

UPDATE AL
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective 28 September, 2012

SUMMARY OF CHANGES

TABLE OF CONTENTS

	<u>Page</u>
New Single Source Drug(s)	2
New Multi-Source Drug(s)	3
Off Formulary Interchangeable Product(s)	8
Manufacturer Requested Discontinued Drug(s)	9
Drug Benefit Price(s)	10
New Manufacturer Name(s)	11
Therapeutic Note Change(s)	12
Discontinued Drug(s) (Removed From Payment & Listing)	13
Limited Use Change(s)	16
Change(s) to the strength of Product(s)	18
Trade Name Change(s)	19
New Diabetic Testing Agent(s)	20
Index	21

New Single Source Drug(s)

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02374129	Complera 200mg & 25mg & 300mg Tab	EMTRICITABINE & RILPIVIRINE HCL & TENOFOVIR DISOPROXIL	GIL	40.4300

For the treatment of human immunodeficiency virus type 1 (HIV-1) infection in antiretroviral treatment naïve adult patients, or to replace the three components given as dual or triple therapy for patients stabilized on appropriate doses.

NOTE: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02370921	Trajenta 5mg Tab	LINAGLIPTIN	BOE	2.5500
----------	------------------	-------------	-----	--------

Treatment of Type 2 diabetes in patients on maximal doses of metformin (2000mg/day) who have: Inadequate glycemic control (HbA1c >0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02388545	Auro-Alendronate	10mg	Tab	AUR	0.4987
02388553	Auro-Alendronate (Interchangeable with Fosamax)	70mg	Tab	AUR	2.5144
02385635	Auro-Fluoxetine (Interchangeable with Prozac)	20mg	Cap	AUR	0.4598
02383284	Auro-Paroxetine	20mg	Tab	AUR	0.4514
02383292	Auro-Paroxetine (Interchangeable with Paxil)	30mg	Tab	AUR	0.4796

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02352826	Gd-Mirtazapine OD	15mg	Orally Disintegrating Tab	GEM	0.0975
02352834	Gd-Mirtazapine OD	30mg	Orally Disintegrating Tab	GEM	0.1950
02352842	Gd-Mirtazapine OD	45mg	Orally Disintegrating Tab	GEM	0.2925

(Interchangeable with Remeron RD)

02352850	Gd-Topiramate	25mg	Tab	GEM	0.3128
02352877	Gd-Topiramate	100mg	Tab	GEM	0.5929
02352885	Gd-Topiramate	200mg	Tab	GEM	0.8854

(Interchangeable with Topamax)

02385031	Jamp-Alendronate	70mg	Tab	JPC	2.5144
----------	------------------	------	-----	-----	--------

(Interchangeable with Fosamax)

02386496	Jamp-Candesartan	4mg	Tab	JPC	0.1700
02386518	Jamp-Candesartan	8mg	Tab	JPC	0.2850
02386526	Jamp-Candesartan	16mg	Tab	JPC	0.2850
02386534	Jamp-Candesartan	32mg	Tab	JPC	0.2932

(Interchangeable with Atacand)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02380358	Jamp-Ciprofloxacin	250mg	Tab	JPC	0.6186
02380366	Jamp-Ciprofloxacin	500mg	Tab	JPC	0.6979
02380374	Jamp-Ciprofloxacin	750mg	Tab	JPC	1.2780

(Interchangeable with Cipro)

Reason for Use Code	Clinical Criteria
332	<p>For the treatment of patients with: <u>SST/BJ(Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers. LU Authorization Period: 1 year.</p>
333	<p><u>GU Tract:</u> Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases. LU Authorization Period: 1 year.</p>
334	<p><u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis. ¹Risk 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. LU Authorization Period: 1 year.</p>
336	<p><u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia LU Authorization Period: 1 year.</p>
350	<p><u>GI:</u> Traveller's diarrhea; enteric fever syndromes; Crohn's disease. LU Authorization Period: 1 year.</p>
353	<p>For the prophylaxis or treatment of B. anthracis exposure. LU Authorization Period: 1 year.</p>
977	<p>Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.</p>

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02295881	Jamp-Lactulose (Interchangeable with Cephulac)	667mg/mL	O/L	JPC	0.0145
02357143	Jamp-Sertraline	25mg	Cap	JPC	0.2038
02357151	Jamp-Sertraline	50mg	Cap	JPC	0.4000
02357178	Jamp-Sertraline (Interchangeable with Zoloft)	100mg	Cap	JPC	0.4458
02389088	Mar-Olanzapine ODT	5mg	Rapid Dissolve Tab	MAR	0.8937
02389096	Mar-Olanzapine ODT	10mg	Rapid Dissolve Tab	MAR	1.7857
02389118	Mar-Olanzapine ODT (Interchangeable with Zyprexa Zydis)	15mg	Rapid Dissolve Tab	MAR	2.6778
02389878	Mint-Finasteride (Interchangeable with Proscar)	5mg	Tab	MIN	0.4633

Reason for Use Code	Clinical Criteria
----------------------------	--------------------------

384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.
-----	---

LU Authorization Period: Indefinite.

385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.
-----	--

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02389657	Mint-Losartan/HCTZ	50mg & 12.5mg	Tab	MIN	0.3147
02389665	Mint-Losartan/HCTZ (Interchangeable with Hyzaar)	100mg & 12.5mg	Tab	MIN	0.3082
02389673	Mint-Losartan/HCTZ DS (Interchangeable with Hyzaar DS)	100mg & 25mg	Tab	MIN	0.3147
02388766	Mint-Metformin (Interchangeable with Glucophage)	500mg	Tab	MIN	0.0587
02387794	Quetiapine Tablets	25mg	Tab	ACH	0.1235
02387808	Quetiapine Tablets	100mg	Tab	ACH	0.3295
02387824	Quetiapine Tablets	200mg	Tab	ACH	0.6617
02387832	Quetiapine Tablets (Interchangeable with Seroquel)	300mg	Tab	ACH	0.9656
02338467	Sandoz Anastrozole (Interchangeable with Arimidex)	1mg	Tab	SDZ	1.2729

**Reason for
Use Code**

Clinical Criteria

365

For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.

396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

Off Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02384906	Auro-Pioglitazone	15mg	Tab	AUR	1.5716
02384914	Auro-Pioglitazone	30mg	Tab	AUR	2.2017
02384922	Auro-Pioglitazone (Interchangeable with Actos)	45mg	Tab	AUR	3.3105
02285843	Gd-Gabapentin	600mg	Tab	GEM	1.3045
02285851	Gd-Gabapentin (Interchangeable with Neurontin)	800mg	Tab	GEM	1.7393
02352818	Gd-Terbinafine (Interchangeable with Lamisil)	250mg	Tab	GEM	2.5243
02380455	Jamp-Rizatriptan	5mg	Tab	JPC	7.5204
02380463	Jamp-Rizatriptan (Interchangeable with Maxalt)	10mg	Tab	JPC	7.5204
02389126	Mar-Olanzapine ODT (Interchangeable with Zyprexa Zydis)	20mg	Rapid Dissolve Tab	MAR	7.5900
02388774	Mint-Metformin (Interchangeable with Glucophage)	850mg	Tab	MIN	0.2090
02387131	Sandoz Ciprofloxacin (Interchangeable with Ciloxan)	0.3%	Oph Sol-5mL Pk	SDZ	9.3000

Manufacturer Requested Discontinued Drug(s)

Please note that these discontinued products will remain on the formulary until the current stock is depleted.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02352419	Jamp-Tamsulosin	0.4mg	Cap	JPC
02197405	Nu-Acyclovir	200mg	Tab	NXP
02197413	Nu-Acyclovir	400mg	Tab	NXP

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02232570	Airomir HFA	100mcg/Metered Dose	Inh-200 dose Pk	GRA	5.0000
02279894	Novo-Mirtazapine OD	15mg	Orally Disintegrating Tab	NOP	0.0975
02279908	Novo-Mirtazapine OD	30mg	Orally Disintegrating Tab	NOP	0.1950
02279916	Novo-Mirtazapine OD	45mg	Orally Disintegrating Tab	NOP	0.2925

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02285398	Apo-Modafinil	100mg	Tab	AAP
00740802	Apo-Trimip	25mg	Tab	AAP
00740810	Apo-Trimip	50mg	Tab	AAP
00740829	Apo-Trimip	100mg	Tab	AAP
02298570	Gen-Tamsulosin	0.4mg	Cap	MYL
02157195	Novo-Domperidone	10mg	Tab	TEV
00565350	Novo-Naprox	250mg	Tab	TEV
00627097	Novo-Naprox	375mg	Tab	TEV
00589861	Novo-Naprox	500mg	Tab	TEV
02243312	Novo-Naprox	250mg	Ent Tab	TEV
02243313	Novo-Naprox	375mg	Ent Tab	TEV
02243314	Novo-Naprox	500mg	Ent Tab	TEV
02230805	Novo-Terazosin	1mg	Tab	TEV
02230806	Novo-Terazosin	2mg	Tab	TEV
02230807	Novo-Terazosin	5mg	Tab	TEV
02230808	Novo-Terazosin	10mg	Tab	TEV
02144263	Novo-Trazodone	50mg	Tab	TEV
02144271	Novo-Trazodone	100mg	Tab	TEV
02144298	Novo-Trazodone	150mg	Tab	TEV

Therapeutic Note Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02333856	Janumet	500mg & 50mg	Tab	MEK
02333864	Janumet	850mg & 50mg	Tab	MEK
02333872	Janumet	1000mg & 50mg	Tab	MEK

Treatment of Type 2 diabetes in patients on maximal doses of metformin (2000mg/day) who have:

- Inadequate glycemic control (defined as HbA1c>0.07) and intolerance or contraindication to a sulfonylurea; or
- Inadequate glycemic control (HbA1c>0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

02303922	Januvia	100mg	Tab	MFC
----------	---------	-------	-----	-----

Treatment of Type 2 diabetes in patients on maximal doses of metformin (2000mg/day) who have:

- Inadequate glycemic control (defined as HbA1c>0.07) and intolerance or contraindication to a sulfonylurea; or
- Inadequate glycemic control (HbA1c>0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

02333554	Onglyza	5mg	Tab	BQU
----------	---------	-----	-----	-----

Treatment of Type 2 diabetes in patients on maximal doses of metformin (2000mg/day) who have:

- Inadequate glycemic control (HbA1c>0.07) and intolerance or contraindication to a sulfonylurea

Discontinued Drug(s) (Removed From Payment & Listing)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02165546	Nu-Acebutolol	100mg	Tab	NXP
02165554	Nu-Acebutolol	200mg	Tab	NXP
02165562	Nu-Acebutolol	400mg	Tab	NXP
02197421	Nu-Acyclovir	800mg	Tab	NXP
01913239	Nu-Alpraz	0.25mg	Tab	NXP
01913247	Nu-Alpraz	0.5mg	Tab	NXP
00886106	Nu-Amilzide	5mg & 50mg	Tab	NXP
00865567	Nu-Amoxi	250mg	Cap	NXP
00865575	Nu-Amoxi	500mg	Cap	NXP
00865540	Nu-Amoxi	25mg/mL	O/L	NXP
00865559	Nu-Amoxi	50mg/mL	O/L	NXP
00886114	Nu-Atenol	50mg	Tab	NXP
00886122	Nu-Atenol	100mg	Tab	NXP
02136090	Nu-Baclo	10mg	Tab	NXP
02136104	Nu-Baclo	20mg	Tab	NXP
01913824	Nu-Capto	12.5mg	Tab	NXP
01913832	Nu-Capto	25mg	Tab	NXP
01913840	Nu-Capto	50mg	Tab	NXP
01913859	Nu-Capto	100mg	Tab	NXP
02042568	Nu-Carbamazepine	200mg	Tab	NXP
00865877	Nu-Cephalex	250mg	Tab	NXP
00865885	Nu-Cephalex	500mg	Tab	NXP
00865818	Nu-Cimet	300mg	Tab	NXP
00865826	Nu-Cimet	400mg	Tab	NXP
00865834	Nu-Cimet	600mg	Tab	NXP
02173344	Nu-Clonazepam	0.5mg	Tab	NXP
02173352	Nu-Clonazepam	2mg	Tab	NXP
01913786	Nu-Clonidine	0.1mg	Tab	NXP
01913220	Nu-Clonidine	0.2mg	Tab	NXP
00865710	Nu-Cotrimox	400mg & 80mg	Tab	NXP
00865729	Nu-Cotrimox	800mg & 160mg	Tab	NXP
02171848	Nu-Cyclobenzaprine	10mg	Tab	NXP
00886017	Nu-Diclo	25mg	Ent Tab	NXP
00886025	Nu-Diclo	50mg	Ent Tab	NXP
00886068	Nu-Diltiaz	30mg	Tab	NXP
00886076	Nu-Diltiaz	60mg	Tab	NXP
02239517	Nu-Divalproex	125mg	Ent Tab	NXP
02239518	Nu-Divalproex	250mg	Ent Tab	NXP
02239519	Nu-Divalproex	500mg	Ent Tab	NXP
02231477	Nu-Domperidone	10mg	Tab	NXP
02024195	Nu-Famotidine	20mg	Tab	NXP
02024209	Nu-Famotidine	40mg	Tab	NXP
02192764	Nu-Fluoxetine	20mg	Cap	NXP
02020661	Nu-Flurbiprofen	50mg	Tab	NXP
02020688	Nu-Flurbiprofen	100mg	Tab	NXP
02231192	Nu-Fluvoxamine	50mg	Tab	NXP

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02231193	Nu-Fluvoxamine	100mg	Tab	NXP
02020734	Nu-Glyburide	2.5mg	Tab	NXP
02020742	Nu-Glyburide	5mg	Tab	NXP
02223597	Nu-Indapamide	2.5mg	Tab	NXP
00865850	Nu-Indo	25mg	Cap	NXP
00865869	Nu-Indo	50mg	Cap	NXP
02182831	Nu-Levocarb	100mg & 10mg	Tab	NXP
02182823	Nu-Levocarb	100mg & 25mg	Tab	NXP
02182858	Nu-Levocarb	250mg & 25mg	Tab	NXP
02162822	Nu-Metformin	500mg	Tab	NXP
02143275	Nu-Metoclopramide	5mg	Tab	NXP
02143283	Nu-Metoclopramide	10mg	Tab	NXP
00865605	Nu-Metop	50mg	Tab	NXP
00865613	Nu-Metop	100mg	Tab	NXP
00865648	Nu-Naprox	250mg	Tab	NXP
00865656	Nu-Naprox	375mg	Tab	NXP
00865664	Nu-Naprox	500mg	Tab	NXP
02223139	Nu-Nortriptyline	10mg	Cap	NXP
02223147	Nu-Nortriptyline	25mg	Cap	NXP
02158590	Nu-Oxybutyn	5mg	Tab	NXP
00717568	Nu-Pen VK	300mg	Tab	NXP
00886149	Nu-Pindol	5mg	Tab	NXP
00886009	Nu-Pindol	10mg	Tab	NXP
00886130	Nu-Pindol	15mg	Tab	NXP
00865761	Nu-Pirox	10mg	Cap	NXP
00865788	Nu-Pirox	20mg	Cap	NXP
02244350	Nu-Pravastatin	10mg	Tab	NXP
02244351	Nu-Pravastatin	20mg	Tab	NXP
02244352	Nu-Pravastatin	40mg	Tab	NXP
01913794	Nu-Prazo	1mg	Tab	NXP
01913808	Nu-Prazo	2mg	Tab	NXP
01913816	Nu-Prazo	5mg	Tab	NXP
00865737	Nu-Ranit	150mg	Tab	NXP
00865745	Nu-Ranit	300mg	Tab	NXP
02230717	Nu-Selegiline	5mg	Tab	NXP
02163772	Nu-Sotalol	160mg	Tab	NXP
02134829	Nu-Sucrafate	1g	Tab	NXP
02042576	Nu-Sulindac	150mg	Tab	NXP
02042584	Nu-Sulindac	200mg	Tab	NXP
02223570	Nu-Temazepam	15mg	Cap	NXP
02223589	Nu-Temazepam	30mg	Cap	NXP
02233047	Nu-Terazosin	1mg	Tab	NXP
02233048	Nu-Terazosin	2mg	Tab	NXP
02233049	Nu-Terazosin	5mg	Tab	NXP
02233050	Nu-Terazosin	10mg	Tab	NXP
02237560	Nu-Ticlopidine	250mg	Tab	NXP
02044609	Nu-Timolol	5mg	Tab	NXP
02044617	Nu-Timolol	10mg	Tab	NXP
00865532	Nu-Triazide	25mg & 50mg	Tab	NXP
02237830	Nu-Valproic	250mg	Cap	NXP

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00886033	Nu-Verap	80mg	Tab	NXP
00886041	Nu-Verap	120mg	Tab	NXP

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02320673	Stelara	45mg/0.5mL	Inj Sol-Pref Syr Pk	JAN

**Reason for
Use Code**

Clinical Criteria

419

For the treatment of severe* plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**.

Claims for the first 6 months must be written by a dermatologist.

Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required.

Patients not responding adequately at 12 weeks should have treatment discontinued.

*** Definition of severe plaque psoriasis:**

Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

Dermatology Life Quality Index (DLQI) score of at least 10.

**** Definition of failure, intolerance or contraindication to adequate trials of standard therapies:**

6 month trial of at least 3 topical agents including vitamin D analogues and steroids; AND

12 week trial of phototherapy (unless not accessible); AND

6 month trial of at least 2 systemic, oral agents used alone or in combination

Methotrexate 15-30mg per week

Acitretin (could have been used with phototherapy)

Cyclosporine

Continued on next page....

DIN

BRAND

STRENGTH

DOSAGE FORM

MFR

.... Continued from previous page

**Reason for
Use Code**

Clinical Criteria

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

At least a 50% reduction in PASI, AND
at least a 50% reduction in BSA involvement, AND
at least a 5 point reduction in DLQI score

Approvals will only allow for standard dosing for Stelara 45mg to be administered at weeks 0, 4 and every 12 weeks thereafter. Alternatively, 90mg may be used in patients with a body weight of over 100 kg. In patients weighing over 100 kg, both the 45mg and 90mg doses were shown to be efficacious. However, 90mg was efficacious in a higher percentage of these patients. If the patient has not responded after 12 weeks of treatment, the physician should consider switching to an alternative biologic agent.

LU Authorization Period: 1 year

Change(s) made to the strength of product (rounding to the decimal point)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02242814	Apo-Lactulose Solution	667mg/mL	O/L	APX
02091925	Cephulac (Not a Benefit)	667mg/mL	O/L	MRR
00854409	Ratio-Lactulose	667mg/mL	O/L	RPH

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02285398	Modafinil	100mg	Tab	APX
02298570	Mylan-Tamsulosin	0.4mg	Cap	GEN
02157195	Teva-Domperidone	10mg	Tab	NOP
00565350	Teva-Naproxen	250mg	Tab	NOP
00627097	Teva-Naproxen	375mg	Tab	NOP
00589861	Teva-Naproxen	500mg	Tab	NOP
02243312	Teva-Naproxen EC	250mg	Ent Tab	NOP
02243313	Teva-Naproxen EC	375mg	Ent Tab	NOP
02243314	Teva-Naproxen EC	500mg	Ent Tab	NOP
02230805	Teva-Terazosin	1mg	Tab	NOP
02230806	Teva-Terazosin	2mg	Tab	NOP
02230807	Teva-Terazosin	5mg	Tab	NOP
02230808	Teva-Terazosin	10mg	Tab	NOP
02144263	Teva-Trazodone	50mg	Tab	NOP
02144271	Teva-Trazodone	100mg	Tab	NOP
02144298	Teva-Trazodone	150mg	Tab	NOP
00740802	Trimipramine	25mg	Tab	APX
00740810	Trimipramine	50mg	Tab	APX
00740829	Trimipramine	100mg	Tab	APX

New Diabetic Testing Agent(s)

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/ UNIT</u>	<u>AMT MOH PAYS</u>	<u>AMT PATIENT PAYS</u>
09857422	BGStar Blood Glucose Strips 2.7IU	SAC	0.7290	0.7290	0.0000