

PART XI

REGISTERED NURSES IN THE EXTENDED CLASS

(REVISED FEBRUARY 22, 2005)

PART

XI

REGISTERED NURSES (RNs) IN THE EXTENDED CLASS (EC)

In accordance with the Regulations to amend the Nursing Act, Registered Nurses in the Extended Class [RN(EC)] are allowed to prescribe certain drugs as part of their scope of practice. Other drugs can be authorized for renewal, while others have restrictions such as route of administration or the purpose for use. All drugs for prescribing/renewal are identified in the Nursing Schedule 3 (Nursing Act 1991, O.Reg. 275/94).

Some of the drugs RNECs can prescribe are listed as benefits in the ODB Formulary/ Comparative Drug Index (Formulary/CDI) and are eligible for reimbursement under the ODB program when prescribed to eligible recipients. Claims for ODB reimbursement are processed by pharmacists through the ministry's Health Network at the time the prescription is being filled.

The ODB program will reimburse claims for those eligible drug products listed in the Formulary/CDI (refer to list of drugs in this section) that are prescribed by RNs (EC) registered with the College of Nurses of Ontario.

Part XI contains a list of all the ODB eligible drug products that may be prescribed by RNs (EC) to ODB eligible recipients for reimbursement under the ODB program. The attached list contains:

- Those prescription drugs that are currently covered as benefits under the ODB program which are also listed in Schedule 3 of the Regulations to the Nursing Act.
- Those over-the-counter medications that are currently covered as benefits under the ODB program that are not found in Schedule 3 of the Regulations to the Nursing Act, but which RNs (EC) have the authority to prescribe.

(Please note that the list contained in Part XI is NOT intended to be a complete list of all drugs that RNs (EC) can prescribe in accordance with their scope of practice under the Nursing Act.)

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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ACARBOSE

50mg Tab	02190885	Prandase
100mg Tab	02190893	Prandase

RFU Code	Clinical Criteria
175	For the treatment of non-insulin-dependent diabetes mellitus (NIDDM): <i>In patients who cannot tolerate or have failed treatment with other oral hypoglycemic agents or in whom other oral hypoglycemic agents are contraindicated;</i>
176	<i>In patients who require combination therapy with more than one oral hypoglycemic agent to control their serum glucose concentrations.</i>

ACETAMINOPHEN

16mg/mL O/L	01934805	Robigesic
80mg/mL O/L	00631353	Atasol
	02027801	Pediatrix

ACETAMINOPHEN

120mg Sup	01919385	Abenol
	02230434	ACET 120
325mg Sup	01919393	Abenol
	02230436	ACET 325
650mg Sup	01919407	Abenol
	02230437	ACET 650

ACETAMINOPHEN

325mg Tab	00389218	Novo-Gesic
	00544981	Apo-Acetaminophen
	00589241	Acetaminophen
	01928260	Panadol
500mg Tab	00482323	Novo-Gesic Forte
	00545007	Apo-Acetaminophen
	00589233	Acetaminophen Extra Strength
	01928244	Panadol Extra Strength

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

ACETYLSALICYLIC ACID

325mg Ent Tab

00010332 Entrophen

00216666 Novasen

02046253 ASAdol

650mg Ent Tab

00010340 Entrophen

00229296 Novasen

ACETYLSALICYLIC ACID

325mg Tab

00040851 ASA

00092754 ASA

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ACYCLOVIR	800mg Tab	01911635	Zovirax
		02078651	Avirax
		02197421	Nu-Acyclovir
		02207656	Apo-Acyclovir
		02229709	Alti-Acyclovir
		02242464	Gen-Acyclovir

RFU Code	Clinical Criteria
	<p>In contrast to bacterial infections, viral replication precedes clinical signs and symptoms. Since antiviral agents are only active against replicating viruses, clinical benefit in reducing severity of symptoms and duration of illness is only marginal, at best. Therefore, treatment initiated beyond the stated time frames below is of no value, and treatment of mild cases should be carefully considered, in light of the minimal benefit which will be achieved.</p> <p>In addition, the balance of evidence indicates that the use of acyclovir in normal hosts in an attempt to prevent post-herpetic neuralgia is of no value.</p> <p>Where specified, treatment must begin within the time frames indicated for the product to be reimbursed. There is no benefit from the therapy begun after these time frames.</p> <p>Acyclovir tablets will be reimbursed when prescribed for:</p>
95	<i>Herpes zoster in immunocompetent patients 50 years of age or older, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.</i>
96	<i>Herpes zoster ophthalmicus regardless of age, up to 72 hours after appearance of lesions. Dose: 800mg 5 times/day for 7 days.</i>
97	<i>Herpes zoster in immunocompromised patients regardless of age and time elapsed from onset. Dose: 800mg 5 times/day for 7 days.</i>
314	<i>Varicella zoster in immunocompetent patients greater than or equal to 12 years of age, up to 24 hours after appearance of lesions. Dose: 20mg/kg/dose (max. 800mg) 4 times/day for 5 days.</i>
	<i>NETWORK NOTE: Network will limit supply up to 7 days and up to 35 tablets.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ALENDRONATE	10mg Tab	02201011	Fosamax
		02247373	Novo-Alendronate
		02248728	Apo-Alendronate
	70mg Tab	02245329	Fosamax

RFU Code	Clinical Criteria
369	For the treatment of osteoporosis in patients who have: <i>Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture; or</i>
370	<i>Failed* or, experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.</i>
	<i>*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.</i>

AMANTADINE HCL	100mg Cap	01990403	PMS-Amantadine HCL
		02034468	Endantadine
		02139200	Gen-Amantadine

AMANTADINE HCL	10mg/mL O/L	01913999	Symmetrel
		02022826	PMS-Amantadine

AMLODIPINE	5mg Tab	00878928	Norvasc
	10mg Tab	00878936	Norvasc

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
AMOXICILLIN & CLAVULANIC ACID	25mg & 6.25mg/mL O/L	01916882	Clavulin
		02243986	Apo-Amoxi Clav
		02244646	Ratio-Amoxi Clav 125F
	50mg & 12.5mg/mL O/L	01916874	Clavulin
		02243987	Apo-Amoxi Clav
		02244647	Ratio-Amoxi Clav 250F
AMOXICILLIN & CLAVULANIC ACID	250mg & 125mg Tab	01916866	Clavulin
		02243350	Apo-Amoxi Clav
		02243770	Ratio-Amoxi Clav
	500mg & 125mg Tab	01916858	Clavulin
		02243351	Apo-Amoxi Clav
		02243771	Ratio-Amoxi Clav
AMOXICILLIN	250mg Cap	00406724	Novamoxin
		00628115	Apo-Amoxi
		00865567	Nu-Amoxi
		02181487	Lin-Amox
		02230243	PMS-Amoxicillin
		02238171	Gen-Amoxicillin
	500mg Cap	00406716	Novamoxin
		00628123	Apo-Amoxi
		00865575	Nu-Amoxi
		02181495	Lin-Amox
		02230244	PMS-Amoxicillin
		02238172	Gen-Amoxicillin

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>		
AMOXICILLIN	25mg/mL O/L	00452149	Novamoxin		
		00628131	Apo-Amoxi		
		00865540	Nu-Amoxi		
		01934171	Novamoxin (Sugar Reduced)		
		02181509	Lin-Amox		
		02230245	PMS-Amoxicillin		
	50mg/mL O/L	00452130	Novamoxin		
		00628158	Apo-Amoxi		
		00865559	Nu-Amoxi		
		01934163	Novamoxin (Sugar Reduced)		
		02181517	Lin-Amox		
		02230246	PMS-Amoxicillin		
		ANTHRALIN	0.1% Cr	00537594	Anthranol
			0.2% Cr	00537608	Anthranol
0.4% Cr	00537616		Anthranol		
ANTHRALIN	1% Oint	00566756	Anthraforte 1		
	2% Oint	00566748	Anthraforte 2		
	3% Oint	00617164	Anthraforte 3		

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ATENOLOL	50mg Tab	00773689	Apo-Atenol
		00886114	Nu-Atenol
		01912062	Novo-Atenol
		02039532	Tenormin
		02146894	Gen-Atenolol
		02171791	Ratio-Atenolol
	100mg Tab	02231731	Rho-Atenolol
		02237600	PMS-Atenolol
		00773697	Apo-Atenol
		00886122	Nu-Atenol
		01912054	Novo-Atenol
		02039540	Tenormin
		02147432	Gen-Atenolol
		02171805	Ratio-Atenolol
02231733	Rho-Atenolol		
02237601	PMS-Atenolol		
AZITHROMYCIN	100mg/5mL O/L	02223716	Zithromax
	200mg/5mL O/L	02223724	Zithromax
AZITHROMYCIN	250mg Tab	02212021	Zithromax
BACITRACIN	500U/g Oint	00031046	Baciguent
		02060833	Bacitracin
BACITRACIN	500U/g Oph Oint 3g Pk	00327476	Baciguent

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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BECLOMETHASONE DIPROPIONATE

50mcg/Met Dose Aero Inh-200 Dose Pk	02242029	QVAR
100mcg/Met Dose Aero Inh-200 Dose Pk	02242030	QVAR
50mcg Aero Inh-200 Dose Pk	00374407	Vanceril

BENZOYL PEROXIDE IN ACETONE-CONTAINING GEL

5% Gel	00406821	AcetOxyl
10% Gel	00406848	AcetOxyl

BENZOYL PEROXIDE IN ALCOHOL-CONTAINING GEL

5% Gel	00263702	Panoxyl
	02162113	5-Benzagel
10% Gel	00263699	Panoxyl
	02220385	10-Benzagel
15% Gel	00403571	Panoxyl
20% Gel	00373036	Panoxyl

BENZOYL PEROXIDE IN WATER-BASED GEL

5% Gel	01908863	Desquam-X5
	01925180	Benzac W5
	02214849	Panoxyl Aquagel
10% Gel	01908871	Desquam-X10
	01925997	Benzac W10
20% Gel	02223864	Panoxyl Aquagel

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
BENZOYL PEROXIDE	5% Lot	00236063	Benoxyl
		00374326	Oxyderm
	10% Lot	00370568	Benoxyl
		00432938	Oxyderm
	20% Lot	00187585	Benoxyl
		00374318	Oxyderm
BETAMETHASONE VALERATE	0.05% Cr	00027898	Celestoderm-V/2
		00535427	Ratio-Ectosone Mild
		00716618	Betaderm
	0.1% Cr	00027901	Celestoderm-V
		00535435	Ratio-Ectosone Regular
		00716626	Betaderm
BETAMETHASONE VALERATE	0.05% Lot	00653209	Ratio-Ectosone Mild
	0.1% Lot	00750050	Ratio-Ectosone Regular
		02100193	Betnovate
BETAMETHASONE VALERATE	0.05% Oint	00028355	Celestoderm-V/2
		00716642	Betaderm
	0.1% Oint	00028363	Celestoderm-V
		00716650	Betaderm

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
BETAMETHASONE VALERATE	0.1% Scalp Lot	00027944	Valisone
		00653217	Ratio-Ectosone
		00716634	Betaderm
		00726486	Betamethasone Valerate
BISACODYL	2mg/mL Enema	00286265	Dulcolax
BISACODYL	5mg Ent Tab	00254142	Dulcolax
		00545023	Apo-Bisacodyl
BISACODYL	5mg Sup	00003867	Dulcolax
	10mg Sup	00003875	Dulcolax
		00404802	Ratio-Bisacodyl
BUDESONIDE	0.125mg/mL Inh Susp	02229099	Pulmicort Nebuamp
	0.25mg/mL Inh Susp	01978918	Pulmicort Nebuamp
	0.5mg/mL Inh Susp	01978926	Pulmicort Nebuamp

RFU Code	Clinical Criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
260	<i>Children aged 6 years or less;</i>
261	<i>Patients who have a tracheostomy;</i>
262	<i>Patients with cystic fibrosis in whom nebulizer therapy is indicated;</i>
263	<i>Patients with severe mental or physical disabilities;</i>
264	<i>Patients who have previously used nebulizer therapy within the last 12 month period.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
BUDESONIDE	100mcg/Met Dose Nas Aero-200 Dose	02035324	Rhinocort Turbuhaler
BUDESONIDE	64mcg/Met Dose Nas Sp-120 Dose Pk	02231923	Rhinocort Aqua
BUDESONIDE	100mcg/Met Dose Nas Sp-165 Dose Pk	02230648	Gen-Budesonide AQ
BUDESONIDE	100mcg/Met Dose Pd Inh-200 Dose Pk	00852074	Pulmicort Turbuhaler
	200mcg/Met Dose Pd Inh-200 Dose Pk	00851752	Pulmicort Turbuhaler
	400mcg/Met Dose Pd Inh-200 Dose Pk	00851760	Pulmicort Turbuhaler
CEFIXIME	20mg/mL Oral Susp	00868965	Suprax
CEFIXIME	400mg Tab	00868981	Suprax

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
CEFPROZIL	125mg/5mL Oral Susp	02163675	Cefzil
	250mg/5mL Oral Susp	02163683	Cefzil
CEFPROZIL	250mg Tab	02163659	Cefzil
	500mg Tab	02163667	Cefzil
CEFTRIAZONE DISODIUM	0.25g/Vial Inj Pd-1 Vial Pk	00657387	Rocephin
	1g/Vial Inj Pd-1 Vial Pk	00657417	Rocephin
	2g/Vial Inj Pd-1 Vial Pk	00657409	Rocephin
CEFUROXIME AXETIL	250mg Sachet	02212293	Ceftin
CEFUROXIME AXETIL	125mg/5mL Susp	02212307	Ceftin
CEFUROXIME AXETIL	250mg Tab	02212277	Ceftin
		02242656	Alti-Cefuroxime
		02244393	Apo-Cefuroxime
	500mg Tab	02212285	Ceftin
		02242657	Alti-Cefuroxime
	02244394	Apo-Cefuroxime	

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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CELECOXIB

100mg Cap	02239941	Celebrex
200mg Cap	02239942	Celebrex

RFU Code	Clinical Criteria
316	<p><i>Osteoarthritis</i> <i>For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had:</i></p> <p><i>History of a documented, clinically significant ulcer or GI bleed; or</i> <i>Failure or intolerance to at least three listed NSAIDs.</i></p> <p><i>Note: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg.</i></p>
317	<p><i>Rheumatoid arthritis</i> <i>For patients who have had:</i></p> <p><i>History of a documented, clinically significant ulcer or GI bleed; or</i> <i>Failure or intolerance to at least three listed NSAIDs.</i></p> <p><i>Note: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg.</i></p>

CEPHALEXIN MONOHYDRATE

250mg Cap	00342084	Novo-Lexin
500mg Cap	00342114	Novo-Lexin

CEPHALEXIN MONOHYDRATE

25mg/mL O/L	00015547	Keflex
	00342106	Novo-Lexin
	02177811	PMS-Cephalexin 125
50mg/mL O/L	00035645	Keflex
	00342092	Novo-Lexin
	02177838	PMS-Cephalexin 250

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

CIPROFLOXACIN 10g/100mL Oral Susp 02237514 Cipro

RFU Code	Clinical Criteria
332	For the treatment of patients with: <i>SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.</i>
333	<i>GU Tract: Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.</i>
334	<i>COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis; pneumonic illness with cystic fibrosis.</i>
	<i>* Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.</i>
336	<i>Step-Down: Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.</i>
350	<i>GI: Traveller's diarrhea; enteric fever syndromes; Crohn's disease.</i>
353	<i>For the prophylaxis or treatment of B. anthracis exposure.</i>
977	<i>Exceptional cases of allergy or intolerance to all other appropriate therapies.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
CIPROFLOXACIN	250mg Tab	02155958	Cipro
		02161737	Novo-Ciprofloxacin
		02229521	Apo-Ciproflo
		02245647	Gen-Ciprofloxacin
		02246825	Ratio-Ciprofloxacin
		02247339	Co-Ciprofloxacin
		02248437	PMS-Ciprofloxacin
		02248756	Rhoxal-Ciprofloxacin
	500mg Tab	02155966	Cipro
		02161745	Novo-Ciprofloxacin
		02229522	Apo-Ciproflo
		02245648	Gen-Ciprofloxacin
		02246826	Ratio-Ciprofloxacin
		02247340	Co-Ciprofloxacin
		02248438	PMS-Ciprofloxacin
		02248757	Rhoxal-Ciprofloxacin
	750mg Tab	02155974	Cipro
		02161753	Novo-Ciprofloxacin
		02229523	Apo-Ciproflo
		02245649	Gen-Ciprofloxacin
		02246827	Ratio-Ciprofloxacin
		02247341	Co-Ciprofloxacin
		02248439	PMS-Ciprofloxacin
		02248758	Rhoxal-Ciprofloxacin

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

RFU Code	Clinical Criteria
332	For the treatment of patients with: <i>SST/BJ (Gram negative bacteria): Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.</i>
333	<i>GU Tract: Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.</i>
334	<i>COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis; pneumonic illness with cystic fibrosis.</i> <i>* Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.</i>
336	<i>Step-Down: Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.</i>
350	<i>GI: Traveller's diarrhea; enteric fever syndromes; Crohn's disease.</i>
353	<i>For the prophylaxis or treatment of B. anthracis exposure.</i>
977	<i>Exceptional cases of allergy or intolerance to all other appropriate therapies.</i>

CLARITHROMYCIN

125mg/5mL Ped Gran 02146908 Biaxin

CLARITHROMYCIN

250mg Tab 01984853 Biaxin

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
CLINDAMYCIN HCL	150mg Cap	00030570	Dalacin C
		02130033	Ratio-Clindamycin
		02241709	Novo-Clindamycin
		02245232	Apo-Clindamycin
		02258331	Gen-Clindamycin
	300mg Cap	02182866	Dalacin C
		02192659	Ratio-Clindamycin
		02241710	Novo-Clindamycin
		02245233	Apo-Clindamycin
		02258358	Gen-Clindamycin
CLINDAMYCIN PALMITATE	15mg/mL O/L	00225851	Dalacin C
CLOTRIMAZOLE	10mg/g Cr	00812382	Clotrimaderm
		02131676	Myclo-Derm
		02150867	Canesten
CLOTRIMAZOLE	500mg & 1% Tab & Cr	02150948	Canesten 1-Combi Pak
CLOTRIMAZOLE	10mg/mL Top Sol	02131668	Myclo-Derm
		02150875	Canesten

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
CLOTRIMAZOLE	10mg/g Vag Cr-App	00812366	Clotrimaderm Vaginal Cream
		02131641	Myclo-Gyne
		02150891	Canesten
	20mg/g Vag Cr-App	00812374	Clotrimaderm Vaginal Cream
		02150905	Canesten 3
CLOTRIMAZOLE	100mg Vag Tab	02131633	Myclo-Gyne
		02150832	Canesten
	200mg Vag Tab	02130211	Canesten 3
	500mg Vag Tab	02130203	Canesten 1
CLOXACILLIN	250mg Cap	00337765	Novo-Cloxin
		00618292	Apo-Cloxi
		00717584	Nu-Cloxi
	500mg Cap	00337773	Novo-Cloxin
		00618284	Apo-Cloxi
		00717592	Nu-Cloxi
CLOXACILLIN	25mg/mL O/L	00337757	Novo-Cloxin
		00644633	Apo-Cloxi
		00717630	Nu-Cloxi
COAL TAR EXTRACT	2% Gel	01909185	Estar

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
COLCHICINE	0.6mg Tab	00000396	Colchicine
COLLAGENASE	250U/g Oint	02063670	Santyl
CONJUGATED EQUINE ESTROGEN/ MEDROXYPROGESTERONE ACETATE	0.625mg/2.5mg Tab-28 Day Pk	02242878	Premplus
	0.625mg/5mg Tab-28 Day Pk	02242879	Premplus
CONJUGATED ESTROGENS	0.3mg Tab	02043394	Premarin
	0.625mg Tab	00265470	C.E.S.
		02043408	Premarin
	1.25mg Tab	00265489	C.E.S.
		02043424	Premarin
CONJUGATED ESTROGENS	0.625mg/g Vag Cr	02043440	Premarin
CYANOCOBALAMIN	1mg/mL Inj Sol-10mL Pk	00029165	Rubramin
		00521515	Vitamin B12 -1000mcg/mL
		01987003	Cyanocobalamin
		02052717	Cyanocobalamin

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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DESOGESTREL & ETHINYL ESTRADIOL

0.15mg & 0.03mg Tab-21 Pk	02042487	Marvelon 21
0.15mg & 0.03mg Tab-21 Pk	02042541	Ortho-Cept

DESOGESTREL & ETHINYL ESTRADIOL

0.15mg & 0.03mg Tab-28 Pk	02042479	Marvelon 28
0.15mg & 0.03mg Tab-28 Pk	02042533	Ortho-Cept

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE & POLYQUAD

0.1%/0.3%/0.001% Oph-Sol	00743445	Tears Naturale II
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RFU Code	Clinical Criteria
49	<i>For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.</i>

DEXTRAN 70 & HYDROXYPROPYL METHYLCELLULOSE

0.1%/0.3% Oph-Sol	00390291	Tears Naturale
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RFU Code	Clinical Criteria
49	<i>For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.</i>

DEXTROMETHORPHAN HBR

3mg/mL O/L	00436895	Balminil DM
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DICLOFENAC SODIUM & MISOPROSTOL

50mg & 200mcg Tab	01917056	Arthrotec 50
75mg & 200mcg Tab	02229837	Arthrotec 75

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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DILTIAZEM HCL			
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120mg ER Cap	02231150	Tiazac
180mg ER Cap	02231151	Tiazac
240mg ER Cap	02231152	Tiazac
300mg ER Cap	02231154	Tiazac
360mg ER Cap	02231155	Tiazac

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
DILTIAZEM HCL	120mg LA Cap	02097249	Cardizem CD
		02229781	Ratio-Diltiazem CD
		02230997	Apo-Diltiaz CD
		02242538	Novo-Diltazem CD
		02243338	Rhoxal-Diltiazem CD
		02254808	Gen-Diltiazem CD
	180mg LA Cap	02097257	Cardizem CD
		02229782	Ratio-Diltiazem CD
		02230998	Apo-Diltiaz CD
		02242539	Novo-Diltazem CD
		02243339	Rhoxal-Diltiazem CD
		02254816	Gen-Diltiazem CD
	240mg LA Cap	02097265	Cardizem CD
		02229783	Ratio-Diltiazem CD
		02230999	Apo-Diltiaz CD
		02242540	Novo-Diltazem CD
		02243340	Rhoxal-Diltiazem CD
		02254824	Gen-Diltiazem CD
	300mg LA Cap	02097273	Cardizem CD
		02229526	Apo-Diltiaz CD
		02229784	Ratio-Diltiazem CD
		02242541	Novo-Diltazem CD
		02243341	Rhoxal-Diltiazem CD
		02254832	Gen-Diltiazem CD
	60mg LA Cap	02222957	Apo-Diltiaz SR
		02229406	Novo-Diltazem SR
		02231743	Gen-Diltiazem SR
	90mg LA Cap	02222965	Apo-Diltiaz SR
02229407		Novo-Diltazem SR	
02231744		Gen-Diltiazem SR	
120mg LA Cap	02222973	Apo-Diltiaz SR	
	02229408	Novo-Diltazem SR	
	02231745	Gen-Diltiazem SR	

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>	
DILTIAZEM HCL	30mg Tab	00771376	Apo-Diltiaz	
		00862924	Novo-Diltazem	
		00886068	Nu-Diltiaz	
		00888524	Alti-Diltiazem	
		02097370	Cardizem	
		02146916	Gen-Diltiazem	
	60mg Tab	00771384	Apo-Diltiaz	
		00862932	Novo-Diltazem	
		00886076	Nu-Diltiaz	
		00888532	Alti-Diltiazem	
		02097389	Cardizem	
		02146924	Gen-Diltiazem	
		DOCUSATE CALCIUM (DIOCTYL CALCIUM SULFOSUCCINATE)		
		240mg Cap	00664553	PMS-Docusate Calcium
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)				
100mg Cap	00464767	Colace		
	00716731	Docusate Sodium		
	01994344	Soflax		
DOCUSATE SODIUM (DIOCTYL SODIUM SULFOSUCCINATE)				
4mg/mL O/L	02006758	Soflax Syrup		
	02086018	Colace		
10mg/mL O/L	02090163	Colace		
DOXYLAMINE SUCCINATE AND PYRIDOXINE HCL				
10mg & 10mg SR Tab	00609129	Diclectin		

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ECONAZOLE NITRATE	1% Cr	02011948	Ecostatin
ECONAZOLE NITRATE	150mg Vag Sup	02010267	Ecostatin
ELECTROLYTE & DEXTROSE	O/L	00630365 00981095	Pedialyte Regular Pedialyte Flavored
ELECTROLYTE & DEXTROSE	Oral Pd-1 Sach Pk	01931563	Gastrolyte
ENALAPRIL MALEATE	2.5mg Tab	00851795	Vasotec
	5mg Tab	00708879	Vasotec
	10mg Tab	00670901	Vasotec
	20mg Tab	00670928	Vasotec
EPINEPHRINE	Aero Sol-15mL Pk	02017555	Bronkaid Mistometer

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ERYTHROMYCIN ESTOLATE	25mg/mL O/L	00021172	Novo-Rythro Estolate
	50mg/mL O/L	00262595	Novo-Rythro Estolate
ERYTHROMYCIN ETHYLSUCCINATE & SULFISOXAZOLE ACETYL	40mg & 120mg/mL O/L	00583405	Pediazole
ERYTHROMYCIN ETHYLSUCCINATE	40mg/mL O/L	00000299	EES-200
		00605859	Novo-Rythro Ethyl Succinate
	80mg/mL O/L	00453617	EES-400
		00652318	Novo-Rythro Ethyl Succinate
ERYTHROMYCIN ETHYLSUCCINATE	600mg Tab	00583782	EES-600
		00637416	Apo-Erythro-ES
ERYTHROMYCIN STEARATE	250mg Tab	00000434	Erythrocin
		00545678	Apo-Erythro-S
	500mg Tab	00266515	Erythrocin
		00688568	Apo-Erythro-S
ESDEPALLETHRIN & PIPERONYL BUTOXIDE	0.63% & 5.04% Aero Spray	02229874	Scabene

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

ESTRADERM 50 & ESTRAGEST

250/50 Transdermal Patch 02108186 Estracomb

RFU Code	Clinical Criteria
138	<i>For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.</i>
139	<i>For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.</i>

ESTRADIOL 17-B & NORETHINDRONE ACETATE+ESTRADIOL 17-B

4.33mg plus 2.7mg/0.62mg 02243529 Estalis-Sequi 140/50
Trans Patch - 28 Day Pk

4.33mg plus 4.8mg/0.51mg 02243530 Estalis-Sequi 250/50
Trans Patch - 28 Day Pk

RFU Code	Clinical Criteria
138	<i>For patients in whom a combination of a less costly listed oral estrogen product and oral progestin is contraindicated.</i>
139	<i>For patients in whom a combination of a less costly listed oral estrogen product and oral progestin has been tried and caused an adverse effect.</i>

ESTRADIOL 17-B

0.06% Metered Dose Pump-Pk 02238704 Estrogel

RFU Code	Clinical Criteria
308	<i>For patients in whom an oral estrogen product is contraindicated.</i>
288	<i>For patients in whom an oral estrogen product has been tried and caused an adverse effect.</i>
	<i>Network Note: Network will limit supply to one pump per month.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ESTRADIOL 17-B	25ug Patch	00756849	Estraderm
	50ug Patch	00756857	Estraderm
	100ug Patch	00756792	Estraderm
	37.5mcg Patch	02243999	Estradot
	50mcg Patch	02244000	Estradot
	75mcg Patch	02244001	Estradot
	100mcg Patch	02244002	Estradot
	50mcg Patch	02237808	Oesclim
	50mcg/day Patch	02246967	Rhoxal-Estradiol Derm - 50
	75mcg/day Patch	02246968	Rhoxal-Estradiol Derm - 75
	100mcg/day Patch	02246969	Rhoxal-Estradiol Derm – 100

RFU Code	Clinical Criteria
17	<i>For patients in whom an oral estrogen product is contraindicated.</i>
18	<i>For patients in whom an oral estrogen product has been tried and caused an adverse effect.</i>

ESTRADIOL 17-B	50mcg/day Transdermal Patch	02231509	Climara 50
	100mcg/day Transdermal Patch	02231510	Climara 100

RFU Code	Clinical Criteria
17	<i>For patients in whom an oral estrogen product is contraindicated.</i>
18	<i>For patients in whom an oral estrogen product has been tried and caused an adverse effect.</i>

ESTRADIOL	2mg Vag Ring	02168898	Estring
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ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 1.25MG)	1.5mg Tab	02089769	Ogen 1.25
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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ESTROPIPATE (CALCULATED AS SODIUM ESTRONE SULFATE 2.5MG)	3mg Tab	02089777	Ogen 2.5
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ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE	0.03mg & 2mg Tab-21 Pk	00469327	Demulen 30
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ETHINYL ESTRADIOL & ETHYNODIOL DIACETATE	0.03mg & 2mg Tab-28 Pk	00471526	Demulen 30
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ETHINYL ESTRADIOL & LEVONORGESTREL	20mcg & 100mcg Tab-21 Pk	02236974	Alesse
	3 Phase Tab-21 Pk	02043726	Triphasil
	0.03mg & 0.15mg Tab-21 Pk	02042320	Min-Ovral
	3 Phase Tab-21 Pk	00707600	Triquilar 21

ETHINYL ESTRADIOL & LEVONORGESTREL	20mcg & 100mcg Tab-28 Pk	02236975	Alesse
	3 Phase Tab-28 Pk	02043734	Triphasil
	0.03mg & 0.15mg Tab-28 Pk	02042339	Min-Ovral
	3 Phase Tab-28 Pk	00707503	Triquilar 28

ETHINYL ESTRADIOL & NORETHINDRONE ACETATE	0.02mg & 1mg Tab-21 Pk	00315966	Minestrin 1/20
	0.03mg & 1.5mg Tab-21 Pk	00297143	Loestrin 1.5/30

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
ETHINYL ESTRADIOL & NORETHINDRONE ACETATE			
	0.02mg & 1mg Tab-28 Pk	00343838	Minestrin 1/20
	0.03mg & 1.5mg Tab-28 Pk	00353027	Loestrin 1.5/30
ETHINYL ESTRADIOL & NORETHINDRONE			
	0.035mg & 0.5mg Tab-21 Pk	00317047	Ortho 0.5/35
	0.035mg & 1mg Tab-21 Pk	00372846	Ortho 1/35
	3 Phase Tab-21 Pk	00602957	Ortho 7/7/7
	0.035mg & 0.5mg Tab-21 Pk	02187086	Brevicon
	0.035mg & 1mg Tab-21 Pk	02189054	Brevicon 1/35
	3 Phase Tab-21 Pk	02187108	Synphasic
ETHINYL ESTRADIOL & NORETHINDRONE			
	0.035mg & 0.5mg Tab-28 Pk	00340731	Ortho 0.5/35
	0.035mg & 1mg Tab-28 Pk	00372838	Ortho 1/35
	3 Phase Tab-28 Pk	00602965	Ortho 7/7/7
	0.035mg & 0.5mg Tab-28 Pk	02187094	Brevicon
	0.035mg & 1mg Tab-28 Pk	02189062	Brevicon 1/35
	3 Phase Tab-28 Pk	02187116	Synphasic
ETHINYL ESTRADIOL & NORGESTREL			
	0.05mg & 0.25mg Tab-21 Pk	02043033	Ovral
ETHINYL ESTRADIOL & NORGESTREL			
	0.05mg & 0.25mg Tab-28 Pk	02043041	Ovral

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

FERROUS SULFATE
 75mg/mL O/L 00762954 Fer-In-Sol

FLUCONAZOLE
 10mg/mL O/L 02024152 Diflucan P.O.S.

RFU Code	Clinical Criteria
274	<p><i>For the treatment of oral/esophageal candidiasis in immunocompromised patients (e.g. patients with malignancies and transplant patients) who have failed to respond to nystatin or imidazoles and when oral tablets of fluconazole cannot be tolerated.</i></p> <p><i>NETWORK NOTE: For oral candidiasis, network will limit supply to 2 weeks. For esophageal candidiasis, network will limit supply to 6 weeks.</i></p>
275	<p><i>For the treatment of patients with disseminated candidiasis when oral tablets of fluconazole cannot be tolerated.</i></p> <p><i>NETWORK NOTE: For disseminated candidiasis, network will limit supply to 6 weeks.</i></p>
276	<p><i>For the treatment of patients with cryptococcal meningitis when oral tablets of fluconazole cannot be tolerated.</i></p> <p><i>NETWORK NOTE: For cryptococcal meningitis (initial treatment), network will limit supply to 12 weeks.</i></p>
277	<p><i>For the treatment of patients with vulvovaginal candidiasis when oral tablets of fluconazole cannot be tolerated.</i></p> <p><i>NETWORK NOTE: For vulvovaginal candidiasis, network will limit supply to one dose 150mg (Repeats no more than every 25 days).</i></p>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
FLUOCINOLONE ACETONIDE	0.01% Emol Cr	00424927	Synamol Mild
	0.025% Emol Cr	00424935	Synamol Regular
FLUOCINOLONE ACETONIDE	0.01% Oint	00030392	Synalar Mild
	0.01% Oint	00716804	Fluoderm
	0.025% Oint	02162512	Synalar Regular
	0.025% Oint	00716812	Fluoderm
FLUOCINOLONE ACETONIDE	0.01% Top Sol	02162504	Synalar Solution
FLUTICASONE PROPIONATE	50mcg/Metered Dose Inh-120 Dose Pk	02244291	Flovent HFA
	125mcg/Metered Dose Inh-120 Dose Pk	02244292	Flovent HFA
	250mcg/Metered Dose Inh-120 Dose Pk	02244293	Flovent HFA
FLUTICASONE PROPIONATE	250mcg/Blister Pd Inh - 60 Dose Pk	02237246	Flovent Diskus
	500mcg/Blister Pd Inh - 60 Dose Pk	02237247	Flovent Diskus

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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FOLIC ACID	5mg Tab	00426849	Apo-Folic
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FORMOTEROL FUMARATE DIHYDRATE

6mcg/Metered Dose Pd Inh-60 Dose Pk	02237225	Oxeze Turbuhaler
12mcg/Metered Dose Pd Inh-60 Dose Pk	02237224	Oxeze Turbuhaler

RFU Code	Clinical Criteria
132	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms. Note: This drug is not for relief of acute symptoms.</i>

FORMOTEROL FUMARATE

12mcg/Cap Inh Pd-Device Pk	02230898	Foradil
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RFU Code	Clinical Criteria
132	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms. Note: This drug is not for relief of acute symptoms.</i>

FRAMYCETIN SULFATE & GRAMICIDIN & DEXAMETHASONE

5mg & 50mcg & 0.5mg/mL Oph/Ot Sol	02224623	Sofracort
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FRAMYCETIN SULFATE

0.5% Oph Oint-5g Pk	00026964	Soframycin
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FRAMYCETIN SULFATE

0.5% Oph Sol	01987658	Soframycin
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
FUROSEMIDE	10mg/mL O/L	02224720	Lasix
FUROSEMIDE	20mg Tab	00337730 00396788 02224690	Novo-Semide Apo-Furosemide Lasix
	40mg Tab	00337749 00362166 02224704	Novo-Semide Apo-Furosemide Lasix
	500mg Tab	02224755	Lasix Special

RFU Code	Clinical Criteria
33	<i>For patients with severely impaired renal function refractory to conventional dosages of the drug.</i>

FUSIDIC ACID	2% Cr	00586668	Fucidin
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GENTAMICIN & BETAMETHASONE SODIUM PHOSPHATE	3mg & 1mg/mL Oph/Ot Drops	00682217 02244999	Garasone Sab-Pentason
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GENTAMICIN SULFATE	0.3% Oph Oint-3.5g Pk	00028339	Garamycin
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
GENTAMICIN SULFATE	0.3% Oph Sol	00436771	Alcomycin
		00512192	Garamycin
		00776521	PMS-Gentamicin
		02023822	Diogent
		02212927	Gentamicin Sulfate
GENTAMICIN SULFATE	0.3% Ot Sol	00512184	Garamycin
		02229441	Gentamicin Sulfate
GLYBURIDE	2.5mg Tab	00720933	Euglucon
		00808733	Gen-Glybe
		01900927	Albert-Glyburide
		01913654	Apo-Glyburide
		01913670	Novo-Glyburide
		02020734	Nu-Glyburide
		02224550	Diabeta
		02236733	PMS-Glyburide
	02248008	Rhoxal-Glyburide	
	5mg Tab	00720941	Euglucon
		00808741	Gen-Glybe
		01900935	Albert-Glyburide
		01913662	Apo-Glyburide
		01913689	Novo-Glyburide
		02020742	Nu-Glyburide
02224569		Diabeta	
02236734	PMS-Glyburide		
02248009	Rhoxal-Glyburide		
GRAIN & CITRUS FIBRE	Tab	00595829	Novo-Fibre

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
HALOPERIDOL	5mg/mL Inj Sol-1mL Pk	00808652	Haloperidol
HALOPERIDOL	2mg/mL O/L	00552429 00587702	Ratio-Haloperidol Apo-Haloperidol
HALOPERIDOL	0.5mg Tab	00363685 00396796	Novo-Peridol Apo-Haloperidol
	1mg Tab	00363677 00396818	Novo-Peridol Apo-Haloperidol
	2mg Tab	00363669 00396826	Novo-Peridol Apo-Haloperidol
	5mg Tab	00363650 00396834	Novo-Peridol Apo-Haloperidol
	10mg Tab	00463698 00713449	Apo-Haloperidol Novo-Peridol
	20mg Tab	00768820	Novo-Peridol
HYDROCHLOROTHIAZIDE	25mg Tab	00021474 00326844	Novo-Hydrazide Apo-Hydro 25
	50mg Tab	00021482 00312800	Novo-Hydrazide Apo-Hydro 50

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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HYDROCORTISONE

0.5% Cr	00513288	Cortate
1% Cr	00192597	Emo-Cort
	00502200	Cortate
2.5% Cr	00595799	Emo-Cort

HYDROCORTISONE

1% Lot	00192600	Emo-Cort
2.5% Lot	00595802	Emo-Cort

HYDROCORTISONE

0.5% Oint	00513261	Cortate
	00716685	Cortoderm
1% Oint	00502197	Cortate
	00716693	Cortoderm

HYDROCORTISONE VALERATE

0.2% Cr	01910124	Westcort
	02242984	Hydroval

HYDROCORTISONE VALERATE

0.2% Oint	01910132	Westcort
	02242985	Hydroval

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
IBUPROFEN	200mg Tab	00441643	Apo-Ibuprofen
		00629324	Novo-Profen
	300mg Tab	00441651	Apo-Ibuprofen
		00629332	Novo-Profen
	400mg Tab	00364142	Motrin
		00506052	Apo-Ibuprofen
		00629340	Novo-Profen
	600mg Tab	00585114	Apo-Ibuprofen
00629359		Novo-Profen	
IPRATROPIUM BROMIDE	250mcg/mL Inh Sol-20mL Pk	00731439	Atrovent
		02097141	Ratio-Ipratropium
		02126222	Apo-Ipravent Inhalation Solution
		02210479	Novo-Ipramide
		02231136	PMS-Ipratropium
		02239131	Gen-Ipratropium

RFU Code	Clinical Criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	<i>Patients who have a tracheostomy;</i>
257	<i>Patients with cystic fibrosis in whom nebulizer therapy is indicated;</i>
258	<i>Patients with severe mental or physical disabilities;</i>
259	<i>Patients who have previously used nebulizer therapy within the last 12 month period.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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IPRATROPIUM BROMIDE

125mcg/mL Inh Sol-2mL UDV Pk	02026759	Atrovent UDV
	02097176	Ratio-Ipratropium UDV
	02231135	PMS-Ipratropium
250mcg/mL Inh Sol-2mL UDV Pk	02243827	Apo-Ipravent
	01950681	Atrovent UDV
	02097168	Ratio-Ipratropium UDV
	02216221	Gen-Ipratropium
	02231245	PMS-Ipratropium
	02231494	Apo-Ipravent Sterule

RFU Code	Clinical Criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
265	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;</i>
266	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;</i>
267	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;</i>
268	<i>Patients who have previously used nebulizer therapy within the last 12 month period.</i>

IPRATROPIUM BROMIDE

Inh-200 Dose Pk	00576158	Atrovent
20mcg/Met Dose Inh-200 Dose Pk	02247686	Atrovent HFA

IPRATROPIUM BROMIDE

0.03% Nasal Spray	02163705	Atrovent
	02239627	PMS-Ipratropium
	02240072	Ratio-Ipratropium

RFU Code	Clinical Criteria
3	<i>For the treatment of non-allergic vasomotor rhinitis.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
KETOPROFEN	100mg Sup	00761699	Rhodis
		01926411	Orudis
		02015951	PMS-Ketoprofen
		02156083	Novo-Keto
		02165481	Orafen

LACTASE ENZYME	Tab	01936859	Lactaid
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RFU Code	Clinical Criteria
31	<i>For the management of lactose intolerance which has been confirmed by history or by lactose tolerance test.</i>

LACTULOSE	40% Jelly-Unidose Pk	00739561	GEL-OSE
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LACTULOSE	666.7mg/mL O/L	00854409	Acilac
	667mg/mL O/L	00703486	PMS-Lactulose

LEVONORGESTREL	52mg Insert	02243005	Mirena
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LEVONORGESTREL	0.75mg Tab-2 Tabs Pk	02241674	Plan B
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
LEVOTHYROXINE (SODIUM)	0.025mg Tab	02172062	Synthroid
	0.05mg Tab	02172070	Synthroid
		02213192	Eltroxin
	0.075mg Tab	02172089	Synthroid
	0.088mg Tab	02172097	Synthroid
	0.1mg Tab	02172100	Synthroid
		02213206	Eltroxin
	0.112mg Tab	02171228	Synthroid
	0.125mg Tab	02172119	Synthroid
	0.15mg Tab	02172127	Synthroid
		02213214	Eltroxin
	0.175mg Tab	02172135	Synthroid
	0.2mg Tab	02172143	Synthroid
		02213222	Eltroxin
0.3mg Tab	02172151	Synthroid	
	02213230	Eltroxin	
LIDOCAINE HCL	2% O/L	00001686	Xylocaine Viscous

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
LOPERAMIDE HCL	2mg Caplet	00860743	Imodium
		02132591	Novo-Loperamide
		02212005	Apo-Loperamide
		02228343	Loperacap
		02228351	PMS-Loperamide
		02229552	Diarr-eze
		02233998	Rhoxal-Loperamide

RFU Code	Clinical Criteria
	For the treatment of diarrhea associated with:
110	<i>An ileostomy or a colostomy;</i>
111	<i>Bowel resection, including short bowel syndrome;</i>
112	<i>Inflammatory Bowel Diseases, i.e. Crohn's Disease and Ulcerative Colitis;</i>
113	<i>Cancer, including chemotherapy or radiation therapy;</i>
114	<i>HIV/AIDS;</i>
115	<i>Acute diarrhea in patients in congregated housing, i.e. Long Term Care Facilities (LTCF), or for patients receiving Home Care;</i>
224	<i>Fecal incontinence.</i>

LORAZEPAM	0.5mg Tab	00655740	Apo-Lorazepam
		00711101	Novo-Lorazem
		00728187	PMS-Lorazepam
		00865672	Nu-Loraz
		02041413	Ativan
	1mg Tab	00637742	Novo-Lorazem
		00655759	Apo-Lorazepam
		00728195	PMS-Lorazepam
		00865680	Nu-Loraz
		02041421	Ativan
	2mg Tab	00637750	Novo-Lorazem
		00655767	Apo-Lorazepam
		00728209	PMS-Lorazepam
		00865699	Nu-Loraz
		02041448	Ativan

MEBENDAZOLE	100mg Tab	00556734	Vermox
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
MEDROXYPROGESTERONE ACETATE	150mg/mL Inj	00585092	Depo-Provera
MEDROXYPROGESTERONE ACETATE	50mg/mL Inj Sol-5mL Pk	00030848	Depo-Provera
MEDROXYPROGESTERONE ACETATE	2.5mg Tab	00708917	Provera
		02148552	Ratio-MPA
		02221284	Novo-Medrone
		02229838	Gen-Medroxy
		02244726	Apo-Medroxy
		02246627	PMS-Medroxyprogesterone
	5mg Tab	00030937	Provera
		02148560	Ratio-MPA
		02221292	Novo-Medrone
		02229839	Gen-Medroxy
		02244727	Apo-Medroxy
		02246628	PMS-Medroxyprogesterone
	10mg Tab	00729973	Provera
		02148579	Ratio-MPA
		02221306	Novo-Medrone
		02229840	Gen-Medroxy
		02246629	PMS-Medroxyprogesterone
	10mg Tab	02010933	Provera-Pak
	100mg Tab	00030945	Provera
MEFENAMIC ACID	250mg Cap	00155225	Ponstan
		02229452	Apo-Mefenamic
		02229569	Nu-Mefenamic
		02231208	PMS-Mefenamic Acid

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>	
MELOXICAM	7.5mg Tab	02242785	Mobicox	
		02247889	Ratio-Meloxicam	
		02248267	PMS-Meloxicam	
		02248973	Apo-Meloxicam	
		02250012	Co-Meloxicam	
		02255987	Gen-Meloxicam	
	15mg Tab	02242786	Mobicox	
		02248031	Ratio-Meloxicam	
		02248268	PMS-Meloxicam	
		02248974	Apo-Meloxicam	
		02250020	Co-Meloxicam	
		02255995	Gen-Meloxicam	
		MESTRANOL & NORETHINDRONE		
		0.05mg & 1mg Tab-21 Pk	00022608	Ortho-Novum 1/50
METFORMIN HCL				
500mg Tab	02045710	Novo-Metformin		
	02099233	Glucophage		
	02148765	Gen-Metformin		
	02162822	Nu-Metformin		
	02167786	Apo-Metformin		
	02223562	PMS-Metformin		
	02229516	Glycon		
	02233999	Rhoxal-Metformin		
	02242794	Metformin		
	02242974	Ratio-Metformin		
02246820	Rhoxal-Metformin FC			

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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METHYLCELLULOSE

0.5% Oph-Sol	00000809	Isopto Tears
1% Oph-Sol	00000817	Isopto Tears
1% Oph-Sol	00750808	Murocel

RFU Code	Clinical Criteria
49	<i>For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.</i>

METRONIDAZOLE

500mg Cap	00783137	Trikacide
	01926853	Flagyl
	02248562	Apo-Metronidazole

METRONIDAZOLE

250mg Tab	00545066	Apo-Metronidazole
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METRONIDAZOLE

1% Top Cr	02156091	Noritate
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METRONIDAZOLE

0.75% Top Gel	02092832	Metrogel
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METRONIDAZOLE

0.75% Top Lot - 60mL Pk	02248206	MetroLotion
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METRONIDAZOLE

10% Vag Cr-App	01926861	Flagyl
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<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
METRONIDAZOLE	500mg Vag Tab-App	01926888	Flagyl
MICONAZOLE NITRATE	2% Cr	00497797 02085852	Monistat Derm Micatin
MICONAZOLE NITRATE	2% Vag Cr-App 35g Pk	02084309	Monistat 7
MICONAZOLE NITRATE	400mg Vag Sup	02126605	Monistat 3
MICONAZOLE NITRATE	2% Cr-9g & 400mg Vag Sup-3 Pk	02126249	Monistat 3 Dual Pak
MICONAZOLE NITRATE	100mg Vag Sup-7 Pk	02084295	Monistat 7
MINERAL OIL	Enema	00107875	Fleet
MINERAL OIL	O/L	00093947	Mineral Oil

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
MISOPROSTOL	100mcg Tab	00813966	Cytotec
		02240754	Novo-Misoprostol
		02244022	Apo-Misoprostol
	200mcg Tab	00632600	Cytotec
		02240755	Novo-Misoprostol
		02244023	Apo-Misoprostol
		02244125	PMS-Misoprostol
MUPIROCIN	2% Cr	02239757	Bactroban
MUPIROCIN	2% Oint	01916947	Bactroban
NAPROXEN	25mg/mL O/L	02162431	Naprosyn
NAPROXEN	500mg Sup	00756814	Ratio-Naproxen
		02017237	PMS-Naproxen
		02162458	Naprosyn
		02229690	Rhodiaprox
		02230477	Naproxen

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>	
NAPROXEN	125mg Tab	00522678	Apo-Naproxen	
		00565369	Novo-Naprox	
		00865621	Nu-Naprox	
	250mg Tab	00522651	Apo-Naproxen	
		00565350	Novo-Naprox	
		00615315	Ratio-Naproxen	
		00865648	Nu-Naprox	
		02162474	Naprosyn	
	375mg Tab	00600806	Apo-Naproxen	
		00615323	Ratio-Naproxen	
		00627097	Novo-Naprox	
		00865656	Nu-Naprox	
		02162482	Naprosyn	
	500mg Tab	00589861	Novo-Naprox	
		00592277	Apo-Naproxen	
		00615331	Ratio-Naproxen	
00865664		Nu-Naprox		
02162490		Naprosyn		
NIFEDIPINE	5mg Cap	00725110	Apo-Nifed	
		02047462	Novo-Nifedin	
		02235897	PMS-Nifedipine	
	10mg Cap	00755907	Apo-Nifed	
		00756830	Novo-Nifedin	
		00865591	Nu-Nifed	
		01946307	Gen-Nifedipine	
		02235898	PMS-Nifedipine	
	NIFEDIPINE	20mg ER Tab	02237618	Adalat XL
		30mg ER Tab	02155907	Adalat XL
60mg ER Tab		02155990	Adalat XL	

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
NIFEDIPINE	10mg LA Tab	02197448	Apo-Nifed PA
	20mg LA Tab	02181525	Apo-Nifed PA
NITROFURANTOIN	50mg Cap	01997637	Macrodantin
		02231015	Novo-Furantoin
NITROFURANTOIN MONO/MICRO CRYSTALS	100mg Cap	02063662	MacroBID
NITROFURANTOIN	50mg Tab	00319511	Apo-Nitrofurantoin
	100mg Tab	00312738	Apo-Nitrofurantoin
NORETHINDRONE	0.35mg Tab-28 Pk	00037605	Micronor
NORGESTIMATE & ETHINYL ESTRADIOL	3 Phase Tab-21 Pk	02028700	Tri-Cyclen
	0.25mg & 0.035mg Tab-21 Pk	01968440	Cyclen
NORGESTIMATE & ETHINYL ESTRADIOL	3 Phase Tab-28 Pk	02029421	Tri-Cyclen
	0.25mg & 0.035mg Tab-28 Pk	01992872	Cyclen

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
NYSTATIN	100000U/g Cr	00288217	Nadostine
		00716871	Nyaderm
		02194236	Nilstat
NYSTATIN	100000U/mL O/L	00282219	Nadostine
		02194201	Ratio-Nystatin
NYSTATIN	100000U/g Oint	00288195	Nadostine
		00716898	Nyaderm
		02194228	Nilstat
NYSTATIN	500000U Tab	00270113	Nadostine
		02194198	Ratio-Nystatin
PARTICLE COATED ERYTHROMYCIN	333mg Tab	00769991	PCE Dispertab
PENICILLIN V (BENZATHINE)	60mg/mL O/L	00248835	PVF 500
		02229617	Pen-Vee

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
PENICILLIN V (POTASSIUM)	25mg/mL O/L	00642223	Apo-Pen V-K
	60mg/mL O/L	00391603	Novo-Pen-VK-500
		00642231	Apo-Pen V-K

PENICILLIN V (POTASSIUM)	300mg Tab	00018740	Nadopen-V
		00021202	Novo-Pen-VK-500
		00642215	Apo-Pen V-K
		00717568	Nu-Pen VK

PERMETHRIN	5% Cr	02219905	Nix Dermal Cream
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RFU Code	Clinical Criteria
311	<i>For the treatment of patients who have failed on a less costly listed alternative.</i>

PERMETHRIN	1% Cr Rinse	00771368	Nix
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PETROLATUM/MINERAL OIL	55%/42.5% Oph Oint-3.5g Pk	00210889	Lacri-Lube
	80%/20% Oph Oint-3.5g Pk	02125706	Duolube

RFU Code	Clinical Criteria
49	<i>For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
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PHENAZOPYRIDINE HCL

100mg Tab	00271489	Phenazo
	00476714	Pyridium
200mg Tab	00454583	Phenazo

PIPERAZINE ADIPATE

Gran 2g Pk	02100215	Entacyl
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PIVAMPICILLIN

35mg/mL O/L	00582239	Pondocillin
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PIVAMPICILLIN

500mg Tab	00582247	Pondocillin
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POLYVINYL ALCOHOL & POLYVINYLPYRROLIDONE

Oph-Sol	00579408	Tears Plus
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RFU Code

Clinical Criteria

49 *For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.*

POLYVINYL ALCOHOL

1% Oph-Sol	02133253	Hypotears
1.4% Oph-Sol	00045616	Liquifilm Tears

RFU Code

Clinical Criteria

49 *For patients with objective evidence of keratoconjunctivitis sicca as confirmed by filamentary keratopathy on slit lamp examination or biopsy.*

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
PSYLLIUM MUCILLOID	Gran	02162245	Prodiem Plain
PSYLLIUM MUCILLOID	Oral Pd	00599875 02174812	Mucillium Metamucil Fibre Therapy - Original Texture
PYRVINIUM PAMOATE	10mg/mL O/L	00023477	Vanquin
RALOXIFENE HCL	60mg Tab	02239028	Evista

RFU Code	Clinical Criteria
373	<p>For the treatment of osteoporosis in postmenopausal women who have: <i>Failed or, experienced intractable side effects, or have a contraindication to, alendronate OR risedronate.</i></p> <p><i>Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.</i></p>

RAMIPRIL	1.25mg Cap	02221829	Altace
	2.5mg Cap	02221837	Altace
	5mg Cap	02221845	Altace
	10mg Cap	02221853	Altace
RANITIDINE HCL	15mg/mL Oral Sol	02212374	Zantac

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
RANITIDINE HCL	150mg Tab	00733059	Apo-Ranitidine
		00828564	Novo-Ranidine
		00828823	Ranitidine
		00865737	Nu-Ranit
		02207761	Gen-Ranitidine
		02212331	Zantac
		02241598	Scheinpharm Ranitidine
		02242453	PMS-Ranitidine
		02243229	Rhoxal-Ranitidine
		02248570	Co-Ranitidine
	300mg Tab	00733067	Apo-Ranitidine
		00828556	Novo-Ranidine
		00828688	Ranitidine
		00865745	Nu-Ranit
		02207788	Gen-Ranitidine
		02212358	Zantac
		02241599	Scheinpharm Ranitidine
		02242454	PMS-Ranitidine
		02243230	Rhoxal-Ranitidine
		02248571	Co-Ranitidine

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

RISEDRONATE SODIUM
 30mg Tab 02239146 Actonel

RFU Code	Clinical Criteria
319	<i>For the treatment of Paget's disease.</i>

5mg Tab 02242518 Actonel
 35mg Tab 02246896 Actonel

RFU Code	Clinical Criteria
369	For the treatment of osteoporosis in patients who have: <i>Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture; or</i>
370	<i>Failed* or, experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.</i>
	<i>*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.</i>

SALBUTAMOL
 200mcg/Cart Inh Pd 02212315 Ventolin Rotacaps
 400mcg/Cart Inh Pd 02212323 Ventolin Rotacaps

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
SALBUTAMOL	1mg/mL Inh Sol- 2.5mL Pk	01926934	Gen-Salbutamol Sterinebs P.F.
		01986864	Ratio-Salbutamol Respirator Solution P.F.
		02208229	PMS-Salbutamol
		02213419	Ventolin Nebules P.F.
	2mg/mL Inh Sol- 2.5mL Pk	02231488	Apo-Salvent Sterule
		01945203	Ventolin Nebules P.F.
		02173360	Gen-Salbutamol
		02208237	PMS-Salbutamol
		02231678	Apo-Salvent Sterule
		02239366	Alti-Salbutamol Sulphate

RFU Code	Clinical Criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
265	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have a tracheostomy;</i>
266	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and be patients with cystic fibrosis in whom nebulizer therapy is indicated;</i>
267	<i>Individuals must have a known hypersensitivity to the preservative in the bulk solution, and have severe mental or physical disabilities;</i>
268	<i>Patients who have previously used nebulizer therapy within the last 12 month period.</i>

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
SALBUTAMOL	5mg/mL Inh Sol-10mL Pk	00860808	Ratio-Salbutamol Respirator Solution
		02048760	Asmavent
		02069571	PMS-Salbutamol Respirator Solution
		02154412	Rho-Salbutamol
		02213486	Ventolin
		02232987	Gen-Salbutamol

RFU Code	Clinical Criteria
	For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.
256	<i>Patients who have a tracheostomy;</i>
257	<i>Patients with cystic fibrosis in whom nebulizer therapy is indicated;</i>
258	<i>Patients with severe mental or physical disabilities;</i>
259	<i>Patients who have previously used nebulizer therapy within the last 12 month period.</i>

SALBUTAMOL	100mcg/Met Dose Inh-200 Dose Pk	02232570	Airomir HFA
		02244914	Ratio-Salbutamol HFA
		02245669	Apo-Salvent CFC Free

SALBUTAMOL SULFATE	200mcg/Blister Pd Inh-120 Dose Pk	02214997	Ventodisk
		02215004	Ventodisk
	400mcg/Blister Pd Inh-120 Dose Pk		

SALICYLIC ACID	6% Gel	01909134	Keralyt
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Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

25/125mcg/Metered Dose 02245126 Advair 125
Inh-120 Dose Pk

25/250mcg/Metered Dose 02245127 Advair 250
Inh-120 Dose Pk

RFU Code	Clinical Criteria
330	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.</i>

SALMETEROL XINAFOATE & FLUTICASONE PROPIONATE

50/100mcg Inh-60 Dose Pk 02240835 Advair Diskus

50/250mcg Inh-60 Dose Pk 02240836 Advair Diskus

50/500mcg Inh-60 Dose Pk 02240837 Advair Diskus

RFU Code	Clinical Criteria
330	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.</i>

SALMETEROL XINAFOATE

50mcg/Blister Diskhaler-60 Disk 02214261 SereVent Diskhaler Disks
Pk

RFU Code	Clinical Criteria
132	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.</i>
	<i>Note: This drug is not for relief of acute symptoms.</i>
391	<i>For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.</i>

Generic Name **Strength and Dosage Form** **DIN** **Brand Name**

SALMETEROL XINAFOATE

25mcg/Met Dose Inh-120 Dose 02211742 SereVent
Pk

RFU Code	Clinical Criteria
132	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.</i>
	<i>Note: This drug is not for the relief of acute symptoms.</i>
391	<i>For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.</i>

SALMETEROL XINAFOATE

50mcg Pd Inh-60 Dose Pk 02231129 SereVent Diskus

RFU Code	Clinical Criteria
132	<i>For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.</i>
	<i>Note: This drug is not for the relief of acute symptoms.</i>
391	<i>For patients with moderate to severe COPD with persistent respiratory symptoms despite an adequate trial of, or an intolerance to, a regularly scheduled short-acting bronchodilator AND a long-acting anticholinergic.</i>

SENNOSIDES A & B

15mg/3g Gran 00026042 Senokot

SENNOSIDES A & B

30mg Sup 00026107 Senokot

SENNOSIDES A & B

1.7mg/mL Syrup 00367729 Senokot

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
SENNOSIDES A & B	8.6mg Tab	00026158	Senokot
		00604402	Glysennid
	12mg Tab	00027502	Glysennid
SILVER SULFADIAZINE	1% Cr	00323098	Flamazine
SILVER SULFADIAZINE	1% Cr-50g Pk	09854037	Flamazine
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE	160mg & 60mg/mL Ped Rect Sol	00108065	Fleet
SODIUM BIPHOSPHATE & SODIUM PHOSPHATE	160mg & 60mg/mL Rect Sol	00009911	Fleet
		00528463	ABCO Sodium Phosphate Enema
		02096900	Enemol
SODIUM CHLORIDE	0.9% Inj Sol-10mL Pk	00624748	Sodium Chloride (Plastic Vial)
SODIUM CROMOGLYCAT	2% Nas Sol-26mL Pk	01950541	PMS-Sodium Cromoglycate
		02231326	Gen-Cromoglycate
		02231390	Apo-Cromolyn

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
SODIUM CROMOGLYCATE	2% Oph Sol	02009277	Cromolyn
		02230621	Opticrom
STERCULIA GUM	62% W/W Gran 1 Sach Pk	02147831	Normacol
STERILE WATER FOR INJECTION	Inj Sol-10mL Pk	00624721	Sterile Water (Plastic Vial)
SULFACETAMIDE (SODIUM)	10% Oph Oint-3.5g Pk	00252522	Cetamide
SULFACETAMIDE (SODIUM)	10% Oph Sol	00028053	Sulamyd
		00028061	Sulamyd
SULFAMETHOXAZOLE & TRIMETHOPRIM	40mg & 8mg/mL O/L	00270644	Septra
		00272485	Bactrim Sugar Free
		00726540	Novo-Trimel
		00846465	Apo-Sulfatrim
		00865753	Nu-Cotrimox

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
SULFAMETHOXAZOLE & TRIMETHOPRIM	400mg & 80mg Tab	00270636	Septra
		00272469	Bactrim
		00445274	Apo-Sulfatrim
		00510637	Novo-Trimel
		00865710	Nu-Cotrimox
	800mg & 160mg Tab	00368040	Septra DS
		00371823	Bactrim-DS
		00445282	Apo-Sulfatrim-DS
		00510645	Novo-Trimel DS
		00865729	Nu-Cotrimox
TERBINAFINE HCL	1% Cr	02031094	Lamisil
TERBUTALINE SULFATE	0.5mg/Dose Inh-200 Dose Pk	00786616	Bricanyl Turbuhaler
TERCONAZOLE	0.4% Cr	00894729	Terazol 7
TERCONAZOLE	80mg Vag Ovule	00894710	Terazol 3
TETRACYCLINE	250mg Cap	00580929	Apo-Tetra
		00717606	Nu-Tetra

<u>Generic Name</u>	<u>Strength and Dosage Form</u>	<u>DIN</u>	<u>Brand Name</u>
TETRACYCLINE	25mg/mL O/L	00151416	Novo-Tetra

TRETINOIN & ERYTHROMYCIN	0.025% & 4% Top Gel	01905112	Stievamycin Gel
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TRETINOIN	0.01% Cr	00657204	Stieva-A
	0.025% Cr	00578576	Stieva-A
	0.05% Cr	00518182	Stieva-A
		01926519	Vitamin A Acid

RFU Code	Clinical Criteria
269	<i>For the treatment of acne vulgaris.</i>

TRETINOIN	0.01% Gel	00587958	Stieva-A
		01926462	Vitamin A Acid
	0.025% Gel	00587966	Stieva-A
		01926489	Vitamin A Acid

RFU Code	Clinical Criteria
269	<i>For the treatment of acne vulgaris.</i>

TRETINOIN	0.025% Sol	00578568	Stieva-A
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RFU Code	Clinical Criteria
269	<i>For the treatment of acne vulgaris.</i>

