 100 x 10^9/L or hemoglobin < 100 g/L at the lowest dose of HU required to achieve a response. A response to HU is defined as HCT < 45% without phlebotomy, and/or all of the following: platelet count ≤ 400 x 10^9/L, white blood cell count ≤ 10 x 10^9/L, and non-palpable spleen.
   - Presence of leg ulcers or other unacceptable HU-related non-hematological toxicities (defined as grade 3 or 4 or, more than one week of grade 2) such as mucocutaneous manifestations, gastrointestinal symptoms, pneumonitis, or fever
   - Toxicity requiring permanent discontinuation of HU, interruption of HU until toxicity resolved, or hospitalization due to HU toxicity

Claim Notes:
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

SACUBITRIL 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 and generic brand)
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.

SILODOSIN (generic brands)
4 mg and 8 mg capsules

For the treatment of benign prostatic hyperplasia in male patients who have an intolerance or insufficient response to an adequate trial of tamsulosin and alfuzosin.

Claim Note:
- 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 (CO_2) < 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.

SOFOSBUVIR (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 • Without cirrhosis • With compensated cirrhosis	12 weeks in combination with ribavirin (RBV)
Genotype 3 • Without cirrhosis • With compensated cirrhosis	24 weeks in combination with RBV

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 • 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 • 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 • 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 • Patients with compensated cirrhosis • Patients without cirrhosis	12 weeks
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes • 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 • 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 FLEXPRO)
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.

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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-99mm 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-99mm 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.

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 a 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 UNDECANDOATE (generic brands)
40 mg capsule

For the treatment of congenital and acquired primary or secondary hypogonadism in males with a specific diagnosis of:
- Primary: cryptorchidism, Klinefelter's, orchiectomy, and other established causes
- Secondary: Pituitary-hypothalamic injury due to 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 (NSTEACS) 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 (NSTEACS) 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 NSTEACS), 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 with 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 to100 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 with 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.

TRIHEPTANOIN (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 surgery[1] AND inappropriate for radiotherapy[2]

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 surgery[1] AND radiation[2] cannot be considered
- The request must include a surgical consultation report that provides a preoperative/surgical evaluation why surgery is not appropriate for the patient;

AND
- A consultation report as to why radiation therapy is not appropriate for the patient
- Both of the above evaluations must come from a physician who is not the requesting physician
- Confirmation that the patient has been discussed at a multi-disciplinary cancer conference or equivalent (e.g. Regional Tumour Board).

Renewal Criteria:
- The physician has confirmed that the patient has not experienced disease progression while on Erivedge therapy.

Clinical Notes:
- [1]Considered inoperable or inappropriate for surgery for one of the following reasons:
  - Technically not possible to perform surgery due to size/location/invasiveness of BCC (either lesion too large or can be several small lesions making surgery not feasible)
  - Recurrence of BCC after two or more surgical procedures and curative resection unlikely
  - Substantial deformity and/or morbidity anticipated from surgery
- [2]Considered inappropriate for radiation for one of the following reasons:
  - Contraindication to radiation (e.g. Gorlin syndrome)

- Prior radiation to lesion
- Suboptimal outcomes expected due to size/location/invasiveness of BCC

- Dose: 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 C¼, Fiorinal C½ and generic brands are no longer considered. Patients who had coverage prior to this date will continue to remain eligible for coverage if a special authorization request, documenting the rationale for continued use, is submitted on an annual basis.

ADEFOVIR (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 Aprill 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.