

MANITOBA DRUG BENEFITS FORMULARY

Effective: November 05, 2025

PART 1

Any one of the following:

- AA-AMILZIDE – 5/50 MG TABLETS
- AA-ATENIDONE – 50/25 AND 100/25 MG TABLETS
- AA-CLOZAPINE – 25 AND 100 MG TABLETS
- AA-DILTIAZ – 30 AND 60 MG TABLETS
- AA-FENO-MICRO – 67 AND 200 MG CAPSULES
- AA-FENO-SUPER – 100 AND 160 MG TABLETS
- AA-LEVOCARB CR – 100/25 AND 200/50 MG TABLETS
- AA-THEO LA – 100, 200 AND 300 MG TABLETS
- AA-VERAP – 80 AND 120 MG, TABLETS
- ABILIFY – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- ACCEL-HYOSCINE – 10 MG TABLETS
- ACCEL-ONDANSETRON – 4 AND 8 MG TABLETS
- ACCU-CHEK AVIVA TEST STRIPS
- ACCU-CHEK COMPACT TEST STRIPS
- ACCU-CHEK FASTCLIX LANCETS
- ACCU-CHEK GUIDE BLOOD GLUCOSE TEST STRIPS
- ACCU-CHEK MOBILE CASSETTE
- ACCU-CHEK MULTICLIX LANCETS
- ACCUTANE – 10 AND 40 MG TABLETS
- ACETAZOLAMIDE (AA PHARMA) – 250 MG TABLETS
- ACH-ALENDRONATE – 10 AND 70 MG TABLETS
- ACH-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- ACH-ANASTROZOLE – 1 MG TABLETS
- ACH-APIXABAN – 2.5 AND 5 MG TABLETS
- ACH-ATORVASTATIN CALCIUM – 10, 20, 40 AND 80 MG TABLETS
- ACH-BICALUTAMIDE – 50 MG TABLETS TABLETS
- ACH-CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- ACH-CAPECITABINE – 150 AND 500 MG
- ACH-DONEPEZIL – 5 AND 10 MG TABLETS
- ACH-ESCITALOPRAM – 10 AND 20 MG TABLETS
- ACH-EZETIMIBE – 10 MG TABLETS
- ACH-FLUOXETINE – 10 AND 20 MG CAPSULES
- ACH-LETROZOLE – 2.5 MG TABLETS
- ACH-FLUOXETINE – 10 AND 20 MG CAPSULES
- ACH-LETROZOLE – 2.5 MG TABLETS
- ACH-MYCOPHENOLATE – 250 MG CAPSULE AND 500 MG TABLETS
- ACH-METHOTREXATE – 2.5 MG TABLETS
- ACH-OLMESARTAN – 20 AND 40 MG TABLETS
- ACH-OLMESARTAN HCTZ – 20/12.5, 40/12.5 AND 40/25 MG TABLETS
- ACH-OLMESARTAN – 20 AND 40 MG TABLETS
- ACH-OLMESARTAN HCTZ – 20/12.5, 40/12.5 AND 40/25 MG TABLETS
- ACH-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- ACH-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- ACH-QUETIAPINE FUMARATE XR – 50, 150, 200, 300 AND 400 MG EXTENDED RELEASE TABLETS

- ACH-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- ACH-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- ACH-SOLIFENACIN – 5 AND 10 MG TABLETS
- ACH-TELMISARTAN HCTZ – 80/12.5 AND 80/25 MG TABLETS
- ACH-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- ACT AMLODIPINE – 5 AND 10 MG TABLETS
- ACT AMPHETAMINE XR – 5, 10, 15, 20, 25 AND 30 MG CAPSULES
- ACT DILTIAZEM CD – 120, 180 AND 300 MG CAPSULES
- ACT DORZOTIMOLOL – 2%/0.5% OPHTHALMIC SOLUTION
- ACT ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- ACT EXEMESTANE – 25 MG TABLETS
- ACT FAMCICLOVIR – 125, 250 AND 500 MG TABLETS
- ACTIKERALL – 0.5%/10% TOPICAL SOLUTION
- ACT LATANOPROST/TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- ACT METHYLPHENIDATE ER – 18, 27, 36 AND 54 MG TABLETS
- ACTONEL – 35 MG TABLETS
- ACT QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- ACT RALOXIFENE – 60 MG TABLETS
- ACT TERBINAFINE – 250 MG TABLETS
- ACT VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- ACULAR – 0.5% OPHTHALMIC SOLUTION
- ACUVAIL – 0.45% OPHTHALMIC SOLUTION
- ADALAT XL – 30 MG EXTENDED RELEASE TABLETS
- ADDERALL XR – 5, 10, 15, 20, 25 AND 30 MG CAPSULES
- ADVAIR 125 – 125/25 MCG METERED DOSE INHALER
- ADVAIR 250 – 250/25 MCG METERED DOSE INHALER
- ADVAIR DISKUS – 50/100, 50/250 AND 50/500 MCG POWDER FOR INHALATION
- AERMONY RESPICLICK – 55, 113, 232 MCG METERED DOSE INHALER
- AEROCHAMBER
- AEROCHAMBER2GO
- AEROCHAMBER WITH MASK
- AEROSAL CLOUD ENHANCER
- AG-ALENDRONATE – 70 MG TABLETS
- AG-AMOXICILLIN – 500 MG CAPSULES
- AG-ATENOLOL – 25, 50 AND 100 MG TABLETS
- AG-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- AG-CELECOXIB – 100 AND 200 MG CAPSULES
- AG-CITALOPRAM TABLETS – 30 MG TABLETS
- AG-DONEPEZIL – 5 AND 10 MG TABLETS
- AG-DULOXETINE – 30 AND 60 MG CAPSULES
- AG-EZETIMIBE – 10 MG TABLETS
- AG-FLUOXETINE – 10 AND 20 MG CAPSULES
- AG-METOPROLOL-L – 50 AND 100 MG TABLETS
- AG-OLANZAPINE FC – 2.5, 5 AND 10 MG TABLETS
- AG-PANTOPRAZOLE SODIUM – 40 MG TABLETS
- AG PAROXETINE – 10, 20 AND 30 MG TABLETS
- AG PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- AG-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- AG-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- AG-QUETIAPINE – 25 MG TABLETS
- AG-RAMIPRIL – 2.5, 5 AND 10 MG CAPSULES
- AG-SERTRALINE – 25, 50 AND 100 MG CAPSULES

- AG-TOPIRAMATE – 25 AND 100 MG TABLETS
- AG-URSODIOL – 250 AND 500 MG TABLETS
- AG-ZOPICLONE – 5 AND 7.5 MG TABLETS
- AIROMIR – 100 MCG/DOSE METERED DOSE INHALER TO A MAXIMUM OF 4,400 DOSES PER BENEFIT YEAR
- ALCON ATROPINE – 1% OPHTHALMIC SOLUTION
- ALDACTONE – 25 AND 100 MG TABLETS TABLETS
- ALENDRONATE (SANIS) – 70 MG TABLETS
- ALENDRONATE (SIVEM) – 70 MG TABLETS
- ALFUZOSIN (SANIS) – 10 MG TABLETS
- ALFUZOSIN (SIVEM) – 10 MG TABLETS
- ALKERAN – 2 MG TABLETS
- ALKERAN – 50 MG INJECTION
- ALLERGY VACCINES
- ALLERJECT – 0.3 MG/0.3 ML AND 0.15 MG/0.15 ML INJECTION
- ALOG-DOXYLAMINE/PYRIDOXINE – 10 MG/10 MG TABLETS
- ALPHAGAN – OPHTHALMIC SOLUTION 0.2%
- ALTACE – 1.25, 2.5, 5 AND 10 MG TABLETS
- ALVESCO – 100 AND 200 MCG INHALER – TO A MAXIMUM OF 4,400 DOSES PER BENEFIT YEAR
- AMB-BUSPIRONE – 10 MB TABLETS
- AMIODARONE (SANIS) – 200 MG TABLETS
- AMIODARONE (SIVEM) – 200 MG TABLETS
- AMLODIPINE (SANIS) – 2.5, 5 AND 10 MG TABLETS
- AMLODIPINE (SIVEM) – 2.5, 5 AND 10 MG TABLETS
- AMOXICILLIN CAPSULES BP (SANIS) – 250 AND 500 MG CAPSULES
- AMOXICILLIN (SANIS) – 250 MG/5 ML ORAL SUSPENSION
- AMOXICILLIN (SIVEM) – 500 MG CAPSULES AND 250 MG/5 ML ORAL SUSPENSION
- ANAFRANIL – 10, 25 AND 50 MG TABLETS
- ANASTROZOLE (SANIS) – 1 MG TABLETS
- ANASTROZOLE (SIVEM) – 1 MG TABLETS
- ANDROCUR – 50 MG TABLETS
- ANORO ELLIPTA – 62.5/25 MCG POWDER FOR INHALATION
- ANTISTATIC COMPACT SPACE CHAMBER PLUS
- APIXABAN (SANIS) - 2.5 AND 5 MG TABLETS
- APIXABAN (SIVEM) - 2.5 AND 5 MG TABLETS
- APO-ACEBUTOLOL – 100, 200 AND 400 MG TABLETS
- APO-ACYCLOVIR OINTEMNT – 5% OINTMENT
- APO-ACYCLOVIR – 200, 400 AND 800 MG TABLETS
- APO-ALENDRONATE –70 MG TABLETS
- APO-ALFUZOSIN – 10 MG TABLETS
- APO-ALLOPURINOL TABLETS – 100, 200 AND 300 MG TABLETS
- APO-ALLOPURINOL – 100, 200 AND 300 MG TABLETS
- APO-ALPRAZ – 0.25, 0.5, 1 AND 2 MG TABLETS
- APO-AMIODARONE TABLETS – 200 MG TABLETS
- APO-AMITRIPTYLINE – 10, 25, 50 AND 75 MG TABLETS
- APO-AMLODIPINE – 5 AND 10 MG TABLETS
- APO-AMOXI CAPSULES AND SUSPENSION
- APO-AMPHETAMINE XR – 5, 10, 15, 20, 25 AND 30 MG CAPSULES
- APO-ANASTROZOLE – 1 MG TABLETS
- APO-APIXABAN – 2.5 AND 5 MG TABLETS
- APO-ARIPIPIRAZOLE – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- APO-ATENOL TAB 50MG – 50 AND 100 MG TABLETS
- APO-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS

- APO-AZATHIOPRINE – 50 MG TABLETS
- APO-BACLOFEN – 10 AND 20 MG TABLETS
- APO-BECLOMETHASONE NASAL SPRAY – 0.05% NASAL SPRAY
- APO-BISOPROLOL – 5 AND 10 MG TABLETS
- APO-BRIMONIDINE-TIMOP – 0.2/0.5 % OPHTHALMIC SOLUTION
- APO-BROMAZEPAM – 3 AND 6 MG TABLETS
- APO-BUSPIRONE TABLETS
- APO-CANDESARTAN TABLETS – 4, 8 16 AND 32 MG TABLETS
- APO-CAPTO – 12.5, 25, 50 AND 100 MG TABLETS
- APO-CARVEDILOL – 3.125, 6.25, 12.5 AND 25 MG TABLETS
- APO-CEFADROXIL – 500 MG CAPSULES
- APO-CEFADROXIL – 500 MG CAPSULES
- APO-CELECOXIB – 100 AND 200 MG CAPSULES
- APO-CEPHALEX – 250 AND 500 MG TABLETS
- APO-CHLORTHALIDONE – 50 MG TABLETS
- APO-CILAZAPRIL – 2.5 AND 5 MG TABLETS
- APO-CILAZAPRIL/HCTZ – 5 MG/12.5 MG TABLETS
- APO-CITALOPRAM – 20 AND 40 MG TABLETS
- APO-CLOBAZAM – 10 MG TABLETS
- APO-CLOMIPRAMINE – 10, 25 AND 50 MG TABLETS
- APO-CLONAZEPAM – 0.5 AND 2 MG TABLETS
- APO-CLOPIDOGREL – 75 MG TABLETS
- APO-DEXAMETHASONE – 0.5 AND 4 MG TABLETS
- APO-DICLO – 25 AND 50 MG ENTERIC COATED TABLETS
- APO-DICLO SR – 75 AND 100 MG SLOW RELEASE TABLETS
- APO-DICLOFENAC – 0.1% OPHTHALMIC SOLUTION
- APO-DILTIAZ CD CAPSULES – 120, 180, 240 AND 300 MG CONTROLLED DELIVERY CAPSULES
- APO-DIVALPROEX – 125 MG, 250 MG, 500 MG ENTERIC COATED TABLETS
- APO-DOMPERIDONE – 10 MG TABLETS
- APO-DONEPEZIL – 5 AND 10 MG TABLETS
- APO-DORZO-TIMOP – 20 MG/5 MG/ML OPHTHALMIC DROPS
- APO-DOXAZOSIN – 1 MG, 2 MG AND 4 MG TABLETS
- APO-DOXY – 100 MG TABLETS AND CAPSULES
- APO-DOXYLAMINE/B6 – 10/10 MG TABLETS
- APO-DULOXETINE – 30 AND 60 MG CAPSULES
- APO-ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- APO-ESCITALOPRAM – 10 AND 20 MG TABLETS
- APO-ESOMEPRAZOLE – 40 MG TABLETS
- APO-EZETIMIBE – 10 MG TABLETS
- APO-FAMCICLOVIR – 125, 250 AND 500 MG TABLETS
- APO-FELODIPINE – 2.5, 5 AND 10 MG TABLETS
- APO-FLECAINIDE – 50 AND 100 MG TABLETS
- APO-FLUOXETINE – 10 AND 20 MG CAPSULES
- APO-FLUTICASONE – 50 MCG NASAL SPRAY
- APO-FLUTICASONE HFA – 50 MCG, 125 AND 250 MCG METERED DOSE INHALER
- APO-FLUVOXAMINE – 50 AND 100 MG TABLETS
- APO-FOSINOPRIL – 10 AND 20 MG TABLETS
- APO-FUROSEMIDE – 20, 40 AND 80 MG TABLETS
- APO-GABAPENTIN – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- APO-GRANISETRON – 1 MG TABLET
- APO-HYDRALAZINE – 10, 25 AND 50 MG TABLETS
- APO-HYDROCHLORTHIAZIDE – 12.5, 25 AND 50 MG TABLETS
- APO-HYDROMORPHONE – 1, 2, 4 AND 8 MG TABLETS

- APO-HYDROXYQUINE – 200 MG TABLETS
- APO-HYDROXYUREA – 500 MG CAPSULES
- APO-IBUPROFEN – 600 MG TABLETS
- APO-INMIPRAMINE TABLETS – 10, 25, 50 AND 75 MG TABLETS
- APO-INDAPAMIDE – 1.25 AND 2.5 MG TABLETS
- APO-IPRAVENT – 250 MCG/ML INHALATION SOLUTION TO A MAXIMUM OF 4,400 DOSES PER BENEFIT YEAR
- APO-KETOCONAZOLE – 200 MG TABLETS
- APO-LABETALOL – 100 AND 200 MG TABLETS
- APO-LAMOTRIGINE – 25, 100 AND 150 MG TABLETS
- APO-LANSOPRAZOLE – 15 AND 30 MG TABLETS
- APO-LATANOPROST – 0.005% OPHTHALMIC SOLUTION
- APO-LETROZOLE – 2.5 MG TABLETS
- APO-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- APO-LEVOCARB TABLETS – 100/10, 100/25 AND 250/25 MG TABLETS
- APO-LEVOTHYROXINE – 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200 AND 300 MCG TABLETS
- APO-LISDEXAMFETAMINE CAPSULES – 10, 20, 30, 40, 50 AND 60 MG CAPSULES
- APO-LISINOPRIL – 5, 10 AND 20 MG TABLETS
- APO-LITHIUM CARBONATE – 150 AND 300 MG CAPSULES AND 300 MG TABLETS
- APO-LORAZEPAM – 0.5, 1 AND 2 MG TABLETS
- APO-MELOXICAM – 7.5 AND 15 MG TABLETS
- APO-METHOTREXATE – 2.5 MG TABLETS
- APO-METHYLPHENIDATE – 5, 10 AND 20 MG TABLETS AND 20 MG SUSTAINED RELEASE TABLETS
- APO-METHYLPHENIDATE ER – 18, 27, 36 AND 54 MG TABLETS
- APO-METOPROLOL – 25, 50 AND 100 MG TABLETS
- APO-METOPROLOL (TYPE L) – 50 AND 100 MG TABLETS
- APO-METRONIDAZOLE – 250 MG TABLETS
- APO-MIDODRINE – 2.5 AND 5 MG TABLETS
- APO-MIRTAZAPINE – 15, 30 AND 45 MG TABLETS
- APO-MOMETASONE – 50 MCG NASAL SPRAY
- APO-MYCOPHENOLATE – 250 MG CAPSULES AND 500 MG TABLETS
- APO-NADOLOL – 40, 80 AND 160 MG TABLETS
- APO-NALTREXONE – 50 MG TABLETS
- APO-NAPROXEN – 250, 375 AND 500 MG TABLETS
- APO-OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- APO-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- APO-OLMESARTAN – 20 AND 40 MG TABLETS
- APO-OLMESARTAN HCTZ – 20/12.5, 40/12.5 AND 40/25 MG TABLETS
- APO-OMEPRAZOLE – 20 MG CAPSULES
- APO-ONDANSETRON – 4 AND 8 MG TABLETS AND 4MG/5ML ORAL SOLUTION
- APO-OXAZEPAM – 10, 15 AND 30 MG TABLETS
- APO-OXYBUTYNIN – 5 MG TABLETS
- APO-OXYCODONE/ACET – 5 MG/325 MG TABLETS
- APO-PANTOPRAZOLE – 40 MG TABLETS
- APO-PAROXETINE – 10, 20 AND 30 MG TABLETS
- APO-PENTOXIFYLLINE SR – 400 MG EXTENDED RELEASE TABLETS
- APO-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- APO-PERINDOPRIL-INDAPAMIDE – 4/1.25 AND 8/2.5 MG TABLETS
- APO-PIROXICAM 10 AND 20 MG CAPSULES
- APO-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- APO-PRAZO – 1, 2, AND 5MG TABLETS
- APO-PREDNISONE – 5 AND 50 MG TABLETS
- APO-PREGABALIN – 25, 50, 75, 150, AND 300 MG CAPSULES

- APO-PROPAFENONE – 150 AND 300 MG TABLETS
- APO-QUETIAPINE FUMARATE – 25, 100, 200 AND 300 MG TABLETS
- APO-QUETIAPINE XR – 50, 150, 200, 300 AND 400 MG TABLETS
- APO-QUINAPRIL – 5 AND 10 MG TABLETS
- APO-QUINAPRIL/HCTZ – 10/12.5 MG, 20/12.5 MG AND 20/25 MG TABLETS
- APO-RALOXIFENE – 60 MG TABLETS
- APO-RAMIPRIL – 1.25, 2.5, 5, 10 AND 15 MG CAPSULES
- APO-RANITIDINE – 15 MG/ML ORAL SOLUTION
- APO-RANITIDINE – 300 MG TABLETS
- APO-RISEDRONATE – 35 MG TABLETS
- APO-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- APO-RIVAROXABAN – 2.5, 10, 15, AND 20MG TABLETS
- APO-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- APO-SALBUTAMOL HFA – 100 MCG/DOSE METERED DOSE INHALER TO A MAXIMUM OF 4,400 DOSES PER BENEFIT YEAR
- APO-SERTRALINE – 25 MG, 50 MG AND 100 MG CAPSULES
- APO-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- APO-SOTALOL TABLETS – 80 AND 160M G TABLETS
- APO-SUCRALFATE – 1 G TABLETS
- APO-TAMOX – 10 AND 20 MG TABLETS
- APO-TAMSULOSIN CR – 0.4 MG TABLET
- APO-TERAZOSIN – 1, 2, 5 AND 10 MG TABLETS
- APO-TERBINAFINE – 250 MG TABLETS
- APO-TETRABENAZINE – 25 MG TABLETS
- APO-TIMOP – 0.25 AND 0.5% OPHTHALMIC SOLUTION
- APO-TIOTROPIUM – 18 MCG POWDER FOR INHALATION
- APO-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- APO-TRAVOPROST-TIMOP PQ – 0.5/0.004% OPHTHALMIC SOLUTION
- APO-TRAZODONE – 50, 100 AND 150 MG TABLETS
- APO-TRIAMCINOLONE AQ – 55 MCG METERED DOSE
- APO-TRIAZIDE – 50/25 MG TABLETS
- APO-TRIMEBUTINE – 100 AND 200 MG TABLETS
- APO-VALACYCLOVIR – 500 MG TABLETS
- APO-VALPROIC – 250 MG CAPSULES
- APO-VALPROIC – 250 MG/5 ML SYRUP
- APO-VARENICLINE – 0.5 AND 1 MG CAPSULES – TO A MAXIMUM OF 165 TABLETS PER BENEFIT YEAR
- APO-VARENICLINE – 0.5 AND 1 MG STARTER KIT
- APO-VENLAFAXINE XR – 37.5, 75 AND 150 MG TABLETS
- APO-VERAP SR – 120, 180 AND 240 MG SUSTAINED RELEASE TABLETS
- APO-WARFARIN – 1, 2, 2.5, 3, 4, 5 AND 10 MG TABLETS
- APO-ZOPICLONE – 5 AND 7.5 MG TABLETS
- ARAZLO – 0.045 % TOPICAL LOTION
- ARICEPT – 5 AND 10 MG TABLETS
- ARIMIDEX TABLETS – 1 MG TABLETS
- ARIPIRAZOLE (SANIS) – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- ARIPIRAZOLE (SIVEM) – 2, 5, 10, 15, 20, AND 30MG TABLETS
- ARISTOCORT C – 0.5% CREAM
- ARISTOCORT R – 1% CREAM AND OINTMENT
- ARNUITY ELLIPTA – 100 MCG AND 200 MCG METERED DOSE INHALER
- AROMASIN – 25 MG TABLETS
- ASMANEX TWISTHALER – 200 AND 400 MCG INAHLER
- ATACAND – 4, 8, 16 AND 32 MG TABLETS
- ATACAND PLUS – 16 MG/12.5 MG TABLETS
- ATARAX – 10 MG/ 5 ML SYRUP
- ATECTURA BREEZHALER – 150/80, 150/160 AND 150/320 MCG INHALATION CAPSULE
- ATENOLOL (SANIS) – 50 AND 100 MG TABLETS
- ATENOLOL (SIVEM) – 25, 50 AND 100 MG TABLETS

- ATHENA-ONDANSETRON ODT – 4 AND 8 MG TABLETS
- ATIVAN ORAL AND SUBLINGUAL TABLETS
- ATORVASTATIN (PMS) – 10, 20 AND 40 TABLETS
- ATORVASTATIN (RIVA) – 10, 20, 40 AND 80 MG TABLETS
- ATORVASTATIN (SANIS) – 10, 20, 40 AND 80 MG TABLETS
- ATORVASTATIN (SIVEM) – 10, 20, 40 AND 80 MG TABLETS
- ATROPINE SULFATE 1% SOLUTION
- ATROVENT HFA – 20 MCG METERED DOSE INHALER TO A MAXIMUM OF 4,400 DOSES PER BENEFIT YEAR
- AUTOSOFT – 6, 9 OR 13 MM CANNULA AND 23”/60 OR 43”/110 CM TUBING INFUSION SET
- AURO-ALENDRONATE – 10 AND 70 MG TABLETS
- AURO-ALFUZOSIN – 10 MG TABLETS
- AURO-AMLODIPINE – 5 AND 10 MG TABLETS
- AURO-AMOXICILLIN – 250 AND 500 MG CAPSULES
- AURO-AMOXICILLIN – 250MG/5ML SUSPENSION
- AURO-APIXABAN – 2.5 AND 5 MG TABLETS
- AURO-ARIPIRAZOLE – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- AURO -ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- AURO-BETAHISTINE – 8, 16 AND 24 MG TABLETS
- AURO-BUSPIRONE – 10 MG TABLETS
- AURO-CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- AURO -CANDESARTAN HCT – 16/12.5 MG TABLETS
- AURO-CARVEDILOL – 3.125, 6.25, 12.5 AND 25 MG TABLETS
- AURO-CELECOXIB – 100 AND 200 MG CAPSULES
- AURO-CEPHALEXIN – 125 MG/5 ML AND 250 MG/5 ML SUSPENSION
- AURO-CEPHALEXIN – 250 AND 500 MG TABLETS
- AURO-CITALOPRAM – 20 AND 40 MG TABLETS
- AURO-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- AURO-CLOPIDOGREL – 75 MG TABLETS
- AURO-MIRTAZAPINE – 15 AND 30 MG TABLETS
- AURO-MIRTAZAPINE OD – 15, 30 AND 45 MG TABLETS
- AURO-OLANZAPINE ODT – 5, 10 AND 15 MG
- AURO-NITROFURANTOIN BID – 100MG CAPSULES
- AURO-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- AURO-OLMESARTAN – 20 AND 40 MG TABLETS
- AURO-OLMESARTAN HCTZ – 20/12.5, 40/12.5 AND 40/25 MG TABLETS
- AURO-ONDANSETRON ODT – 4 AND 8 MG TABLETS
- AURO-PANTOPRAZOLE – 40 MG TABLETS
- AURO-PAROXETINE – 10, 20 AND 30 MG TABLETS
- AURO-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- AURO-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- AURO-PREGABALIN – 25, 50, 75 AND 150 MG CAPSULES
- AURO-QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- AURO-QUINAPRIL HCTZ – 10/12.5, 20/12.5 AND 20/25 MG TABLETS
- AURO-RAMIPRIL – 1.25, 2.5, 5 AND 10 MG CAPSULES
- AURO-RISEDRONATE – 35 MG TABLETS
- AURO-ROSUVASTATIN – 10, 20 AND 40 MG TABLETS
- AURO-SERTRALINE – 25, 50 AND 100 MG CAPSULES
- AURO-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- AURO-SOLIFENACIN – 5 AND 10 MG TABLETS
- AURO-TAMSULOSIN CR – 0.4 MG TABLETS
- AURO-TELMISARTAN – 40 AND 80 MG TABLETS
- AURO-TELMISARTAN HCTZ – 80/12.5 AND 80/25 MG TABLETS
- AURO-TERBINAFIN – 250 MG TABLETS

- AURO-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- AURO-TRANDOLAPRIL – 0.5, 1, 2 AND 4 MG CAPSULES
- AURO-VALACYCLOVIR – 500 MG TABLETS
- AURO-VALGANCYCLOVIR – 450 MG TABLETS
- AURO-VALSARTAN – 40, 80, 160 AND 320 MG TABLETS
- AURO-VALSARTAN HCT – 80/12.5, 160/12.5, 160/25, 320/12.5 AND 320/25 MG TABLETS
- AURO-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- AURO-ZIPRASIDONE – 20, 40, 60 AND 80 MG CAPSULES
- AVALIDE 150/12.5 AND 300/12.5 MG TABLETS
- AVAPRO – 150 AND 300 MG TABLETS
- AVENTYL – 10 AND 25 MG CAPSULES
- AXID – 150 AND 300 MG CAPSULES
- AZARGA – 1%/0.5% OPHTHALMIC SUSPENSION
- AZOPT – 1.0% – OPHTHALMIC SUSPENSION
- BACLOFEN INJECTION (HIKMA) – 0.05 MG/ML, 0.5 MG/ML AND 2MG/ML INJECTION
- BACLOFEN (SANIS) – 10 AND 20 MG TABLETS
- BACLOFEN (SIVEM) – 10 AND 20 MG TABLETS
- BACLOFEN INTRATHECAL (STERIMAX) – 0.05, 0.5 AND 2 MG/ML INJECTION
- BACLOFEN INTRATHECAL (AVIR) – 0.5 MG/ML AND 2 MG/ML
- BENAZEPRIL (AA PHARMA) – 5, 10 AND 20 MG TABLETS
- BENZAC W10 – 10% GEL
- BETADERM – 0.05 AND 0.1% OINTMENT
- BETADERM – 0.1% CREAM
- BETADERM SCALP LOTION
- BETAHISTINE (SANIS) – 16 AND 24 MG TABLETS
- BETOPTIC S – 0.25% OPHTHALMIC SUSPENSION
- BEZALIP SR – 400 MG EXTENDED RELEASE TABLETS
- BICALUTAMIDE (SANIS) – 50 MG TABLETS
- BICNU – 100 MG POWDER FOR SOLUTION
- BIO-CELECOXIB – 100 AND 200 MG CAPSULES
- BIO-DONEPEZIL – 5 AND 10 MG TABLETS
- BIO-FLUOXETINE – 10 AND 20 MG CAPSULES
- BIO-LOSARTAN – 25, 50 AND 100 MG TABLETS
- BIO QUETIAPINE – 25 MG TABLETS
- BIONIME GE200 BLOOD GLUCOSE TEST STRIPS
- BIPAZEN – 4 MCG/ML INJECTION
- BIPHENTIN – 10, 15, 20, 30, 40, 50, 60 AND 80 MG CAPSULES
- BISOPROLOL (SANIS) – 5 AND 10 MG TABLETS
- BISOPROLOL (SIVEM) – 5 AND 10 MG TABLETS
- BRAVO BLOOD GLUCOSE TEST STRIPS
- BREO ELLIPTA – 100/25 MCG AND 200/25 MCG METERED DOSE INHALER
- BRICANYL TURBUHALER TO A MAXIMUM OF 2,200 DOSES PER BENEFIT YEAR
- BRIMONIDINE TARTRATE (HIKMA) – 0.2% OPHTHALMIC SOLUTION
- BROMOCRIPTINE (AA PHARMA) – 2.5 MG TABLETS AND 5 MG CAPSULES
- CEPHALEXIN (SANIS) – 250 AND 500 MG TABLETS
- CEPHALEXIN (SIVEM) – 500 MG TABLETS
- CERUBIDINE – 20 MG/VIAL POWDER FOR SUSPENSION
- CESAMET – 0.5 AND 1 MG CAPSULES
- CHEMSTRIPS UG
- CHLORDIAZEPOXIDE (AA PHARMA) – 5, 10 AND 25 MG TABLETS
- CHOLESTYRAMINE-ODAN – 4G ORAL POWDER
- CIMETIDINE (AA PHARMA) – 300 MG TABLETS
- CIPRODEX – 0.3/0.1% OTIC SOLUTION
- CITALOPRAM (SANIS) – 10, 20 AND 40 MG TABLETS

- CITALOPRAM (SIVEM) – 10, 20 AND 40 MG TABLETS
- CITALOPRAM (JAMP) – 10, 20 AND 40 MG TABLETS
- CLARUS – 10 AND 40 MG TABLETS
- CLASTEON – 400 MG CAPSULES
- CLICKFINE PEN NEEDLES – 31 AND 32G NEEDLES
- CLINDAMYCIN (SANIS) – 150 AND 300 MG CAPSULES
- CLINISTIX
- CLINITEST
- CLONIDINE (SIVEM) – 0.025, 0.1 AND 0.2 MG TABLETS
- CLOPIDOGREL (SANIS) – 75 MG TABLETS
- CLOPIDOGREL (SIVEM) – 75 MG TABLETS
- CLORAZEPATE (AA PHARMA) – 3.75, 7.5 AND 15 MG CAPSULES
- CLOZARIL – 25 AND 100 MG TABLETS
- COLCHICINE (ODAN) – 0.6 MG TABLETS
- COLESTID – 1 G TABLETS
- COLY-MYCIN M PARENTERAL – 75 MG/ML
- COMBIGAN – 0.2%/0.5% PER ML OPHTHALMIC SOLUTION
- COMBIVENT RESPIMAT – 20/100 MCG SOLUTION FOR INHALATION
- CONCERTA – 18, 27, 36 AND 54 MG TABLETS
- CONTOUR BLOOD GLUCOSE TEST STRIPS
- CONTOUR NEXT BLOOD GLUCOSE TEST STRIPS
- CORTEF – 10 AND 20 MG TABLETS
- CORTISONE ACETATE – 25 MG TABLETS
- CORTODERM – 0.1% OINTMENT
- COSMEGEN – 0.5 MG/VIAL INJECTION
- COSOPT OPHTHALMIC SOLUTION
- COTAZYM ESC 20 – DELAYED RELEASE CAPSULES
- COTAZYM ESC 8 – DELAYED RELEASE CAPSULES
- COVERSYL – 2, 4 AND 8 MG TABLETS
- COVERSYL PLUS – 4 MG/1.25 MG TABLETS
- COVERSYL PLUS HD – 2.5 MG/8 MG TABLETS
- COVERSYL PLUS LD – 2/0.625 MG TABLETS
- COZAAR – 25, 50 AND 100 MG TABLETS
- CREON 10 – CAPSULES
- CREON 25 – CAPSULES
- CREON 35 – CAPSULES
- CREON MINIMICROSPHERES MICRO
- CRESTOR – 10, 20 AND 40 MG TABLETS
- CTP 30 – 30 MG TABLETS
- CUPRIMINE – 250 MG CAPSULES
- CYANOCOBALAMIN (STERIMAX) – 1000 MCG/ML INJECTION
- CYANOCOBALAMIN (STRIDES PHARMA) – 1,000 MCG/ML INJECTION
- CYANOCOBALAMIN INJECTION USP (HIKMA) – 1 MG/ML INJECTION
- CYCLOGYL – 1% OPHTHALMIC SOLUTION
- CYCLOMEN – 50, 100 AND 200 MG CAPSULES
- CYKLOKAPRON – 500 MG TABLETS
- CYMBALTA – 30 AND 60 MG CAPSULES
- CYPROTERONE (AA PHARMA) – 50 MG TABLETS
- CYSTADANE POWDER FOR ORAL SOLUTION
- CYSTISTAT LIQUID – 0.8 MG/ML
- CYTARABINE (FLD) – 100 MG/ML INJECTION
- CYTOMEL – 5 MCG AND 25 MCG TABLETS
- CYTOSAR – 100 MG/5 ML POWDER FOR SOLUTION
- CYTOVENE – 500 MG POWDER FOR INJECTION
- DALACIN C CAPSULES – 300 MG

- DALACIN C FLAVORED GRANULES
- DANTRIUM – 25 MG CAPSULES
- DAPSONE – 100 MG TABLETS
- DARIO BLOOD GLUCOSE TEST STRIPS
- DARIO LANCETS
- DDAVP INJECTION
- DDAVP MELT – 60 AND 120 MCG TABLETS
- DEFEROXAMINE MESYLATE FOR INJECTION – 500 MG/VIAL POWDER FOR SOLUTION
- DELATESTYL – 1000 MG/5 ML INJECTION
- DEPAKENE – 50 MG/ML SYRUP
- DEPO-MEDROL– 40MG/ML&80MG/ML INJECTION
- DEPO-MEDROL– 40MG/ML&80MG/ML INJECTION (WITH PRESERVATIVE)
- DEPO-TESTOSTERONE INJ – 100 MG/ML INJECTION
- DERMA-SMOOTH/FS – 0.01% LIQUID
- DERMOVATE – 0.5% CREAM, OINTMENT AND SCALP LOTION
- DESFERAL – 500 MG INJECTION
- DESIPRAMINE (AA PHARMA) – 10, 25, 50, 75 AND 100 MG TABLETS
- DETROL – 1 AND 2 MG TABLETS
- DETROL LA – 2 AND 4 MG EXTENDED RELEASE CAPSULES
- DEXAMETHASONE – 0.1% OPHTHALMIC SOLUTION
- DEXAMETHASONE PHOSPHATE – 4 MG/ML INJECTION (SANDOZ)
- DEXEDRINE – 5 MG TABLETS
- DEXEDRINE SPANSULE – 10 AND 15 MG CAPSULES
- DEXTROAMPHETAMINE – 5 MG TABLETS
- DIASTIX
- DIAZEPAM (AA PHARMA) – 2, 5 AND 10 MG TABLETS
- DICETEL – 50 MG, 100 MG TABLETS
- DICLECTIN – 10/10 MG TABLETS
- DICLOFENAC (PHARMA STULLN) – 0.1% OPHTHALMIC SOLUTION
- DIHYDROERGOTAMINE MESYLATE – 1 MG/ML INJECTION
- DILANTIN – 30 AND 100 MG CAPSULES
- DILANTIN-30 SUSPENSION – 30 MG/5 ML ORAL SUSPENSION
- DILANTIN INFATABS – 50 MG CHEWABLE TABLETS
- DILAUDID – 1, 2, 4 AND 8 MG TABLETS
- DILTIAZEM CD (SANIS) – 120, 180, 240 AND 300 MG CONTROLLED DELIVERY CAPSULES
- DILTIAZEM T – 120, 180, 240, 300 AND 360 MG EXTENDED RELEASE CAPSULES
- DIOVAN – 40, 80 AND 160 MG TABLETS
- DIOVAN-HCT – 80/12.5, 160/12.5 AND 160/25 MG MG TABLETS
- DIPENTUM – 250 MG CAPSULES
- DIPROLENE – 0.05% OINTMENT
- DIPROSALIC – 0.5/30 MG OINTMENT
- DIPROSONE – 0.5% CREAM, OINTMENT AND LOTION
- DOM-BROMOCRIPTINE – 2.5 MG TABLETS
- DOM-BROMOCRIPTINE – 5 MG CAPSULES
- DOM-METOPROLOL-L – 50 MG TABLETS
- DOMPERIDONE (SANIS) – 10 MG TABLETS
- DOMPERIDONE (SIVEM) – 10 MG TABLETS
- DOM-VALPROIC ACID – 250 MG CAPSULES
- DOM-VALPROIC ACID E.C. – 500 MG CAPSULES
- DONEPEZIL (RIVA) – 5 AND 10 MG TABLETS
- DONEPEZIL (SANIS) – 5 AND 10 MG TABLETS
- DONEPEZIL (SIVEM) – 5 AND 10 MG TABLETS
- DORZOLAMIDE – 20 MG/ML OPHTHALMIC SOLUTION
- DORZOLAMIDE AND TIMOLOL EYE DROPS BP (TELIGENT) – 20 MG/5 MG/ML OPHTHALMIC SOLUTION
- DORZOLAMIDE-TIMOLOL 20MG/5MG/ML OPHTHALMIC SOLUTION (JAMP)
- DOVOBET – 0.5 MG/50 MCG TOPICAL GEL AND OINTMENT
- DOVONEX – 50 MCG/G TOPICAL OINTMENT
- DOXYCIN (LABORATORIE RIVA) – 100 MG TABLETS

- DOXYCYCLINE (SANIS) – 100 MG TABLETS AND CAPSULES
- DROPLET MICRON – 34 GAUGE PEN NEEDLES
- DROPLET PEN NEEDLE – 29, 31 AND 32 GAUGE PEN NEEDLES
- DROPLET PERSONAL LANCET
- DUAKLIR GENUAIR – 400/125 MCG POWDER FOR INHALATION
- DULOXETINE (SANIS) – 30 AND 60 MG CAPSULES
- DULOXETINE (SIVEM) – 30 AND 60 MG CAPSULES
- DUOBRII – 0.01/0.045 % TOPICAL LOTION
- DUOTRAV PQ – 0.004/0.5% OPHTHALMIC SOLUTION
- DUVOID – 10, 25 AND 50 MG TABLETS
- EDECRIN – 25 MG TABLETS
- EFFEXOR XR – 37.5, 75 AND 150 MG EXTENDED RELEASE CAPSULES
- EFUDEX – 5% CREAM
- ELAVIL (AA PHARMA) – 10, 25, 50 AND 75 MG TABLETS
- ELIQUIS 2.5 AND 5MG TABLETS
- ELMIRON – 100 MG CAPSULES
- ELOCOM – 1% CREAM, OINTMENT AND LOTION
- ELTROXIN – 50, 100, 150 AND 200 MCG TABLETS
- EMERADE – 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AND 0.5 MG/0.5 ML PRE-FILLED SYRINGES
- ENALAPRIL MALEATE/HCTZ (AA PHARMA) – 5/12.5 AND 10/25 MG TABLETS
- ENALAPRIL (SANIS) – 2.5, 5, 10 AND 20 MG TABLETS
- ENALAPRIL (SIVEM) – 2.5, 5, 10 AND 20 MG TABLETS
- ENLITE ONE PRESS SERTER
- ENSTILAR – 0.5 MG/50 MCG AEROSOL FOAM
- ENTERIC COATED ASA 650 MG (VITA HEALTH)
- ENTOCORT – 2.3 MG ENEMA
- ENTROPHEN – 975 MG ENTERIC COATED TABLETS
- EPIPEN – 0.3 MG/0.3 ML AUTO-INJECTOR
- EPIPEN JR. -- 0.15 MG/0.3 ML AUTO-INJECTOR
- EPIVAL – 125, 250 AND 500 MG TABLETS
- EPURIS – 10, 20, 30 AND 40 MG CAPSULES
- ERYTHROMYCIN (PSN) – 5 MG/G OPHTHALMIC OINTMENT
- ERYTHROMYCIN (STERI-MED) – 5 MG/G OPHTHALMIC OINTMENT
- ESCITALOPRAM (JAMP) – 10 AND 20 MG TABLETS
- ESCITALOPRAM (PMS) – 10 AND 20 MG TABLETS
- ESCITALOPRAM (SANIS) – 10 AND 20 MG TABLETS
- ESCITALOPRAM (SIVEM) – 10 AND 20 MG TABLETS
- ESOMEPRAZOLE (JAMP) – 40 MG TABLETS
- ESOMEPRAZOLE (SANIS) – 40 MG TABLETS
- ESOMEPRAZOLE (SIVEM) – 40 MG TABLETS
- ETIBI – 100 AND 400 MG TABLETS
- EURO-K 600 – 600 MG TABLETS
- EVISTA – 60 MG TABLETS
- EZETIMIBE (SANIS) – 10 MG TABLETS
- EZETIMIBE (SIVEM) – 10 MG TABLETS
- EZETROL – 10 MG TABLETS
- EZ HEALTH INSULIN PEN NEEDLES – 31 AND 32 G
- EZ HEALTH ORACLE BLOOD GLUCOSE TEST STRIPS
- EZ HEALTH STERILE LANCETS
- FAMOTIDINE (SANIS) – 20 AND 40 MG TABLETS
- FAMOTIDINE (SIVEM) – 20 AND 40 MG TABLETS
- FAMVIR – 125, 250 AND 500 MG TABLETS
- FEMARA – 2.5 MG TABLETS
- FINACEA – 15% TOPICAL GEL
- FLAGYL – 10% VAGINAL CREAM
- FLAMAZINE – 1% CREAM
- FLAREX – 0.1% OPHTHALMIC SOLUTION

- FLECAINIDE – 50 AND 100 MG TABLETS
- FLONASE – 50 MCG METERED DOSE SPRAY
- FLORINEF – 0.1 MG TABLETS
- FLOVENT DISKUS – 250 AND 500 MCG POWDER FOR INHALATION
- FLOVENT HFA – 50, 125 AND 250 MCG METERED DOSE INHALER
- FLUANXOL DEPOT – 20 MG/ML AND 100 MG/ML INJECTION
- FLUANXOL – 0.5 MG AND 3 MG TABLETS
- FLUOROURACIL (SANDOZ) – 50 MG/ML SOLUTION
- FLUOXETINE (SANIS) – 10 AND 20 MG CAPSULES
- FLUOXETINE (SIVEM) – 10 AND 20 MG CAPSULES
- FLUPHENAZINE (AA PHARMA) – 1, 2 AND 5 MG TABLETS
- FLURAZEPAM (AA PHARMA) – 15 AND 30 MG CAPSULES
- FLURBIPROFEN (AA PHARMA) – 50 AND 100 MG TABLETS
- FLUTAMIDE (AA PHARMA) – 250 MG TABLETS
- FML LIQUIFILM – 0.1% OPHTHALMIC SOLUTION
- FOQUEST – 25, 35, 45, 55, 70, 85 AND 100 MG CAPSULES
- FOSAMAX – 70 MG TABLETS
- FREESTYLE LANCETS
- FREESTYLE LITE BLOOD GLUCOSE TEST STRIPS
- FREESTYLE PRECISION BLOOD GLUCOSE STRIPS
- FREESTYLE PRECISION BLOOD KETONE TEST STRIPS
- FUCIDIN – 2% CREAM AND OINTMENT
- FUROSEMIDE (SANIS) – 20, 40 AND 80 MG TABLETS
- GABAPENTIN (ACCORD) – 100, 300 AND 400 MG CAPSULES
- GABAPENTIN (ACCORD) – 600 MG TABLETS
- GABAPENTIN (SANIS) – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- GABAPENTIN (SIVEM) – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- GALANTAMINE ER (SANIS) – 8, 16 AND 24 MG CAPSULES
- GD-LATANOPROST – 0.005% OPHTHALMIC SOLUTION
- GD-LATANOPROST/TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- GD-TRANEXAMIC ACID – 500 MG TABLETS
- GEN-CLOZAPINE – 25, 50, 100 AND 200 MG TABLETS
- GENTAMICIN – 40 MG/ML INJECTION
- GLN-ATOVAQUONE – 750 MG/5 ML ORAL SUSPENSION
- GLN-EZETIMIBE – 10 MG TABLETS
- GLN-GABAPENTIN – 600 MG TABLETS
- GLN-OLMESARTAN – 20 AND 40 MG TABLETS
- GLN-OLMESARTAN HCTZ – 20 MG/12.5 MG, 40 MG/12.5 MG AND 40 MG/25 MG TABLETS
- HALYCIL – 50 MG TABLETS
- HALOPERIDOL LA (SANDOZ) – 100 MG/ML INJECTION
- HALOPERIDOL (OMEGA, SANDOZ) – 5 MG/ML SOLUTION
- HEPARIN LEO – 100 AND 1000 U/ML INJECTION
- HEPARIN SODIUM (FRESENIUS) – 10,000 U/ML INJECTION
- HEPARIN SODIUM (PFIZER) – 10,000 U/ML INJECTION
- HEPARIN SODIUM (SANDOZ) – 10,000 U/ML INJECTION
- HYDERM 1%
- HYDRALAZINE (SANIS) – 10, 25 AND 50 MG TABLETS
- HYDREA – 500 MG CAPSULES
- HYDROCHLOROTHIAZIDE (SANIS) – 25 AND 50 MG TABLETS
- HYDROMORPH CONTIN – 3, 4.5, 6, 9, 12, 18, 24 AND 30 MG CONTROLLED RELEASE CAPSULES
- HYDROMORPHONE HYDROCHLORIDE (BOEHRINGER INGELHEIM)
- HYDROMORPHONE HCL (SANDOZ) – 2 MG/ML SOLUTION FOR INJECTION
- HYDROMORPHONE HCL HP 50 (STERIMAX) – 50 MG/ML SOLUTION FOR INJECTION
- HYDROMORPHONE HP 10 (SANDOZ) – 10 ML/MG SOLUTION FOR INJECTION
- HYDROVAL – 0.2% CREAM AND OINTMENT
- HYDROXYCHLOROQUINE (SANIS) – 200 MG TABLETS

- HYDROXYZINE (AA PHARMA) – 10, 25 AND 50 MG TABLETS
- HYZAAR – 50/12.5 AND 100/12.5 MG TABLETS
- HYZAAR DS – 100 MG/25 MG TABLETS
- IMOVANE – 7.5 MG TABLETS
- IMURAN – 50 MG TABLETS
- INCRUSE ELLIPTA – 62.5 MCG POWDER FOR INHALATION
- INHIBACE – 5 MG TABLETS
- INHIBACE PLUS – 5 MG/12.5 MG – TABLETS
- INSPIOLTO RESPIMAT – 2.5/2.5 MCG POWDER FOR INHALATION
- INSPIRACHAMBER
- INSUPEN NEEDLES
- IOPIDINE – 0.5% OPHTHALMIC SOLUTION
- IPRATROPIUM BROMIDE AND SALBUTAMOL SULPHATE – 0.5 MG/2.5 ML SOLUTION FOR INHALATION
- IPRAVENT (AA PHARMA) – 0.06% NASAL SPRAY
- IRBESARTAN (SANIS) – 75, 150 AND 300 MG TABLETS
- IRBESARTAN (SIVEM) – 75, 150 AND 300 MG TABLETS
- IRBESARTAN HCT (SIVEM) – 150/12.5, 300/12.5 AND 300/25 MG TABLETS
- IRBESARTAN/HCTZ (SANIS) – 150/12.5, 300/12.5 AND 300/25 MG TABLETS
- ISDN (AA PHARMA) – 10 AND 30 MG TABLETS
- ISOPTIN-SR – 120, 180, 240 AND MG TABLET
- ISOPTO CARPINE – 2 % OPHTHALMIC SOLUTION
- IZBA – 0.003% OPHTHALMIC SOLUTION
- JAMP-ALENDRONATE – 70 MG TABLETS
- JAMP-ALENDRONATE SODIUM – 70 MG TABLETS
- JAMP AMIODARONE 200MG TABLET
- JAMP-AMITRIPTYLINE – 10, 25, 50 AND 75 MG
- JAMP-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- JAMP-AMOXICILLIN – 250 AND 500 MG CAPSULES
- JAMP-AMOXICILLIN - 125MG/5ML ORAL SUSPENSION
- JAMP-AMOXICILLIN - 250MG/5ML ORAL SUSPENSION
- JAMP-ANASTROZOLE – 1 MG TABLETS
- JAMP APIXABAN – 2.5 AND 5 MG TABLETS
- JAMP-ATENOLOL – 25, 50 AND 100 MG TABLETS
- JAMP-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- JAMP-ATORVASTATIN CALCIUM – 10, 20, 40 AND 80 MG TABLETS
- JAMP-BEZAFIBRATE SR – 400 MG TABLETS
- JAMP-BICALUTAMIDE – 50 MG TABLETS
- JAMP BISOPROLOL – 5 AND 10 MG TABLETS
- JAMP BRIMONIDINE 0.2% OPHTHALMIC SOLUTION
- JAMP-BRIMONIDINE/TIMOLOL– 0.2%/0.5% OPHTHALMIC SOLUTION
- JAMP BUSPIRONE – 10 MG TABLETS
- JAMP CALCIUM POLYSTYRENE SULFONATE – 999 MG/G POWDER FOR SUSPENSION
- JAMP-CANDESARTAN – 8, 16 AND 32 MG TABLETS
- JAMP-CANDESARTAN-HCT – 16/12.5 AND 32/12.5 MG TABLETS
- JAMP-CARVEDILOL – 3.125, 6.25, 12.5 AND 25 MG TABLETS
- JAMP CEFADROXIL – 500 MG CAPSULES
- JAMP-CELECOXIB – 100 AND 200 MG CAPSULES
- JAMP CEPHALEXIN – 250 AND 500 MG TABLETS
- JAMP CEPHALEXIN SUSPENSION – 125 MG/5 ML AND 250 MG/5 ML POWDER FOR SUSPENSION
- JAMP CHLORTHALIDONE – 50 MG TABLETS
- JAMP-CHOLESTYRAMINE – 4 G/DOSE ORAL POWDER
- JAMP CLONIDINE – 0.025 MG TABLETS
- JAMP-CLOPIDOGREL – 75 MG TABLETS
- JAMP CLOXACILLIN – 250 AND 500 MG CAPSULES

- JAMP-COLCHICINE – 0.6 MG TABLETS
- JAMP DICLOFENAC – 0.1% OPHTHALMIC SOLUTION
- JAMP DIGOXIN – 0.0625 AND 0.125 MG TABLETS
- JAMP DILTIAZEM CD – 120, 180, 240 AND 300 MG CONTROLLED DELIVERY CAPSULES
- JAMP DILTIAZEM T – 120, 180, 240, 300 AND 360 MG TABLETS
- JAMP-DOMPERIDONE – 10 MG TABLETS
- JAMP-DONEPEZIL – 5 AND 10 MG TABLETS
- JAMP-DORZOLAMIDE – 2% OPHTHALMIC SOLUTION
- JAMP-DORZOLAMIDE -TIMOLOL – 20 MG/5 MG/ML OPHTHALMIC SOLUTION
- JAMP-DOXAZOSIN – 1, 2 AND 4 MG TABLETS
- JAMP DOXYCYCLINE CAPSULES– 100 MG CAPSULES
- JAMP-DULOXETINE – 30 AND 60 MG CAPSULES
- JAMP ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- JAMP-ESCITALOPRAM – 10 AND 20 MG TABLETS
- JAMP-EZETIMIBE – 10 MG TABLETS
- JAMP FAMOTIDINE – 20 AND 40 MG TABLETS
- JAMP FLECAINIDE – 50 AND 100 MG TABLETS
- JAMP FLUOXETINE – 10 AND 20 MG CAPSULES AND 20 MG/5 ML ORAL SOLUTION
- JAMP-GABAPENTIN – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- JAMP GRANISETRON – 1 MG TABLETS
- JAMP-HYDRALAZINE – 10, 25 AND 50 MG TABLETS
- JAMP-HYDROCORTISONE – 1% CREAM
- JAMP-HYDROXYCHLOROQUINE – 200 MG TABLETS
- JAMP IMIPRAMINE – 10, 25, 50 AND 75 MG TABLETS
- JAMP IPRATROPIUM HFA – 20 MCG METERED DOSE INHALER
- JAMP IRBESARTAN – 75, 150 AND 300 MG TABLETS
- JAMP-K EFFERVESCENT – 25 MEQ TABLETS
- JAMP-K8 – 600 MG TABLETS
- JAMP-K20 – 1500 MG TABLETS
- JAMP LAMOTRIGINE – 25, 100 AND 150 MG TABLETS
- JAMP-LATANOPROST – 50 MCG/ML OPHTHALMIC SOLUTION
- JAMP-LATANOPROST/TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- JAMP-LETROZOLE – 2.5 MG TABLETS
- JAMP LETROZOLE TABLETS – 2.5 MG TABLETS
- JAMP LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- JAMP LEVOCARB – 100/10, 100/25 AND 250/25 MG TABLETS
- JAMP LEUCOVORIN – 5 MG TABLETS
- JAMP-LOSARTAN – 25, 50 AND 100 MG TABLETS
- JAMP LURASIDONE – 20, 40, 60, 80 AND 120 MG TABLETS
- JAMP METHADONE – 10 MG/ML ORAL SOLUTION
- JAMP METHIMAZOLE – 5 MG TABLETS
- JAMP-METOPROLOL-L – 25, 50 AND 100 MG TABLETS
- JAMP MIDODRINE – 2.5 AND 5 MG TABLETS
- JAMP-MYCOPHENOLATE – 250 MG CAPSULES AND 500 MG TABLETS
- JAMP NITROFURANTOIN – 50 MG AND 100 MG CAPSULES
- JAMP-NYSTATIN – 100,000 U/ML ORAL SUSPENSION
- JAMP-OLANZAPINE FC – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- JAMP-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- JAMP-OLMESARTAN – 20 AND 40 MG TABLETS
- JAMP-OMEPRazole DR – 20 MG TABLETS
- JAMP-ONDANSETRON – 4 AND 8 MG TABLETS AND 4 MG/5 ML ORAL SOLUTION
- JAMP-ONDANSETRON ODF – 4 AND 8 MG FILM

- JAMP-PANTOPRAZOLE – 40 MG TABLETS
- JAMP-PAROXETINE – 10, 20 AND 30 MG TABLETS
- JAMP PENTOXIFYLLINE SR – 400 MG EXTENDED RELEASE TABLETS
- JAMP PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- JAMP PERINDOPRIL ERBUMINE – 2, 4 AND 8 MG TABLETS
- JAMP-POTASSIUM CHLORIDE – 20 MEQ ORAL LIQUID
- JAMP-POTASSIUM CHLORIDE ER – 600 MG CAPSULES
- JAMP-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- JAMP-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- JAMP-PYRIDOSTIGMINE BROMIDE – 60 MG TABLETS
- JAMP-QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- JAMP QUETIAPINE FUMARATE – 25, 100, 200 AND 300 MG TABLETS
- JAMP-QUINAPRIL 10, 20 AND 40 MG TABLETS
- JAMP QUINAPRIL/HYDROCHLOROTHIAZIDE – 10/12.5 AND 20/25 MG TABLETS
- JAMP-QUININE – 200 AND 300 MG CAPSULES
- JAMP RABEPRAZOLE – 10 AND 20 MG TABLETS
- JAMP RALOXIFENE – 60 MG TABLETS
- JAMP-RAMIPRIL – 2.5, 5 AND 10 MG TABLETS
- JAMP-RANITIDINE – 150 AND 300 MG TABLETS
- JAMP-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- JAMP-RISPERIDONE – 1 MG/ML ORAL SOLUTION
- JAMP-RIVAROXABAN – 10, 15 AND 20 MG TABLETS
- JAMP ROSUVASTATIN CALCIUM – 5, 10, 20 AND 40 MG TABLETS
- JAMP-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- JAMP-SODIUM PHOSPHATE – 500 MG TABLETS
- JAMP SODIUM POLYSTYRENE SULFONATE– 1 G/G ORAL POWDER
- JAMP SOLIFENACIN SUCCINATE – 5 AND 10 MG
- JAMP-SOTALOL – 80 AND 160 MG TABLETS
- JAMP-SPIRONOLACTONE – 25 AND 100 MG TABLETS
- JAMP TAMSULOSIN SR – 0.4 MG CAPSULES
- JAMP TELMISARTAN – 40 AND 80 MG TABLETS
- JAMP TELMISARTAN-HCT – 80/12.5 AND 80/25 MG TABLET
- JAMP TEMOZOLOMIDE – 5, 20, 100, 140 AND 250 MG CAPSULES
- JAMP-TIMOLOL – 0.5% OPHTHALMIC SOLUTION
- JAMP TOLTERODINE – 1 AND 2 MG TABLETS
- JAMP-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- JAMP TRAZODONE – 50, 100 AND 150 MG TABLETS
- JAMP-URSODIOL – 250 AND 500 MG TABLETS
- JAMP-VALACYCLOVIR – 500 MG TABLETS
- JAMP-VALPROIC ACID – 250MG/ML ORAL SOLUTION
- JAMP-ZOPICLONE – 3.75, 5 AND 7.5 MG TABLETS
- KADIAN – 10, 20, 50 AND 100 MG SUSTAINED RELEASE CAPSULES
- KAYEXALATE – 1 G POWDER FOR SUSPENSION
- KENALOG-10 – 10 MG/ML INJECTABLE SUSPENSION
- KETODIASTIX
- KETOPROFEN-E (AA PHARMA) – 50 AND 100 MG TABLETS
- KETOPROFEN SR (AA PHARMA) – 200 MG TABLETS
- KETOROLAC (AA PHARMA) – 0.5% OPHTHALMIC SOLUTION
- KETOROLAC TROMETHAMINE (SANDOZ) – 30 MG/ML INJECTION
- KETOROLAC TROMETHAMINE INJECTION USP (JAMP) – 30 MG/ML INJECTION
- KETOROLAC TROMETHAMINE (JUNO) – 30 MG/ML INJECTION
- KETOSTIX

- K-CITRA 10 TABLETS (SEAFORD PHARMACEUTICALS)
- K-LYTE ORANGE – 25 MEQ
- KEPRA – 250, 500 AND 750 MG TABLETS
- KYE-ESCITALOPRAM – 15 MG TABLETS
- LAMICTAL – 5 MG CHEWABLE TABLETS AND 25, 100 AND 150 MG TABLETS
- LAMISIL – 250 MG TABLETS
- LAMOTRIGINE (SANIS) – 25, 100 AND 150 MG TABLETS
- LAMOTRIGINE (SIVEM) – 25, 100 AND 150 MG TABLETS
- LANSOPRAZOLE (PHARMASCIENCE) – 15 MG CAPSULES
- LANSOPRAZOLE (SANIS) – 15 AND 30 MG CAPSULES
- LANSOPRAZOLE (SIVEM) – 30 MG CAPSULES
- LANVIS – 40 MG TABLETS
- LASIX – 10 MG/ML ORAL SOLUTION
- LATANOPROST – 0.005% OPHTHALMIC SOLUTION
- LATANOPROST AND TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- LATUDA – 20, 40, 60, 80 AND 120 MG TABLETS
- LEDERLE LEUCOVORIN – 5 MG TABLETS
- LETROZOLE (SANIS) – 2.5 MG TABLETS
- LETROZOLE (SIVEM) – 2.5 MG TABLETS
- LEUKERAN – 2 MG TABLETS
- LEVETIRACETAM (ACCORD) – 250, 500 AND 750 MG TABLETS
- LEVETIRACETAM (PMS) – 250, 500 AND 750 MG TABLETS
- LEVETIRACETAM (SANIS) – 250, 500 AND 750 MG TABLETS
- LEVETIRACETAM (SIVEM) – 250, 500 AND 750 MG TABLETS
- LIDEMOL – 0.05% CREAM
- LIORESAL INTRATHECAL 0.05MG/ML – 0.05 MG/ML INJECTION
- LIPIDIL EZ – 48 AND 145 MG TABLETS
- LIPIDIL SUPRA – 160 MG FILM-COATED TABLETS
- LIPITOR – 10, 20, 40 AND 80 MG TABLETS
- LISINAPRIL/HCTZ (SANIS) – 10/12.5, 20/12.5 AND 20/25 MG TABLETS
- LITHANE – 150 AND 300 MG CAPSULES
- LITHMAX SR – 300 MG TABLETS
- LOCACORTEN
- LOCACORTEN VIOFORM – 3%/0.2% CREAM, OINTMENT AND EARDROPS
- LODALIS – 3.75 G POWDER FOR SUSPENSION
- LODALIS – 625 MG TABLET
- LONITEN – 2.5 AND 10 MG TABLETS
- LORAZEPAM (AA PHARMA) – 0.5, 1 AND 2 MG SUBLINGUAL TABLETS
- LOSARTAN (SANIS) – 25, 50 AND 100 MG TABLETS
- LOSARTAN (SIVEM) – 25, 50 AND 100 MG TABLETS
- LOSARTAN HCT (SIVEM) – 50/12.5, 100/12.5 AND 100/25 MG TABLETS
- LOSARTAN/HCTZ (SANIS) – 50/12.5 MG, 100 MG/12.5 MG AND 100/25 MG TABLETS
- LOSEC – 20 MG CAPSULES
- LOVASTATIN (AA PHARMA) – 20 AND 40 MG TABLETS
- LUMIGAN RC – 0.01% OPHTHALMIC SOLUTION
- LUPIN-CEPHALEXIN – 125 MG/5 ML AND 250 MG/5 ML POWDER FOR SUSPENSION
- LUPIN-TIOTROPIUM – 18 MCG POWDER FOR INHALATION
- LURASIDONE (SANIS) – 20, 40, 60 AND 80 MG TABLETS
- LUPRON DEPOT – 3.75, 7.5, 11.25, 22.5 AND 30 MG PREFILLED SYRINGE
- LUVOX – 50 AND 100 MG TABLETS
- LYDERM – 0.05% OINTMENT, 0.05% GEL, 0.05% CREAM
- LYRICA – 25, 50, 75, 150 AND 300 MG CAPSULES

- LYSODREN – 500 MG TABLETS
- MANERIX – 150 AND 300 MG TABLETS
- MAR-ALLOPURINOL – 100, 200 AND 300 MG TABLETS
- MAR-AMITRIPTYLINE – 10, 25, 50 AND 75 MG TABLETS
- MAR-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- MAR-ANASTROZOLE – 1 MG TABLETS
- MAR-APIXABAN – 2.5 AND 5 MG TABLETS
- MAR-ATENOLOL – 25, 50 AND 100 MG TABLETS
- MAR-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- MAR-CELECOXIB – 100 AND 200 MG CAPSULES
- MAR-CITALOPRAM – 10, 20 AND 40 MG TABLETS
- MAR-CLONIDINE – 0.025 MG TABLETS
- MAR-CLOPIDOGREL – 75 MG TABLETS
- MAR-DAPSONE – 100 MG TABLETS
- MAR-DILTIAZEM CD – 120, 180, 240 AND 300 MG CAPSULES
- MAR-DILTIAZEM T – 120, 180, 240, 300 AND 360 MG TABLETS
- MAR-DOMPERIDONE – 10 MG TABLETS
- MAR-DONEPEZIL – 5 AND 10 MG TABLETS
- MAR-DULOXETINE – 30 AND 60 MG CAPSULES
- MAR-ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- MAR-ESCITALOPRAM – 10 AND 20 MG TABLETS
- MAR-ETHOSUXIMIDE – 250 MG CAPSULES
- MAR-EZETIMIBE – 10 MG TABLETS
- MAR-FLUOXETINE – 10 AND 20 MG CAPSULES
- MAR-LETROZOLE – 2.5 MG TABLETS
- MAR-METHIMAZOLE – 5 MG TABLETS
- MAR-METOCLOPRAMIDE – 5 MG TABLETS
- MAR-MIDODRINE – 2.5 AND 5 MG TABLETS
- MAR-ONDANSETRON – 4 AND 8 MG TABLETS
- MAR-ONDANSETRON ODT – 4 AND 8 MG TABLETS
- MAR-PANTOPRAZOLE – 40 MG TABLETS
- MAR-PAROXETINE – 10, 20 AND 30 MG TABLETS
- MAR-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- MAR-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- MAR-PREGABALIN – 25, 50, 75 AND 150 MG CAPSULES
- MAR-RAMIPRIL – 2.5, 5, 10 AND 15 MG CAPSULES
- MAR-RANITIDINE – 150 AND 300 MG TABLETS
- MAR-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- MAR-ROSUVASTATIN – 5, 10, 20, AND 40 MG TABLETS
- MAR-SERTRALINE – 25, 50 AND 100 MG TABLETS
- MAR-SIMVASTATIN – 10, 20 AND 40 MG TABLETS
- MAR-TRANEXAMIC ACID – 500 MG TABLETS
- MAR-ZOPICLONE – 5 AND 7.5 MG TABLETS
- MATULANE – 50 MG CAPSULES
- MAVIK – 0.5, 1, 2 AND 4 MG CAPSULES
- MAXIDEX – 0.1% OPHTHALMIC SOLUTION AND OPHTHALMIC OINTMENT
- MAXITROL OPHTHALMIC SUSPENSION AND OPHTHALMIC OINTMENT
- MED-BRIMONIDINE – 0.2% OPHTHALMIC SOLUTION
- MED-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- MED-DORZOLAMIDE-TIMOLOL – 20 MG/5 MG/ML OPHTHALMIC SOLUTION
- MEDISURE LANCETS
- MED-CYPROTERONE – 50 MG TABLETS

- MED-DORZOLAMIDE – 2% OPHTHALMIC SOLUTION
- MED-LATANOPROST – 50 MCG/ML
- MED-LATANOPROST-TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- MEDROL – 4 AND 16 MG TABLETS
- MEGESTROL (AA PHARMA) – 40 AND 160 MG TABLETS
- MELOXICAM (SANIS) – 7.5 AND 15 MG TABLETS
- MEPRON – 750 MG/5 ML SUSPENSION
- MERCAPTOPURINE – 50 MG TABLETS
- M-ESLON – 10, 15, 30, 60, 100, AND 200 MG CAPSULES
- MESTINON – 60 MG TABLETS
- MESTINON SR – 180 MG EXTENDED RELEASE TABLETS
- METFORMIN (SANIS) – 500 AND 850 MG TABLETS
- METFORMIN (SIVEM) – 500 AND 850 MG TABLETS
- METHAZOLAMIDE (AA PHARMA) – 50 MG TABLETS
- METHOPRAZINE (AA PHARMA) – 2, 5, 25 AND 50 MG TABLETS
- METHOTREXATE – 10 MG TABLETS
- METHOTREXATE (ACCORD) WITH PRESERVATIVES – 25 MG/ML INJECTION
- METHOTREXATE – 10 MG TABLETS
- METHOTREXATE INJECTION (PFIZER)
- METHOTREXATE INJECTION (PMS)
- METHOTREXATE PRESERVATIVE FREE (TEVA) – 25 MG/ML INJECTION
- METHOTREXATE SUBCUTANEOUS (ACCORD) – 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, AND 25MG/0.5ML INJECTION
- METHYLDOPA (AA PHARMA) – 125, 250 AND 500 MG TABLETS
- METOJECT – 7.5/0.15, 10/0.2, 12.5/0.25, 15/0.3, 17.5/0.35, 20/0.4, 22.5/0.45 AND 25/0.5 MG/ML SUBCUTANEOUS INJECTION
- METOPROLOL (SANIS) – 50 AND 100 MG TABLETS
- METOPROLOL-L (SIVEM) – 50 AND 100 MG TABLETS
- METROGEL – 1% GEL
- METRONIDAZOLE (JAMP) – 500 MG CAPSULES
- METRONIDAZOLE (SANIS) – 500 MG CAPSULES
- MEZAVANT – 1.2 G TABLETS
- MEZERA – 500 MG AND 1 G TABLETS
- MEZERA – 1 G/ACTUATION FOAM ENEMA AND 1 G SUPPOSITORIES
- MICARDIS – 40 MG, 80 MG TABLETS
- MICARDIS PLUS – 80 MG/12.5 MG TABLETS
- MIDAMOR (AA PHARMA) – 5 MG TABLETS
- MIDODRINE – 2.5 AND 5MG TABLETS
- MIGRANAL NASAL SPRAY TO A MAXIMUM OF 312 AMPOULES PER BENEFIT YEAR
- MINIMED MIO – 6, 9 OR 13 MM CANNULA AND 18", 23", 32" OR 43" TUBING INFUSION SET
- MINIMED MIO ADVANCE – 6 OR 9 MM CANNULA AND 23" OR 43" TUBING INFUSION SET
- MINIMED QUICK-SERTER
- MINIMED QUICK-SET – 6 OR 9 MM CANNULA AND 18", 23", 32" OR 43" TUBING INFUSION SET
- MINIMED SILHOUETTE – 13 OR 17 MM CANNULA INFUSION SET
- MINIMED SILHOUETTE – 13, 17 OR 37 MM CANNULA AND 18", 23", 32" OR 43" TUBING INFUSION SET
- MINIMED SURE-T – 6 OR 8 MM CANNULA AND 18", 23" OR 32" TUBING INFUSION SET
- MINT-ACITRETIN – 10 AND 25 MG CAPSULES
- MINT-ACYCLOVIR – 200, 400 AND 800 MG TABLETS
- MINT-ALENDRONATE – 10 AND 70 MG TABLETS
- MINT-AMLODIPINE – 5 AND 10 MG TABLETS
- MINT-ANASTROZOLE – 1 MG TABLETS
- MINT-APIXABAN – 2.5 AND 5MG TABLETS
- MINT-ARIPIPIRAZOLE – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- MINT-ATENOL – 25, 50 AND 100 MG TABLETS
- MINT-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS

- MINT-BETAHISTINE – 8, 16 AND 24 MG TABLETS
- MINT-BISOPROLOL – 5 AND 10 MG TABLETS
- MINT-BUSPIRONE – 10 MG TABLETS
- MINT-CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- MINT-CAPECITABINE – 500 MG TABLETS
- MINT-CARBAMAZEPINE – 200 MG TABLETS
- MINT-CELECOXIB – 100 AND 200 MG CAPSULES
- MINT-CITALOPRAM – 10, 20 AND 40 MG TABLETS
- MINT-CLONIDINE – 0.025, 0.1, AND 0.2 MG TABLETS
- MINT-CLOPIDOGREL 75MG TABLETS
- MINT-DICLOFENAC – 0.1% OPHTHALMIC SOLUTION
- MINT-DONEPEZIL – 5 AND 10 MG TABLETS
- MINT-DULOXETINE – 30 AND 60 MG CAPSULES
- MINT-ENTACAPONE – 200 MG TABLETS
- MINT-ESCITALOPRAM – 10 AND 20 MG TABLETS
- MINT-EZETIMIBE – 10 MG TABLETS
- MINT-FLUOXETINE – 10 AND 20 MG CAPSULES
- MINT-FAMOTIDINE – 20 AND 40 MG TABLETS
- MINT-FUROSEMIDE – 20, 40 AND 80 MG TABLETS
- MINT-GABAPENTIN – 100, 300, AND 400MG CAPSULES
- MINT-HYDRALAZINE – 10, 25 AND 50 MG TABLETS
- MINT-HYDROCHLOROTHIAZIDE – 12.5 AND 25 MG TABLETS
- MINT-HYDROXYCHLOROQUINE – 200 MG TABLETS
- MINT-INDOMETHACIN – 25 AND 50 MG CAPSULES
- MINT-IRBESARTAN – 75, 150 AND 300 MG TABLETS
- MINT-LEUCOVORIN – 5 MG TABLETS
- MINT-LETROZOLE – 2.5 MG TABLETS
- MINT-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- MINT-LEVOCARB – 100MG/25 MG TABLETS
- MINT-LOSARTAN – 25, 50 AND 100 MG TABLETS
- MINT-LOSARTAN/HCTZ – 50/12.5, 100/12.5, 100/25 MG TABLETS
- MINT-METRONIDAZOLE – 250 MG TABLETS
- MINT-MEXILETINE – 100 AND 200 MG CAPSULES
- MINT-NADOLOL – 40 AND 80 MG TABLETS
- MINT-OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- MINT-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- MINT-ONDANSETRON – 4 AND 8 MG TABLETS
- MINT-ONDANSETRON ODT – 4 AND 8 MG TABLETS
- MINT-ONDANSETRON SOLUTION – 4 MG/5 ML ORAL SOLUTION
- MINT-PANTOPRAZOLE – 40 MG TABLETS
- MINT-PAROXETINE – 10, 20 AND 30 MG TABLETS
- MINT-PERINDOPRIL – 4 AND 8 MG TABLETS
- MINT-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- MINT-PREGABALIN – 25, 50, 75 AND 150 MG CAPSULES
- MINT-QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- MINT-QUETIAPINE XR – 50, 150, 200, 300 AND 400 MG TABLETS
- MINT-RAMIPRIL – 2.5, 5, 10 AND 15 MG TABLETS
- MINT-RANITIDINE – 150 AND 300 MG TABLETS
- MINT-RISPERIDON – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- MINT-ROSUVASTATIN – 5, 10, 20, AND 40 MG TABLETS
- MINT-SERTRALINE – 25, 50 AND 100 MG CAPSULES
- MINT-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS

- MINT-SPIRONOLACTONE – 25 AND 100 MG TABLETS
- MINT-TELMISARTAN – 40 AND 80 MG TABLETS
- MINT-TOLTERODINE – 1 AND 2 MG TABLETS
- MINT-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- MINT-TRIMEBUTINE – 100 AND 200 MG TABLETS
- MINT-VALGANCICLOVIR – 450 MG TABLETS
- MINT-VARENICLINE – 0.5 AND 1 MG TABLETS
- MINT-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- MINT-ZOPICLONE – 5 AND 7.5 MG TABLETS
- MIOSTAT – 0.01% OPHTHALMIC SOLUTION
- MIRTAZAPINE (SANIS) – 15 AND 30 MG TABLETS
- MIRTAZAPINE (SIVEM) – 15 AND 45 MG TABLETS
- MISOPROSTOL (AA PHARMA) – 200 MCG TABLETS
- MOCLOBEMIDE (AA PHARMA) – 100, 150 AND 300 MG TABLETS
- MOGADON – 5 AND 10 MG TABLETS
- MOMETASONE (SANIS) – 50 MCG NASAL SPRAY
- MONTMED 31 AND 32 G PEN NEEDLES
- MONTMED 31 G SYRINGES
- MONTMÉD MONTKIDDY PEN NEEDLES – 32 G
- MORPHINE HP – 50 MG/ML SOLUTION
- MORPHINE SULFATE INJECTION
- MORPHINE SULFATE TABLETS (BOEHRINGER INGELHEIM)
- M-ALENDRONATE 70MG TABLETS
- M-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- M-APIXABAN – 2.5, AND 5 MG TABLETS
- M-ATORVASTATIN – 10, 20, 40 AND 80 MG, TABLETS
- M-BETAHISTINE – 8, 16 AND 24 MG TABLETS
- M-CELECOXIB – 100 AND 200 MG CAPSULES
- M-CITALOPRAM – 10,20, AND 40 MG TABLETS
- M-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- M-CLOPIDOGREL – 75 MG TABLETS
- M-DILTIAZEM CD – 120, 180, 240 AND 300 MG CONTROLLED DELIVERY CAPSULES
- M-DILTIAZEM T – 120, 180, 240, 300 AND 360 MG EXTENDED RELEASE CAPSULES
- M-DONEPEZIL – 5 AND 10 MG TABLETS
- M-DORZOLAMIDE-TIMOLOL 20MG/5MG/ML OPHTHALMIC SOLUTION
- M-DOXYCYCLINE – 100 MG TABLETS
- M-DULOXETINE – 30 AND 60 MG CAPSULES
- M-ESCITALOPRAM – 10 AND 20 MG TABLETS
- M-ESOMEPRAZOLE – 40 MG TABLETS
- M-EZETIMIBE – 10 MG TABLETS
- M-FLUOXETINE – 10 AND 20 MG CAPSULES
- M-IRBESARTAN – 75, 150 AND 300 MG TABLETS
- M-K 8 L.A. – 600 MG TABLETS
- M-K 20 L.A.– 1500 MG TABLETS
- M-LATANOPROST – 0.005 % OPHTHALMIC SOLUTION
- M-LATANOPROST/TIMOLOL – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- M-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- M-METHOTREXATE – 2.5 MG TABLETS
- M-METRONIDAZOLE – 500 MG CAPSULES
- M-PANTOPRAZOLE – 40 MG TABLETS
- M-PAROXETINE – 10, 20 AND 30 MG TABLETS
- M-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- M-PRAVASTATIN – 10, 20 AND 40 MG TABLETS

- M-PREGABALIN – 25, 50, 75,150 AND 300 MG CAPSULES
- M-QUETIAPINE FUMARATE XR – 50, 150, 200,300 AND 400MG EXTENDED RELEASE TABLETS
- M-RIVAROXABAN – 2.5, 10, 15 AND 20 MG TABLETS
- M-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- M-SERTRALINE– 25, 50 AND 100 MG CAPSULES
- M-SOLIFENACIN SUCCINATE – 5, AND 10 MG TABLETS
- M-VALSARTAN – 40, 80 AND 160 MG TABLETS
- M-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- M-ZOPICLONE – 5 AND 7.5 MG TABLETS
- MPD LANCETS
- MS CONTIN – 15, 30, 60 100 AND 200 MG TABLETS
- MS-IR – 5, 10, 20 AND 30 MG TABLETS
- MYCOBUTIN – 150 MG CAPSULES
- MYCOPHENOLATE (SANIS) – 250 MG CAPSULES AND 500 MG TABLETS
- MYDRIACYL – 0.5% OPHTHALMIC SOLUTION
- MYLAN-ACYCLOVIR – 200, 400 AND 800 MG TABLETS
- MYLAN-AMLODIPINE – 5 AND 10 MG TABLETS
- MYLAN-ATORVASTATIN – 10, 20, 40 AND 80 MG, TABLETS
- MYLAN-BACLOFEN – 10 AND 20 MG TABLETS
- MYLAN-BECLO AQ NASAL SPRAY
- MYLAN-BUDESONIDE AQ – 64 AND 100 MCG NASAL SPRAY
- MYLAN-CILAZAPRIL – 1, 2.5 AND 5 MG TABLETS
- MYLAN-CLOBETASOL CREAM AND OINTMENT
- MYLAN-CLOBETASOL SCALP APPLICATION
- MYLAN-DIVALPROEX – 125, 250 AND 500 MG TABLETS
- MYLAN-ESCITALOPRAM – 10 AND 20 MG TABLETS
- MYLAN-GALANTAMINE ER – 8, 16 AND 24 MG CAPSULES
- MYLAN-HYDROXYUREA – 500 MG CAPSULES
- MYLAN-INDAPAMIDE – 1.25 AND 2.5 MG TABLETS
- MYLAN-LAMOTRIGINE – 25 AND 150 MG TABLETS
- MYLAN-LANSOPRAZOLE – 15 AND 30 MG TABLETS
- MYLAN-MIRTAZAPINE – 30 MG TABLETS
- MYLAN-NIFEDIPINE EXTENDED RELEASE – 30 AND 60 MG TABLETS
- MYLAN-NITRO PATCH – 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR AND 0.8 MG/HR TRANSDERMAL PATCHES
- MYLAN-ONDANSETRON – 4 AND 8 MG TABLETS
- MYLAN-PROPAFENONE – 150 AND 300 MG TABLETS
- MYLAN-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- MYLAN-VALACYCLOVIR – 500 MG TABLETS
- MYLAN-VERAPAMIL SR – 120, 180 AND 240 MG TABLETS
- MYLERAN – 2 MG TABLETS
- MYL-ESOMEPRAZOLE – 40 MG TABLETS
- MYRBETRIQ – 25 AND 50 MG TABLETS
- NALCROM – 100 MG CAPSULES
- NALTREXONE HYDROCHLORIDE (STERINOVA) – 50 MG TABLETS
- NANO PRO PEN NEEDLES 4MM 32G (EMBECTA)
- NAPROSYN SR – 750 MG TABLETS
- NARDIL – 15 MG TABLETS
- NASACORT AQ – NASAL SPRAY
- NASONEX – 0.05% AQUEOUS NASAL SPRAY
- NAT-ANASTROZOLE – 1 MG TABLETS
- NAT-APIXABAN – 2.5 AND 5 MG TABLETS
- NAT-CITALOPRAM – 10 AND 20 MG TABLETS
- NATCO-CITALOPRAM – 20 AND 40 MG TABLETS

- NAT-DONEPEZIL – 5 AND 10 MG TABLETS
- NAT-ESCITALOPRAM – 10 AND 20 MG TABLETS
- NAT-GRANISETRON – 1 MG TABLET
- NAT-LETROZOLE – 2.5 MG TABLETS
- NAT-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- NAT-OMEPRazole DR – 20 MG TABLETS
- NAT-ONDANSETRON – 4 AND 8 MG TABLETS
- NAT-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- NAT-QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- NEEDLES AND SYRINGES WHERE SUPPORTED BY CLAIMS FOR INJECTABLES
- NEULEPTIL CAPSULES AND ORAL DROPS
- NEURONTIN – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- NEXIUM – 40 MG TABLETS
- NIFEDIPINE (AA PHARMA) – 5 AND 10 MG CAPSULES
- NITOMAN – 25 MG TABLETS
- NITRO-DUR – 0.2, 0.4, 0.6 AND 0.8 MG/HR TRANSDERMAL PATCHES
- NITROFURANTOIN (AA PHARMA) – 50 AND 100 MG TABLETS
- NITROLINGUAL 0.4 MG SPRAY AND PUMP SPRAY
- NITROSTAT – 0.3 AND 0.6 MG TABLETS
- NOLVADEX-D – 20 MG TABLETS
- NORITATE – 1% TOPICAL CREAM
- NORVASC – 5 AND 10 MG TABLETS
- NOVA MAX BLOOD GLUCOSE TEST STRIPS
- NOVA MAX PLUS KETONE TEST STRIPS
- NOVAMOXIN – 250 MG/5 ML SUSPENSION
- NOVAMOXIN – 250 AND 500 MG CAPSULES AND 250 MG CHEWABLE TABLETS
- NOVOFINE AUTOCOVER SAFETY NEEDLES
- NOVOFINE PLUS 32 G NEEDLES
- NOVO-HYDROXYZIN – 25 MG CAPSULES
- NOVOTWIST 30 AND 32 G NEEDLES
- NOZINAN – 25 MG/ML INJECTION
- NRA-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- NRA-APIXABAN – 2.5 AND 5 MG TABLETS
- NRA-CANDESARTAN HCTZ – 16MG/12.5MG AND 32MG/12.5MG TABLETS
- NRA-CELECOXIB – 100 AND 200 MG CAPSULES
- NRA-CITALOPRAM – 10, 20 AND 40 MG TABLETS
- NRA-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- NRA-CLOPIDOGREL – 75 MG TABLETS
- NRA-DONEPEZIL – 5 AND 10 MG TABLETS
- NRA-DULOXETINE – 30 AND 60 MG CAPSULES
- NRA-ESCITALOPRAM – 10 AND 20 MG TABLETS
- NRA-EZETIMIBE – 10 MG TABLETS
- NRA-EZETIMIBE TABLETS – 10 MG TABLETS
- NRA-FLUOXETINE – 10 AND 20 MG CAPSULES
- NRA-HYDROXYCHLOROQUINE – 200 MG TABLETS
- NRA-LETROZOLE – 2.5 MG TABLETS
- NRA-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- NRA-LURASIDONE – 20, 40, 60 AND 80 MG TABLETS
- NRA-MIRTAZAPINE – 15, 30, AND 45 MG TABLETS
- NRA-OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- NRA-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- NRA-OLMESARTAN – 20 AND 40 MG TABLETS
- NRA-OLMESARTAN HCTZ – 20 MG/12.5 MG, 40 MG/12.5 MG AND 40 MG/25 MG TABLETS

- NRA-PANTOPRAZOLE – 40 MG TABLETS
- NRA-PAROXETINE – 10, 20 AND 30 MG TABLETS
- NRA-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- NRA-PREGABALIN – 25, 50, 75, 150, AND 300 MG CAPSULES
- NRA-QUETIAPINE – 25 MG TABLETS
- NRA-QUETIAPINE XR – 50, 150, 200, 300 AND 400 MG TABLETS
- NRA-RAMIPRIL – 2.5, 5 AND 10 MG CAPSULES
- NRA-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- NRA-ROSUVASTATIN TABLETS– 5,10, 20, AND 40 MG TABLETS
- NRA-SERTRALINE – 25, 50 AND 100 MG CAPSULES
- NRA-TELMISARTAN – 40 AND 80 MG TABLETS
- NRA-TELMISARTAN HCTZ – 80/12.5 AND 80/25 MG TABLETS
- NRA-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- NRA-URSODIOL – 250 AND 500 MG TABLETS
- NRA-VARENICLINE –0.5 AND 1 MG TABLETS
- NRA-ZOPICLONE – 5 AND 7.5 MG TABLETS
- OCTASA – 800 AND 1600 MG DELAYED RELEASE TABLETS
- OCTREOTIDE ACETATE OMEGA – 50, 100, 200 AND 500 MCG/ML INJECTION
- OCTREOTIDE (TEVA) – 10, 20 AND 30 MG POWDER FOR INJECTION
- ODAN-AMANTADINE SYRUP 10MG/ML
- ODAN-BUPROPION SR – 100 AND 150 MG TABLETS
- ODAN-ETHOSUXIMIDE – 250 MG CAPSULES
- ODAN-FLUOXETINE – 20 MG/5 ML ORAL SOLUTION
- ODAN-INDOMETHACINE – 50 AND 100 MG SUPPOSITORIES
- ODAN-METHADONE (CHERRY FLAVOURED AND UNFLAVOURED) – 10 MG/ML ORAL SOLUTION
- ODAN POTASSIUM CHLORIDE – 20 MEQ ORAL LIQUID
- ODAN-SODIUM POLYSTYRENE SULFONATE – 1 G/G ORAL POWDER
- ODAN-SODIUM POLYSTYRENE SULFONATE – 250 MG/ML SUSPENSION
- ODAN-VALPROIC ACID – 250 MG/5 ML
- OGEN – 0.625, 1.25 AND 2.5 MG TABLETS
- OLANZAPINE (SANIS) – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- OLANZAPINE (SIVEM) – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- OLANZAPINE ODT (SANIS) – 5, 10 AND 15 MG ORALLY DISINTIGRATING TABLETS
- OLANZAPINE ODT (SIVEM) – 5, 10 AND 15 MG TABLETS
- OLESTYR – 4 G/SACHET POWDER FOR SUSPENSION
- OLMESARTAN (SANIS) – 20 AND 40 MG TABLETS
- OLMESARTAN/HCTZ (SANIS) – 20 MG/12.5 MG, 40 MG/12.5 MG AND 40 MG/25 MG TABLETS
- OMEPRAZOLE (ACCORD) – 20 MG TABLETS
- OMEPRAZOLE (SANIS) – 20 MG CAPSULES AND TABLETS
- OMEPRAZOLE-20 (SIVEM) – 20 MG CAPSULES
- OMNIPOD OR OMNIPOD DASH PODS
- ONCOTICE – 800 MIU – POWDER
- ONDANSETRON ODT (JAMP) – 4 AND 8 MG TABLETS
- ONDANSETRON ODT (SANDOZ) – 4 AND 8 MG TABLETS
- ONDANSETRON (SANIS) – 4 AND 8 MG TABLETS
- ONDANSETRON ODT (SANIS) – 4 AND 8 MG TABLETS
- ONDANSETRON (SIVEM) – 4 AND 8 MG TABLETS
- ONE TOUCH DELICA LANCETS
- ONE TOUCH DELICA PLUS LANCETS
- ONE TOUCH TEST STRIPS
- ONE TOUCH ULTRA BLOOD GLUCOSE TEST STRIPS
- ONE TOUCH ULTRA SOFT LANCET
- ONE TOUCH VERIO BLOOD GLUCOSE TEST STRIPS
- OPTICHAMBER

- OPTICHAMBER DIAMOND
- OPTIHALER
- ORACORT DENTAL PASTE
- ORBIT INSERTER
- OWEN MUMFORD UNIFINE PENTIPS – 29 GAUGE, 12 MM (1/2") PEN NEEDLES
- OWEN MUMFORD UNIFINE PENTIPS – 31 GAUGE, 6 MM (1/4") AND 8 MM (5/16") PEN NEEDLES
- OXEZE TURBUHALER – 6 AND 12 MCG/ METERED DOSE
- OXYBUTYNIN (SANIS) – 5 MG TABLETS
- OXYGEN
- PANCREASE MT
- PANTOLOC – 40 MG TABLETS
- PANTOPRAZOLE (PMS) – 40 MG TABLETS
- PANTOPRAZOLE-40 (SIVEM) – 40 MG TABLETS
- PARADIGM RESERVOIR
- PARIET – 10 AND 20 MG TABLETS
- PARNATE – 10 MG TABLETS
- PAROXETINE (SANIS) – 10, 20 AND 30 MG TABLETS
- PAROXETINE (SIVEM) – 10, 20 AND 30 MG TABLETS
- PARSITAN – 50 MG TABLETS
- PAT-GALANTAMINE ER – 8, 16 AND 24 MG CAPSULES
- PAXIL – 10, 20 AND 30 MG TABLETS
- PDP-AMANTADINE HYDROCHLORIDE SYRUP – 10 MG/ML SYRUP
- PDP-AMANTADINE – 100 MG CAPSULES
- PDP-AMLODIPINE – 1 MG/ML ORAL SOLUTION
- PDP-BENZTROPINE – 1 MG TABLETS
- PDP-DESONIDE – 0.05% TOPICAL CREAM AND OINTMENT
- PDP-ERYTHROMYCIN – 5 MG/G OPHTHALMIC OINTMENT
- PDP-ISONIAZID – 100 AND 300 MG TABLETS AND 50 MG/ML SOLUTION
- PDP-LEVETIRACETAM – 100 MG/ML ORAL SOLUTION
- PDP-PYRAZINAMIDE – 500 MG TABLETS
- PEDIAPHARM NAPROXEN SUSPENSION – 25 MG/ML
- PENLET PLUS ADJUSTABLE BLOOD SAMPLER STRIPS
- PENTASA – 500 MG AND 1 G DELAYED RELEASE TABLETS
- PENTASA – 1 G/100 ML AND 4 G/100 ML ENEMA AND 1 G SUPPOSITORIES
- PEN-VK (AA PHARMA) – 300 MG TABLETS
- PEPCID – 20 MG TABLETS
- PERINDOPRIL (SANIS) – 2, 4, AND 8 MG TABLETS
- PERINDOPRIL (SIVEM) – 2, 4 AND 8 MG TABLETS
- PERINDOPRIL/INDAPAMIDE (SANIS) – 4/1.25 MG AND 8/2.5 MG TABLETS
- PERINDOPRIL ERBUMINE/INDAPAMIDE (SIVEM) – 4/1.25 MG AND 8/2.5 MG TABLETS
- PERPHENAZINE (AA PHARMA) – 2, 4, 8 AND 16 MG TABLETS
- PHARMA-K20 – 1500 MG TABLETS
- PHARMA-AMLODIPINE – 5 AND 10 MG TABLETS
- PHARMA-RAMIPRIL – 1.25, 2.5, 5 AND 10 MG TABLETS
- PHARMA-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- PHENOBARB – 15, 30, 60 AND 100 MG TABLETS
- PHENOBARB ELIXIR – 5 MG/ML ORAL SOLUTION
- PHENYTOIN SODIUM (AA PHARMA) – 100 MG CAPSULES
- PIMOZIDE (AA PHARMA) – 2 AND 4 MG TABLETS
- PINAVERIUM (AA PHARMA) – 50 AND 100 MG TABLETS
- PLAQUENIL SULFATE – 200 MG TABLETS
- PLAVIX – 75 MG TABLETS
- PLENDIL – 2.5, 5 AND 10 MG TABLETS
- PMS-ALENDRONATE – 70 MG TABLETS
- PMS-AMIODARONE – 100 AND 200 MG TABLETS
- PMS-AMITRIPTYLINE – 10, 25 AND 50 MG TABLETS
- PMS-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- PMS-AMOXICILLIN – 500 MG CAPSULES
- PMS-ANASTROZOLE – 1 MG TABLETS

- PMS-ARIPRAZOLE – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- PMS-ATENOLOL – 25, 50 AND 100 MG TABLETS
- PMS-ATORVASTATIN – 10, 20 AND 40 MG TABLETS
- PMS-BACLOFEN
- PMS-BETAHISTINE – 16 AND 24 MG TABLETS
- PMS-BEZAFIBRATE – 200 MG TABLETS
- PMS-BICALUTAMIDE – 50 MG TABLETS
- PMS-BRIMONIDINE – 0.2% OPHTHALMIC SOLUTION
- PMS-BUSPIRONE – 10 MG TABLETS
- PMS-CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- PMS-CANDESARTAN-HCTZ – 16/12.5 MG TABLETS
- PMS-CARVEDILOL – 3.125, 6.25, 12.5 AND 25 MG TABLETS
- PMS-CELECOXIB – 100 AND 200 MG CAPSULES
- PMS-CITALOPRAM – 10, 20 AND 40 MG TABLETS
- PMS-CLONAZEPAM – 0.25, 0.5, 1 AND 2 MG TABLETS
- PMS-CLONAZEPAM R – 0.5 MG TABLETS
- PMS-CLOPIDOGREL – 75 MG TABLETS
- PMS-COLCHICINE – 0.6 MG TABLETS
- PMS-DEXAMETHASONE – 0.5, 0.75, 2 AND 4 MG TABLETS
- PMS-DICLOFENAC – 25 AND 50 MG ENTERIC COATED TABLETS
- PMS-DIGOXIN – 0.0625 AND 0.125 MG TABLETS
- PMS-DONEPEZIL – 5 AND 10 MG TABLETS
- PMS-DOXYLAMINE-PYRIDOXINE – 10/10 MG TABLETS
- PMS-DULOXETINE – 30 AND 60 MG CAPSULES
- PMS-ESCITALOPRAM – 10 AND 20 MG TABLETS
- PMS-EZETIMIBE – 10 MG TABLETS
- PMS-FLUOXETINE – 10, 20, 40 AND 60 MG CAPSULES
- PMS-FLUTICASONE HFA – 50, 125 AND 250 MCG METERED DOSE INHALER
- PMS -FLUTICASONE PROPIONATE/SALMETEROL DPI – 100/50, 250/50 AND 500/50 MCG POWDER FOR INHALATION.
- PMS-GABAPENTIN – 100, 300 AND 400 MG CAPSULES
- PMS-HYDROCHLOROTHIAZIDE – 25 AND 50 MG TABLETS
- PMS-HYDROMORPHONE – 1, 2, 4, 8 MG TABLETS
- PMS HYDROMORPHONE SIROP 1MG/ML – SYRUP
- PMS-IPRATROPIUM – 125 AND 250 MCG/ML POLYNEB AND 250 MCG/ML SOLUTION AND 0.03% NASAL SPRAY
- PMS-IRBESARTAN – 75, 150 AND 300 MG
- PMS-IRBESARTAN HCTZ – 150/12.5, 300/12.5 AND 300/25 MG TABLETS
- PMS-LAMOTRIGINE – 25, 100 AND 150 MG TABLETS
- PMS-LETROZOLE – 2.5 MG TABLETS
- PMS-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- PMS-LEVODOPA-CARBIDOPA – 100/10, 100/25 AND 250/25 MG TABLETS
- PMS-LITHIUM CARBONATE – 150, 300 AND 600 MG CAPSULES
- PMS-LORAZEPAM – 0.5, 1 AND 2 MG TABLETS
- PMS-LOSARTAN – 25, 50 AND 100 MG TABLETS
- PMS-LOSARTAN-HCTZ – 50/12.5 MG, 100/12.5 MG AND 100/25 MG TABLETS
- PMS-LURASIDONE – 20, 40, 60, 80 AND 120 MG TABLETS
- PMS-MELOXICAM – 7.5 AND 15 MG TABLETS
- PMS-METHADONE HYDROCHLORIDE ORAL CONCENTRATE (CHERRY FLAVOURED) – 10MG/ML SOLUTION
- PMS-METHADONE HYDROCHLORIDE ORAL CONCENTRATE (SUGAR FREE, UNFLAVOURED) – 10MG/ML SOLUTION

- PMS-METHOTREXATE – 2.5 MG TABLETS
- PMS-METHOTREXATE INJECTION – 10 MG/0.2, ML, 12.5 MG/0.25 ML/ 15 MG/0.3 ML, 17.5 MG/ 0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML AND 25 MG/0.5 ML INJECTION
- PMS-METHYLPHENIDATE – 5, 10 AND 20 MG TABLETS
- PMS-METHYLPHENIDATE CR 10, 15, 20, 30, 40, 50, 60 AND 80 MG CAPSULES
- PMS-METOCLOPRAMIDE TABLETS – 5 MG TABLETS
- PMS-METOPROLOL-L – 25, 50 AND 100 MG TABLETS
- PMS-METRONIDAZOLE – 500 MG CAPSULES
- PMS-MIRTAZAPINE – 15 AND 30 MG TABLETS
- PMS-MORPHINE SULFATE – 5 AND 10 MG TABLETS
- PMS-NABILONE – 0.25, 0.5 AND 1 MG CAPSULES
- PMS-NITROFURANTOIN – 100 MG CAPSULES
- PMS-NYSTATIN – 100000 U/26 ORAL SOLUTION
- PMS-OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- PMS-OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- PMS-OLMESARTAN – 20 AND 40 MG TABLETS
- PMS-OMEPRAZOLE – 20 MG CAPSULES
- PMS-ONDANSETRON – 4 AND 8 MG TABLETS
- PMS-ONDANSETRON ODT – 4 AND 8 MG TABLETS
- PMS-OXYBUTYNIN CHLORIDE – 1 MG/ML SYRUP
- PMS-OXYBUTYNIN – 2.5 AND 5 MG TABLETS
- PMS-PANTOPRAZOLE – 40 MG TABLETS
- PMS-PAROXETINE – 20 AND 30 TABLETS
- PMS-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- PMS-PERINDOPRIL-INDAPAMIDE 2MG/0.625MG, 4MG/1.25MG AND 8MG/2.5MG TABLETS
- PMS-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- PMS-PREDNISOLONE – 5 MG/5 ML ORAL SOLUTION
- PMS-PREGABALIN – 25, 50, 75, 150, AND 300 MG CAPSULES
- PMS-QUETIAPINE – 25, 100, 200 AND 300 MG TABLETS
- PMS-QUINAPRIL – 5, 10, 20 AND 40 MG TABLETS
- PMS-RIVAROXABAN – 2.5, 10, 15, AND 20 MG TABLETS
- PMS-RISEDRONATE – 35 MG TABLETS
- PMS-RISPERIDONE – 1 MG/ML ORAL SOLUTION
- PMS-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- PMS-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- PMS-SALBUTAMOL – 0.5, 1 AND 2 MG/ML UNIT DOSE NEBULES TO A MAXIMUM OF 1,460 UNIT DOSE NEBULES PER BENEFIT YEAR
- PMS-SERTRALINE – 25, 50 AND 100 MG CAPSULES
- PMS-SODIUM CROMOGLYCATE NEBULIZER SOLUTION
- PMS-SOLIFENACIN – 5 AND 10 MG TABLETS
- PMS-SOTALOL – 80 AND 160 MG TABLETS
- PMS-SULFASALAZINE TABLETS AND ENTERIC COATED TABLETS
- PMS-TELMISARTAN – 40 AND 80 MG TABLETS
- PMS-TERAZOSIN – 1, 2, 5 AND 10 MG TABLETS
- PMS-TERBINAFINE – 250 MG TABLETS
- PMS-TESTOSTERONE – 40 MG CAPSULES
- PMS-TETRABENAZINE – 25 MG TABLETS
- PMS-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- PMS-TRANDOLAPRIL – 0.5, 1, 2 AND 4 MG CAPSULES
- PMS-TRAZODONE – 50, 75 AND 100 MG TABLETS
- PMS-TRIHEXYPHENIDYL ELIXIR
- PMS-URSODIOL C – 250 AND 500 MG TABLETS

- PMS-VALACYCLOVIR – 500 MG TABLETS
- PMS-VALPROIC ACID CAPSULES
- PMS-VALPROIC ACID – 500 MG ENTERIC COATED CAPSULES
- PMS-VALPROIC ACID SYRUP – 250 MG/5ML
- PMS-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- PMS-ZOPICLONE – 3.75, 5 AND 7.5 MG TABLETS
- PMSC-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- PMSC-CELECOXIB – 100 AND 200 MG CAPSULES
- PMSC-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- PRAVASTATIN (SANIS) – 10, 20 AND 40 MG TABLETS
- PRAVASTATIN (SIVEM) – 10, 20 AND 40 MG TABLETS
- PRECI-JET
- PRED FORTE – 1% OPHTHALMIC SUSPENSION
- PRED MILD
- PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION (SIL)
- PREGABALIN (SANIS) – 25, 50, 75, 150, AND 300 MG CAPSULES
- PREGABALIN (SIVEM) – 25, 50, 75, 150 AND 300 MG CAPSULES
- PREVACID – 15 AND 30 MG SUSTAINED RELEASE CAPSULES
- PRIMEAIRE AEROCHAMBER
- PRIMIDONE (AA PHARMA) – 125 AND 250 MG TABLETS
- PROCHLORAZINE (AA PHARMA) – 5 AND 10 MG TABLETS
- PROCYTOX – 25 AND 50 MG TABLETS
- PROLOPA – 50/12.5, 100/25 AND 200/50 MG CAPSULES
- PROPYLTHIOURACIL 50MG TABLETS
- PROSTIGMIN – 15 MB TABLETS
- PROZAC – 10 AND 20 MG, CAPSULES
- PRZ-AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- PRZ-AMOXICILLIN – 250 AND 500 MG CAPSULES
- PRZ-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- PRZ-DOMPERIDONE – 10 MG TABLETS
- PRZ-DOXYCYCLINE – 100 MG TABLETS
- PRZ-OLMESARTAN/HCTZ – 20 MG/12.5 MG, 40 MG/12.5 MG AND 40 MG/25 MG TABLETS
- PRZ-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- PRZ-SOLIFENACIN – 5 AND 10 MG TABLETS
- PULMICORT NEBUAMP – 0.125, 0.25 AND 0.5 MG/ML
- PULMICORT TURBUHALER
- PURINETHOL – 50 MG TABLETS
- QUETIAPINE (ACCORD) – 25, 100, 200 AND 300 MG TABLETS
- QUETIAPINE (SANIS) – 25, 100, 200 AND 300 MG TABLETS
- QUETIAPINE (SIVEM) – 25, 100, 200 AND 300 MG TABLETS
- QUETIAPINE XR (JAMP) – 50, 150, 200, 300 AND 400 MG TABLETS
- QUETIAPINE FUMARATE XR (SANIS) – 50, 150, 200, 300 AND 400 MG TABLETS
- QUETIAPINE XR (SIVEM) – 50, 150, 200, 300 AND 400 MG TABLETS
- QVAR – 50 AND 100 MCG/DOSE METERED DOSE INHALER
- RABEPRAZOLE EC (SANIS) – 10 AND 20 MG TABLETS
- RABEPRAZOLE (SIVEM) – 10 AND 20 MG CAPSULES
- RAMIPRIL (SANIS) – 2.5, 5 AND 10 MG CAPSULES
- RAMIPRIL (SIVEM) – 1.25, 2.5, 5 AND 10 MG CAPSULES
- RAN-EZETIMIBE – 10 MG TABLETS
- RAN-ROPINIROLE – 0.25, 1, 2 AND 5 MG TABLETS
- RATIO-TOPIALIC – 0.05% LOTION
- REDDY-RIVAROXABAN – 2.5, 10, 15, AND 20MG TABLETS
- REMERON – 30 MG TABLETS
- REMERON RD – 15, 30 AND 45 MG ORALLY DISINTEGRATING TABLETS
- RETIN-A – 0.025% TOPICAL GEL AND 0.01%, 0.05% AND 0.1% TOPICAL CREAM
- REVIA – 50 MG TABLETS

- REXULTI – 0.25, 0.50, 1, 2, 3, AND 4 MG TABLETS
- RESONIUM CALCIUM – 999 MG/G POWDER FOR SOLUTION
- RESTORIL – 15 AND 30 MG CAPSULES
- RHINOCORT AQUA – 64 MCG NASAL SPRAY
- RHO-NITRO PUMPSPRAY – 0.4 MG SUBLINGUAL SPRAY
- RIDAURA – 3 MG CAPSULES
- RIMSO-50 – 500 MG/G SOLUTION
- RISEDRONATE (SANIS) – 35 MG TABLETS
- RISEDRONATE (SIVEM) – 35 MG TABLETS
- RISPERDAL – 1 MG/ML ORAL SOLUTION
- RISPERIDONE (SANIS) – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- RISPERIDONE (SIVEM) – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- RIVA-ALENDRONATE – 70 MG TABLETS
- RIVA-ANASTROZOLE – 1 MG TABLETS
- RIVA-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- RIVA-DORZOLAMIDE -TIMOLOL – 20 MG/5 MG/ML OPHTHALMIC SOLUTION
- RIVA-LABETALOL – 100 AND 200 MG TABLETS
- RIVA-LATANOPROST – 0.005 % OPHTHALMIC SOLUTION
- RIVA-LETROZOLE – 2.5 MG TABLETS
- RIVA-LEUCOVORIN – 5 MG TABLETS
- RIVA-PYRIDOSTIGMINE – 60 MG TABLETS
- RIVAROXABAN(SIVEM) – 2.5, 10, 15, AND 20MG TABLETS
- RIVOTRIL – 0.5 AND 2 MG TABLETS
- ROFACT – 150 AND 300 MG CAPSULES
- ROSUVASTATIN (SANIS) – 5, 10, 20 AND 40 MG TABLETS
- ROSUVASTATIN (SIVEM) – 5, 10, 20 AND 40 MG TABLETS
- RYTHMODAN – 100 MG CAPSULES
- RYTHMOL – 150 AND 300 MG TABLETS
- SABRIL – 500 MG TABLETS AND SACHETS
- SALAZOPYRIN TAB 500MG – TABLETS
- SALAZOPYRIN EN TABS 500 MG – TABLETS
- SALOFALK – 500 MG ENTERIC COATED TABLETS AND SUPPOSITORIES, 1000 MG SUPPOSITORIES, 2G/60G AND 4G/60G RECTAL SUSPENSION
- SANDOMIGRAN DS – 1 MG TABLETS
- SANDOSTATIN – 0.05 MG/ML INJECTION
- SANDOSTATIN LAR – 10 MG, 20 MG, 30 MG – VIALS
- SANDOZ ALENDRONATE – 10 AND 70 MG TABLETS
- SANDOZ ALFUZOSIN – 10 MG TABLETS
- SANDOZ AMIODARONE – 200 MG TABLETS
- SANDOZ AMLODIPINE – 2.5, 5 AND 10 MG TABLETS
- SANDOZ AMOXICILLIN – 250 MG/5ML ORAL SUSPENSION
- SANDOZ AMPHETAMINE XR – 5, 10, 15, 20, 25 AND 30 MG CAPSULES
- SANDOZ ANASTROZOLE – 1 MG TABLETS
- SANDOZ APIXABAN– 2.5 AND 5 MG TABLETS
- SANDOZ ARIPIRAZOLE – 2, 5, 10, 15, 20 AND 30 MG TABLETS
- SANDOZ ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- SANDOZ BISOPROLOL TABLETS – 1.25, 2.5, 5 AND 10 MG TABLETS
- SANDOZ BRIMONIDINE – 0.2% OPHTHALMIC SOLUTION
- SANDOZ CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- SANDOZ CANDESARTAN PLUS – 16/12.5 MG TABLETS
- SANDOZ CANDESARTAN PLUS – 32/12.5 MG TABLETS
- SANDOZ CAPECITABINE – 150 AND 500 MG TABLETS
- SANDOZ CARBAMAZEPINE CR – 200 AND 400 MG TABLETS
- SANDOZ CIPROFLOXACIN/DEXAMETHASONE – 0.3%/0.1% OTIC SUSPENSION
- SANDOZ CLONIDINE – 0.025, 0.1 AND 0.2 MG TABLETS
- SANDOZ COLCHICINE – 0.6 MG TABLETS
- SANDOZ DICLOFENAC – 0.1% OPHTHALMIC SOLUTION
- SANDOZ-DICLOFENAC – 50 MG SUPPOSITORIES
- SANDOZ DILTIAZEM CD – 240 AND 300 MG CAPSULES
- SANDOZ DONEPEZIL – 5 AND 10 MG TABLETS

- SANDOZ DORZOLAMIDE – 2% OPHTHALMIC SOLUTION
- SANDOZ DORZOLAMIDE/TIMOLOL – 2%/0.05% OPHTHALMIC SOLUTION
- SANDOZ DULOXETINE – 30 AND 60 MG CAPSULES
- SANDOZ ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- SANDOZ ENTACAPONE – 200 MG TABLETS
- SANDOZ ESCITALOPRAM – 10 AND 20 MG TABLETS
- SANDOZ ESOMEPRAZOLE – 40 MG TABLETS
- SANDOZ EZETIMIBE – 10 MG TABLETS
- SANDOZ FELODIPINE – 5 AND 10 MG TABLETS
- SANDOZ FENOFIBRATE E – 48 AND 145 MG TABLETS
- SANDOZ FESOTERODINE FUMARATE – 4 AND 8 MG EXTENDED RELEASE TABLET
- SANDOZ FLUOROMETHOLONE – 0.1% OPHTHALMIC SOLUTION
- SANDOZ HYDROCORTISONE – 1% CREAM
- SANDOZ IRBESARTAN – 75, 150 AND 300 MG TABLETS
- SANDOZ IRBESARTAN HCT – 150/12.5, 300/12.5 AND 300/25 MG TABLETS
- SANDOZ LANSOPRAZOLE – 15 AND 30 MG CAPSULES
- SANDOZ LATANOPROST – 50 MCG/ML OPHTHALMIC SOLUTION
- SANDOZ LETROZOLE – 2.5 MG TABLETS
- SANDOZ LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- SANDOZ LISDEXAMFETAMINE CAPSULES – 10, 20, 30, 40, 50 AND 60 MG CAPSULES
- SANDOZ LISINAPRIL HCT – 10/12.5, 20/12.5 AND 20/25 MG TABLETS
- SANDOZ LOSARTAN – 25, 50 AND 100 MG TABLETS
- SANDOZ LOSARTAN HCT – 50/100, 100/12.5
- SANDOZ LURASIDONE – 20, 40, 60, 80, AND 120 MG TABLETS
- SANDOZ MIRTAPAZINE – 15 AND 30 MG TABLETS
- SANDOZ MOMETASONE – 50 MCG NASAL SPRAY
- SANDOZ MORPHINE SR – 15, 30, 60, 100 AND 200 MG
- SANDOZ MYCOPHENOLATE – 250 MG CAPSULES AND 500 MG TABLETS
- SANDOZ OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- SANDOZ OLANZAPINE ODT – 5, 10 AND 15 MG TABLETS
- SANDOZ OLMESARTAN – 20 AND 40 MG TABLETS
- SANDOZ OMEPRAZOLE – 20 MG CAPSULES
- SANDOZ ONDANSETRON – 4 AND 8 MG TABLETS
- SANDOZ OXYCODONE/ACETAMINOPHEN – 5 MG/325 MG TABLETS AND 100/25 MG TABLETS
- SANDOZ PANTOPRAZOLE – 40 MG TABLETS
- SANDOZ PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- SANDOZ PERINDOPRIL/INDAPAMIDE – 2/0.625 MG TABLETS
- SANDOZ PERINDOPRIL/INDAPAMIDE – 4/1.25 MG AND 8/2.5 MG TABLETS
- SANDOZ POLYTRIMETHOPRIM – 1 MG/1000 U OPHTHALMIC SOLUTION
- SANDOZ PRAVASTATIN TABLETS – 10, 20 AND 40 MG TABLETS
- SANDOZ PREDNISOLONE – 1% OPHTHALMIC SOLUTION
- SANDOZ PREGABALIN – 25, 50, 75, 150, AND 300 MG CAPSULES
- SANDOZ QUETIAPINE XRT – 50, 150, 200, 300 AND 400 MG TABLETS
- SANDOZ RABEPRAZOLE – 10 AND 20 MG TABLETS
- SANDOZ RISEDRONATE – 35 MG TABLETS
- SANDOZ RISPERIDONE – 0.5, 1, 2, 3 AND 4 MG TABLETS
- SANDOZ RIVAROXABAN – 2.5, 10, 15, AND 20MG TABLETS
- SANDOZ ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- SANDOZ-SOLIFENACIN – 5 AND 10 MG TABLETS
- SANDOZ TAMSULOSIN CR – 0.4 MG TABLETS
- SANDOZ TELMISARTAN – 40 AND 80 MG TABLETS
- SANDOZ TELMISARTAN HCT – 80/12.5 AND 80/25 MG TABLETS
- SANDOZ TIMOLOL – 0.25 AND 0.5% OPHTHALMIC SOLUTION
- SANDOZ TOLTERODINE LA – 2 AND 4 MG EXTENDED RELEASE CAPSULES
- SANDOZ TRANDOLAPRIL – 0.5, 1, 2 AND 4 MG CAPSULES
- SANDOZ TRAVOPROST – 0.004% OPHTHALMIC SOLUTION
- SANDOZ VALACYCLOVIR – 500 MG TABLETS
- SANDOZ VALSARTAN – 40, 80, 160 AND 320 MG TABLETS
- SANDOZ VALSARTAN HCT – 80/12.5, 160/12.5, 160/25, 320/12.5 AND 320/25 MG TABLETS

- SANDOZ VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- SCOPOLAMINE (OMEGA) – 0.4 MG/ML AND 0.6 MG/ML INJECTION
- SEEBRI BREEZHALER – 50 MCG CAPSULES
- SELEGILINE (AA PHARMA) – 5 MG TABLETS
- SEPTA-AMLODIPINE – 5 AND 10 MG TABLETS
- SEPTA-CITALOPRAM – 40 MG TABLETS
- SEPTA-LOSARTAN – 25, 50 AND 100 MG TABLETS
- SERC – 16 AND 24 MG TABLETS
- SEREVENT – 50 MCG, ALL DOSAGE FORMS
- SEROQUEL – 25, 100, 200 AND 300 MG TABLETS
- SEROQUEL XR – 50, 200, 300 AND 400 MG TABLETS
- SERTRALINE (JAMP) – 25, 50 AND 100 MG CAPSULES
- SERTRALINE (SANIS) – 25, 50 AND 100 MG CAPSULES
- SERTRALINE (SIVEM) – 25, 50 AND 100 MG CAPSULES
- SILHOUETTE – 23" OR 43" TUBING INFUSION SET
- SIMBRINZA – 0.2%/1% OPHTHALMIC SOLUTION
- SIMVASTATIN (SANIS) – 5, 10, 20, 40 AND 80 MG TABLETS
- SIMVASTATIN (SIVEM) – 5, 10, 20, 40 AND 80 MG TABLETS
- SINEQUAN – 10, 25, 50, 75 AND 100 MG CAPSULES
- SITESMART – 32 G PEN NEEDLES
- SN-FENOFIBRATE E – 145 MG TABLETS
- SOFRACORT
- SOLIFENACIN (SANIS) – 5 AND 10 MG TABLETS
- SOLU-CORTEF – 100, 250, 500 AND 1000 MG/VIAL INJECTION
- SOLYSTAT – 1 MEQ/G – POWDER
- SOLYSTAT – 250MG/ML SUSPENSION
- SOMATULINE AUTOGEL – 60 MG/0.2 ML, 90 MG/0.3 ML AND 120 MG/0.5 ML INJECTION
- SORIATANE – 10 AND 25 MG CAPSULES
- SPACE CHAMBER
- SPACE CHAMBER AND MASK
- SPIRIT BLOOD GLUCOSE TEST STRIPS
- SPIRIT LANCETS
- SPIRIVA – 2.5 AND 18 MCG CAPSULES
- STATEX – 5, 10, AND 50 MG TABLETS
- SUBOXONE – 2/0.5 AND 8/2 MG TABLETS
- SULCRATE – 1G TABLETS
- SULCRATE PLUS – 1 G/5 ML ORAL SUSPENSION
- SULFATRIM (AA PHARMA) – 80/400 MG TABLETS
- SULFATRIM DS (AA PHARMA) – 160/800 MG TABLETS
- SULFATRIM PEDIATRIC (AA PHARMA) – 100/20 MG TABLETS
- SURECOMFORT – 29G, 30G, 31G AND 32G PEN NEEDLES
- SURECOMFORT – 28G, 29G, 30G AND 31G SYRINGES
- SYMBICORT 100 – 100 MCG/6 MCG TURBUHALER
- SYMBICORT 200 – 200 MCG/6 MCG TURBUHALER
- SYNTHROID – 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200 AND 300 MCG TABLETS
- T:SLIM CARTRIDGE
- TAMSULOSIN CR (SANIS) – 0.4 MG EXTENDED RELEASE TABLET
- TAMSULOSIN CR (SIVEM) – 0.4 MG TABLETS
- TAPAZOLE – 5 MG TABLETS
- TARO-ACITRETIN – 10 AND 25 MG CAPSULES
- TARO-ACYCLOVIR – 5% OINTMENT
- TARO-AMCINONIDE – 0.1% TOPICAL CREAM

- TARO-AMLODIPINE – 5 AND 10 MG TABLETS
- TARO-ANASTROZOLE – 1 MG TABLETS
- TARO-APIXABAN – 2.5 AND 5 MG TABLETS
- TARO-ATENOLOL – 25, 50 AND 100 MG TABLETS
- TARO-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- TARO-BUDESONIDE – 0.125 MG/ML, 0.25 MG/ML AND 0.5 MG/ML SUSPENSION FOR INHALATION
- TARO-BUPROPION XL – 150 AND 300 MG EXTENDED RELEASE TABLETS
- TARO-CALCIPOTRIOL/BETAMETHASONE – 0.5 MG/50 MCG TOPICAL GEL
- TARO-CANDESARTAN – 4, 8, 16 AND 32 MG TABLETS
- TARO-CAPECITABINE – 150 AND 500 MG TABLETS
- TARO-CARBAMAZEPINE – 100 AND 200 MG CHEWABLE TABLETS
- TARO-CARBAMAZEPINE – 100 MG/5 ML SUSPENSION
- TARO-CARBAMAZEPINE – 200 MG TABLETS
- TARO-CIPROFLOXACIN/DEXAMETHASONE – 0.3%/0.1% OTIC SUSPENSION
- TARO-CLINDAMYCIN – 1% TOPICAL SOLUTION
- TARO-CLOBETASOL – 0.05% CREAM AND OINTMENT
- TARO-CLOBETASOL – 0.05% TOPICAL SOLUTION
- TARO-CLOMIPRAMINE 25 AND 50 MG CAPSULES
- TARO-CLOPIDOGREL – 75 MG TABLETS
- TARO-DOMPERIDONE – 10 MG TABLETS
- TARO-DONEPEZIL – 5 AND 10 MG TABLETS
- TARO-ENALAPRIL – 2.5, 5, 10 AND 20 MG TABLETS
- TARO-ESCITALOPRAM – 10 AND 20 MG TABLETS
- TARO-ESOMEPRAZOLE – 40 MG TABLETS
- TARO-FUSIDIC ACID – 2% CREAM
- TARO-IRBESARTAN – 75, 150 AND 300 MG TABLETS
- TARO-LANSOPRAZOLE – 15 AND 30 MG CAPSULES
- TARO-LISDEXAMFETAMINE CHEWABLE TABLETS – 10, 20, 30, 40, 50 AND 60 MG
- TARO-LURASIDONE – 20, 40, 60, 80 AND 120 MG TABLETS
- TARO-MOMETASONE – 0.1% CREAM
- TARO-MOMETASONE – 0.1% LOTION
- TARO-PANTOPRAZOLE – 40 MG TABLETS
- TARO-PHENYTOIN – 25 MG/ML SUSPENSION
- TARO-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- TARO-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- TARO-RABEPRAZOLE – 20 MG TABLETS
- TARO-RAMIPRIL – 1.25, 2.5, 5 AND 10 MG CAPSULES
- TARO-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- TARO-RIVAROXABAN – 2.5, 10, 15, AND 20MG TABLETS
- TARO-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- TARO-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- TARO-SOLIFENACIN – 5 AND 10 MG TABLETS
- TARO-SONE – 0.05% TOPICAL CREAM
- TARO-TEMOZOLOMIDE – 5, 20, 100, 140 AND 250 MG TABLETS
- TARO-TESTOSTERONE – 40 MG CAPSULES
- TARO-TESTOSTERONE CYPIONATE – 100 MG/ML INJECTION
- TARO-VALSARTAN – 40, 80 AND 160 MG TABLETS
- TARO-VENLAFAXINE XR – 37.5, 75 AND 150 MG CAPSULES
- TARO-WARFARIN – 1, 2, 2.5, 3, 4, 5, 6, 7.5 AND 10 MG TABLETS
- TEGRETOL – 200 MG TABLETS
- TEGRETOL SUSPENSION – 100 MG/5 ML SUSPENSION
- TEGRETOL – CR – 200 AND 400 MG TABLETS
- TELMISARTAN (ACCORD) – 40 AND 80 MG TABLETS
- TELMISARTAN (PMS) – 40 AND 80 MG TABLETS
- TELMISARTAN (SANIS) – 40 AND 80 MG TABLETS
- TELMISARTAN (SIVEM) – 40 AND 80 MG TABLETS

- TELMISARTAN/HCTZ (SANIS) – 80/12.5 MG AND 80/25 MG TABLETS
- TELMISARTAN/HCTZ (SIVEM) – 80/12.5 AND 80/25 MG TABLETS
- TEMODAL – 5, 20, 100, 140 AND 250 MG CAPSULES
- TENORMIN – 50 AND 100 MG TABLETS
- TERBINAFINE (SANIS) – 250 MG TABLETS
- TERBINAFINE (SIVEM) – 250 MG TABLETS
- TERBINAFINE (SIVEM) – 250 MG TABLETS
- TESTOSTERONE CYPIONATE INJECTION – 100 MG/ML INJECTION
- TESTOSTERONE ENANTHATE INJECTION – 200 MG/ML INJECTION
- TETRABENAZINE (STERIMAX) – 25 MG TABLETS
- TETRACYCLINE (AA PHARMA) – 250 MG CAPSULES
- TEVA-5-ASA – 400 MG TABLETS
- TEVA-ACEBUTOLOL – 100, 200 AND 400 MG TABLETS
- TEVA-ACYCLOVIR – 200, 400 AND 800 MG TABLETS
- TEVA-ALENDRONATE – 70 MG TABLETS
- TEVA-ALPRAZOLAM – 0.25 AND 0.5 MG TABLETS
- TEVA-AMIODARONE – 200 MG TABLETS
- TEVA-AMITRIPTYLINE – 10, 25 AND 50 MG TABLETS
- TEVA-APIXABAN – 2.5, AND 5MG TABLETS
- TEVA-ATENOLOL – 25, 50 AND 100 MG TABLETS
- TEVA-ATORVASTATIN – 10, 20, 40 AND 80 MG TABLETS
- TEVA-AZATHIOPRINE – 50 MG TABLETS
- TEVA-BETAHISTINE – 8, 16 AND 24 MG TABLETS
- TEVA-BETAMETHSONE/CALCIPOTRIOL – 0.5 MG/50 MCG TOPICAL OINTMENT
- TEVA-BICALUTAMIDE – 50 MG TABLETS
- TEVA-BISOPROLOL – 5 AND 10 MG TABLETS
- TEVA-BROMAZEPAM – 3 AND 6 MG TABLETS
- TEVA-BUDESONIDE – 0.125 MG/ML AND 0.5 MG/ML SUSPENSION FOR INHALATION
- TEVA-BUSPIRONE – 10 MG TABLETS
- TEVA-CANDESARTAN – 8, 16 AND 32 MG TABLETS
- TEVA-CANDESARTAN/HCTZ – 16/12.5 MG TABLETS
- TEVA-CANDESARTAN/HCTZ – 32/12.5 MG TABLETS
- TEVA-CAPTORIL – 12.5 MG, 25 MG, 50 MG, 100 MG TABLETS
- TEVA-CARBAMAZEPINE – 200 MG TABLETS
- TEVA-CARVEDILOL – 3.125, 6.25, 12.5 AND 25 MG TABLETS
- TEVA-CEFADROXIL – 500 MG CAPSULES
- TEVA-CEPHALEXIN – 250 AND 500 MG CAPSULES AND TABLETS AND 125 MG/5 ML AND 250 MG/5 ML ORAL SUSPENSION
- TEVA-CHLORPROMAZINE – 25, 50 AND 100 MG TABLETS
- TEVA-CILAZAPRIL/HCTZ – 5/12.5 MG TABLETS
- TEVA-CITALOPRAM – 10, 20 AND 40 MG TABLETS
- TEVA-CLINDAMYCIN – 150 AND 300 MG CAPSULES
- TEVA-CLOBAZAM – 10 MG TABLETS
- TEVA-CLOBETASOL – 0.05% OINTMENT
- TEVA-CLOBETASOL – 0.05% SCALP LOTION
- TEVA-CLOBETASOL – 0.05% TOPICAL CREAM
- TEVA-CLONIDINE – 0.025, 0.1 AND 0.2 MG TABLETS
- TEVA-CLOPIDOGREL – 75 MG TABLETS
- TEVA-CLOXACILLIN – 250 AND 500 MG CAPSULES AND 125 MG/5 ML ORAL SOLUTION
- TEVA-CODEINE – 15 AND 30 MG TABLETS
- TEVA-COMBO STERINEBS – 0.2/1 MG/ML
- TEVA-DEXTROAMPHETAMINE SR – 10 AND 15 MG CAPSULES
- TEVA-DICLOFENAC EC – 25 AND 50 MG TABLETS
- TEVA-DICLOFENAC SR – 75 MG SLOW RELEASE TABLETS
- TEVA-DILTIAZEM – 60 MG TABLETS
- TEVA-DILTIAZEM CD – 120, 180, 240 AND 300 MG CONTROLLED DELIVERY CAPSULES
- TEVA-DILTIAZEM HCL ER – 120, 180, 240, 300 AND 360 MG CAPSULES

- TEVA-DILTIAZEM T – 300 MG CAPSULES
- TEVA-DILTIAZEM XC – 180, 240, 300 AND 360 MG EXTENDED RELEASE TABLETS
- TEVA-DOMPERIDONE – 10 MG TABLETS
- TEVA-DONEPEZIL – 5 AND 10 MG TABLETS
- TEVA-DOXAZOSIN – 1, 2 AND 4 MG TABLETS
- TEVA-DOXYCYCLINE – 100 MG TABLETS AND CAPSULES
- TEVA-DULOXETINE – 30 AND 60 MG CAPSULES
- TEVA-ECTOSONE – 0.05% MILD CREAM
- TEVA-ECTOSONE – 0.05% MILD LOTION
- TEVA-ECTOSONE – 0.1% REGULAR CREAM
- TEVA-ECTOSONE – 0.1% REGULAR LOTION
- TEVA-ECTOSONE – 0.1% SCALP LOTION
- TEVA-EMTEC-30 – 300 MG/30 MG TABLETS
- TEVA-ENTACAPONE – 200 MG TABLETS
- TEVA-ESCITALOPRAM – 10 AND 20 MG TABLETS
- TEVA-EXEMESTANE – 25 MG TABLETS
- TEVA-EZETIMIBE – 10 MG TABLETS
- TEVA-FAMOTIDINE – 20 AND 40 MG TABLETS
- TEVA-FLUOXETINE – 10 AND 20 MG CAPSULES
- TEVA-FLUVASTATIN – 20 AND 40 MG TABLETS
- TEVA-FLUVOXAMINE – 50 AND 100 MG TABLETS
- TEVA-FOSINOPRIL – 10 AND 20 MG TABLETS
- TEVA-FUROSEMIDE – 20, 40 AND 80 MG TABLETS
- TEVA-GABAPENTIN – 100, 300 AND 400 MG CAPSULES AND 600 MG TABLETS
- TEVA-GEMFIBROZIL – 600 MG TABLETS
- TEVA-HALOPERIDOL – 0.5, 1, 2, 5, AND 10 MG TABLETS
- TEVA-HYDROCHLOROTHIAZIDE – 25 AND 50 MG TABLETS
- TEVA-INDOMETHACIN – 25 AND 50 MG CAPSULES
- TEVA-IPRATROPIUM STERINEBS – 0.25 MG/ML
- TEVA-IRBESARTAN – 75, 150 AND 300 MG TABLETS
- TEVA-IRBESARTAN HCTZ – 150/12.5, 300/12.5 AND 300/25 MG TABLETS
- TEVA-KETOCONAZOLE – 200 MG TABLETS
- TEVA-LANSOPRAZOLE DR – 15 AND 30 MG SUSTAINED RELEASE CAPSULES
- TEVA-LATANOPROST – 0.005% OPHTHALMIC SOLUTION
- TEVA-LENOLTEC #2 – 15 MG TABLETS
- TEVA-LENOLTEC #3 – 30 MG TABLETS
- TEVA-LENOLTEC #4 – 60 MG TABLETS
- TEVA-LETROZOLE – 2.5 MG TABLETS
- TEVA-LEVETIRACETAM – 250, 500 AND 750 MG TABLETS
- TEVA-LEVOCARBIDOPA – 10 /100 MG, 25/100 MG AND 25/250 MG TABLETS
- TEVA-LIOTHYRONINE – 5 AND 25 MCG TABLETS
- TEVA-LISDEXAMFETAMINE – 10, 20, 30,40, 50 AND 60 MG CAPSULES
- TEVA-LISINOPRIL (TYPE Z) – 5, 10 AND 20 MG TABLETS
- TEVA-LISINOPRIL/HCTZ (TYPE Z) – 10/12.5, 20/12.5 AND 20/25 MG TABLETS
- TEVA-LORAZEPAM – 0.5, 1 AND 2 MG TABLETS
- TEVA-LOSARTAN – 25, 50 AND 100 MG TABLETS
- TEVA-LOSARTAN HCTZ – 50/12.5, 100/12.5 AND 100/25 MG TABLETS
- TEVA-MELOXICAM – 7.5 AND 15 MG TABLETS
- TEVA-METOPROLOL – 50 AND 100 MG FILM COATED TABLETS
- TEVA-METOPROLOL – 25, 50 AND 100 MG UNCOATED TABLETS
- TEVA-MEXILETINE – 100 AND 200 MG CAPSULES
- TEVA-MIRTAZAPINE – 15, 30 AND 45 MG TABLETS
- TEVA-MOMETASONE – 0.1% TOPICAL OINTMENT
- TEVA-MOMETASONE – 50 MCG NASAL SPRAY

- TEVA-MORPHINE SR – 15, 30, 60, 100 AND 200 MG TABLETS
- TEVA-MYCOPHENOLATE – 250 MG CAPSULES AND 500 MG TABLETS
- TEVA-NABILONE – 0.25, 0.5 AND 1 MG CAPSULES
- TEVA-NAPROXEN – 250, 375 AND 500 MG TABLETS
- TEVA-NITROFURANTOIN – 50 AND 100 MG CAPSULES
- TEVA-NYSTATIN – 100,000 U/ML ORAL LIQUID
- TEVA-OLANZAPINE – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- TEVA-OLMESARTAN – 20 AND 40 MG TABLETS
- TEVA-OLMESARTAN HCT – 20/12.5, 40/12.5 AND 40/25 MG TABLETS
- TEVA-OMEPRazole – 20 MG TABLETS
- TEVA-ONDANSETRON – 4 AND 8 MG TABLETS
- TEVA-OXYBUTYNIN – 5 MG TABLETS
- TEVA-OXYCOCET – 5 MG/325 MG TABLETS
- TEVA-OXYCODAN – 5 MG/325 MG TABLETS
- TEVA-PANTOPRAZOLE – 40 MG TABLETS
- TEVA-PAROXETINE – 10, 20 AND 30 MG TABLETS
- TEVA-PERINDOPRIL – 2, 4 AND 8 MG TABLETS
- TEVA-PERINDOPRIL/INDAPAMIDE – 4/1.25 MG AND 8/2.5 MG TABLETS
- TEVA-PINDOLOL – 5, 10 AND 15 MG TABLETS
- TEVA-PIROXICAM – 10 AND 20 MG CAPSULES
- TEVA-PRAVASTATIN – 10, 20 AND 40 MG TABLETS
- TEVA-PRAZOSIN – 1, 2 AND 5 MG TABLETS
- TEVA-PREDNISOLONE – 1% OPHTHALMIC SOLUTION
- TEVA-PREDNISON – 5 AND 50 MG TABLETS
- TEVA-PREGABALIN – 25, 50, 75, 150 AND 300 MG CAPSULES
- TEVA-PROPRANOLOL – 10, 20, 40 AND 80 MG TABLETS
- TEVA-QUETIAPINE XR – 50, 150, 200, 300 AND 400 MG TABLETS
- TEVA-QUININE – 200 AND 300 MG CAPSULES
- TEVA-RAMIPRIL – 2.5, 5 AND 10 MG CAPSULES
- TEVA-RAMIPRIL – 2.5, 5 AND 10 MG TABLETS
- TEVA-RISEDRONATE – 5 AND 35 MG TABLETS
- TEVA-RISPERIDONE – 0.25, 0.5, 1, 2, 3 AND 4 MG TABLETS
- TEVA-RIVAROXABAN – 2.5, 10, 15, AND 20 MG TABLETS
- TEVA-ROPINIROLE – 0.25, 0.5, 1 AND 1.5 MG TABLETS
- TEVA-ROSUVASTATIN – 5, 10, 20 AND 40 MG TABLETS
- TEVA-SALBUTAMOL HFA – 100 MCG INHALER
- TEVA-SALBUTAMOL STERINEBS – 1 MG/ML AND 2 MG/ML – TO A MAXIMUM OF 1,460 UNIT DOSE STERINEBS PER BENEFIT YEAR
- TEVA-SELEGILINE – 5 MG TABLETS
- TEVA-SERTRALINE – 25, 50 AND 100 MG CAPULES
- TEVA-SIMVASTATIN – 5, 10, 20, 40 AND 80 MG TABLETS
- TEVA-SOLIFENACIN – 5 AND 10 MG TABLETS
- TEVA-SPIRONOLACTONE – 25 AND 100 MG TABLETS
- TEVA-SPIRONOLACTONE/HCTZ – 25/25 AND 50/50 MG TABLETS
- TEVA-SUCRALFATE – 1 G TABLETS
- TEVA-SULINDAC – 150 AND 200 MG TABLETS
- TEVA-TAMOXIFEN – 10 AND 20 MG TABLETS
- TEVA-TAMSULOSIN CR – 0.4 MG TABLETS
- TEVA-TELMISARTAN – 40 AND 80 MG TABLETS
- TEVA-TELMISARTAN HCTZ – 80/12.5 AND 80/25 MG TABLETS
- TEVA-TEMOZOLOMIDE – 5, 20, 100, 140 AND 250 MG CAPSULES
- TEVA-TERAZOSIN – 5 AND 10 MG TABLETS
- TEVA-TIAPROFENIC ACID – 200 MG TABLETS
- TEVA-TOLTERODINE – 1 AND 2 MG TABLETS

- TEVA-TOLTERODINE LA – 2 AND 4 MG EXTENDED RELEASE CAPSULES
- TEVA-TOPILENE – 0.05% TOPICAL CREAM
- TEVA-TOPILENE – 0.05% TOPICAL LOTION
- TEVA-TOPILENE – 0.05% TOPICAL OINTMENT
- TEVA-TOPIRAMATE – 25, 100 AND 200 MG TABLETS
- TEVA-TOPISONE – 0.05% TOPICAL CREAM
- TEVA-TOPISONE – 0.05% TOPICAL LOTION
- TEVA-TOPISONE – 0.05% TOPICAL OINTMENT
- TEVA-TRAZODONE – 50, 100 AND 150 MG TABLETS
- TEVA-TRIAkomb – 2.5 MG/0.25 MG/100,000 U/1 MG/G TOPICAL CREAM
- TEVA-TRIAMTERENE/HCTZ – 50/25 MG TABLETS
- TEVA-TRIMEL – 8/40 MG/ML ORAL SUSPENSION
- TEVA-VALACYCLOVIR – 500 MG TABLETS
- TEVA-VALGANCICLOVIR – 450 MG TABLETS
- TEVA-VALSARTAN – 40, 80, 160 AND 320 MG TABLETS
- TEVA-VALSARTAN/HCTZ – 80/12.5, 160/12.5, 160/25, 320/12.5 AND 320/25 MG TABLETS
- TEVA-VARENICLINE – 0.5 AND 1 MG STARTER KIT
- TEVA -VARENICLINE – 0.5 AND 1 MG TABLETS – TO A MAXIMUM OF 165 TABLETS PER BENEFIT YEAR
- TEVA-VENLAFAXINE XR – 75 AND 150 MG CAPSULES
- TEVA-ZOPICLONE – 5 AND 7.5 MG TABLETS
- THEO ER – 400 AND 600 MG TABLETS
- THYROID – 30, 60, 125 MG TABLETS
- TIAMOL – 0.05% CREAM
- TIAZAC – 120, 180, 240, 300 AND 360 MG EXTENDED RELEASE CAPSULES
- TIAZAC XC – 120, 180, 240, 300 AND 360 MG EXTENDED RELEASE TABLETS
- TIMOLOL (AA PHARMA) – 5, 10 AND 20 MG TABLETS
- TIMOLOL MALEATE GEL FORMING SOLUTION – 0.25 AND 0.5% GEL FORMING SOLUTION
- TIMOLOL MALEATE OPHTHALMIC SOLUTION (SABEX)
- TIMOPTIC – 0.5% OPHTHALMIC SOLUTION
- TIMOPTIC XE – 0.5% OPHTHALMIC SOLUTION
- TOBRAMYCIN (SANDOZ) – 40 MG/ML INJECTION
- TOBRAMYCIN (STERIMAX) – 40 MG/ML INJECTION
- TOBRAMYCIN INJECTION (JAMP) – 40 MG/ML INJECTION
- TOPAMAX – 15 MG AND 25 MG – SPRINKLE CAPSULES
- TOPAMAX – 25, 100 AND 200 MG TABLETS
- TOPICORT – 0.05% CREAM
- TOPIRAMATE (SANIS) – 25 AND 100 MG TABLETS
- TORADOL IM (ATNAHS PHARMA) – 10 MG/ML INJECTION
- TOVIAZ – 4 AND 8 MG TABLETS
- TRANDATE TABLETS
- TRANDOLAPRIL (SANIS) – 1, 2 AND 4 MG CAPSULES
- TRANDOLAPRIL (SIVEM) – 1, 2 AND 4 MG CAPSULES
- TRANEXAMIC ACID (JAMP) – 500 MG TABLETS
- TRANEXAMIC ACID (STERIMAX) – 500 MG TABLETS
- TRAVATAN Z – 0.004% OPHTHALMIC SOLUTION
- TRAZODONE (SANIS) – 50, 100 AND 150 MG TABLETS
- TRIADERM – 0.1% TOPICAL CREAM
- TRIAMCINOLONE ACETONIDE (STERIMAX) – 40 MG/ML INJECTION
- TRIAZOLAM (AA PHARMA) – 0.25 MG TABLETS
- TRIFLUOPERAZINE (AA PHARMA) – 2, 5, 10 AND 20 MG TABLETS
- TRIHEXYPHENIDYL – 2 AND 5 MG TABLETS
- TRIMETHOPRIM (AA PHARMA) – 100 AND 200 MG TABLETS
- TRIMIPRAMINE (AA PHARMA) – 12.5, 25, 50 AND 75 MG TABLETS
- TRINIPATCH – 0.2, 0.4 AND 0.6 MG PATCHES
- TRINTELLIX – 5, 10 AND 20 MG TABLETS
- TRUSOPT – 2% OPHTHALMIC SOLUTION
- TRUSTEEL – 6 OR 8 MM CANNULA AND 23”/60 OR 32”/80 CM TUBING INFUSION SET
- T-STAT PREMOISTENED PADS

- TUDORZA GENUAIR – 400 MCG POWDER FOR INHALATION
- TYKESS BLOOD GLUCOSE TEST STRIPS
- UCERIS– 2MG/ACT FOAM
- ULTIBRO BREEZHALER – 50/110 MCG CAPSULES
- ULTICARE – 29, 31 AND 32 G PEN NEEDLES
- ULTICARE SYRINGES
- ULTILET CLASSIC LANCETS
- ULTRA-FINE INSULIN SYRINGES U-100 6MM 31G 0.3 ML ½ UNIT (EMBECTA)
- ULTRAVATE – 0.05% CREAM
- ULTRAVATE OINTMENT
- UNIFINE PENTIPS – 4 MM 32 G, 4 MM 33 G AND 5 MM 31 G PEN NEEDLES
- URISTIX
- URSODIOL (GLENMARK) – 250 AND 500 MG TABLETS
- URSODIOL C (SANIS) – 250 AND 500 MG TABLETS
- VALACYCLOVIR (SANIS) – 500 MG TABLETS
- VALACYCLOVIR (SIVEM) – 500 MG TABLETS
- VALCYTE – 450 MG TABLETS
- VALIUM TABLETS
- VALSARTAN HCT (SANIS) – 80/12.5, 160/12.5, 160/25, 320/12.5 AND 320/25 MG TABLETS
- VALSARTAN HCT (SIVEM) – 80/12.5, 160/12.5, 160/25 AND 320/12.5 MG TABLETS
- VALSARTAN (SANIS) – 40, 80, 160 AND 320 MG TABLETS
- VALSARTAN (SIVEM) – 40, 80, 160 AND 320 MG TABLETS
- VALTREX – 500 MG CAPLETS
- VANCOMYCIN HYDROCHLORIDE FOR INJECTION (HIKMA) – 500 MG AND 1 G POWDER FOR INJECTION
- VANCOMYCIN HYDROCHLORIDE FOR INJECTION (JAMP) – 500 MG AND 1 G POWDER FOR INJECTION
- VANCOMYCIN HYDROCHLORIDE FOR INJECTION (MARCAN) – 500 MG/VIAL AND 1 G/VIAL INJECTION
- VANCOMYCIN (SANDOZ) – 500 MG/VIAL AND 1 G/VIAL INJECTION
- VANCOMYCIN HYDROCHLORIDE (STERIMAX) – 500 MG AND 1 G POWDER FOR INJECTION
- VARISOFT – 13 OR 17 MM CANNULA AND 23”/60, 32”/80 OR 43”/110 CM TUBING INFUSION SET
- VASERETIC – 10/25 MG TABLETS
- VASOTEC TABLETS
- VENLAFAXINE XR (JAMP) – 37.5, 75 AND 150 MG CAPSULES
- VENLAFAXINE XR (SANIS) – 37.5, 75 AND 150 MG CAPSULES
- VENLAFAXINE XR (SIVEM) – 37.5, 75 AND 150 MG CAPSULES
- VENTAHALER
- VENTA – 170 – SPACER
- VENTOLIN – 5 MG/ML RESPIRATOR SOLUTION TO A MAXIMUM OF 1,460 ML PER BENEFIT YEAR
- VENTOLIN HFA – 100 MCG METERED DOSE INHALER
- VEPESID CAPSULES
- VESICARE – 5 AND 10 MG TABLETS
- VIADERM-K.C. CREAM AND OINTMENT
- VISKEN – 5 AND 10 MG TABLETS
- VISTITAN – 0.03% OPHTHALMIC SOLUTION
- VITAMIN B₁₂ (SANDOZ) INJECTION
- VITAMIN K₁ INJECTION
- VOLTAREN – 50 MG SUPPOSITORIES
- VOLTAREN OPHTHA
- VOLTAREN RAPIDE – 50 MG TABLETS
- VYVANSE – 10, 20, 30, 40, 50 AND 60 MG CAPSULES AND CHEWABLE TABLETS
- VYZULTA – 0.024% OPHTHALMIC SOLUTION
- WELLBUTRIN XL – 150 AND 300 MG TABLETS
- WINPRED – 1 MG TABLETS
- WIXELA INHUB – 100/50, 250/50 AND 500/50 MCG POWDER FOR INHALATION
- XALACOM – 50 MCG/5 MG/ML OPHTHALMIC SOLUTION
- XALATAN – 50 MCG/ML OPHTHALMIC SOLUTION

- XANAX – 0.25, 0.5 AND 1 MG TABLETS
- XARELTO – 2.5, 10, 15, AND 20MG TABLETS
- XATRAL – 10 MG TABLETS
- XELODA – 150 AND 500 MG TABLETS
- XYLAC – 2.5, 10 AND 25 MG TABLETS
- YPSOPUMP INSET – 6 OR 9 MM CANNULA AND 18"/45, 24"/60, 31"/80 OR 43"/110 CM TUBING INFUSION SET
- YPSOPUMP ORBIT MICRO – 5.5 OR 8.5 MM CANNULA INFUSION SET
- YPSOPUMP ORBIT MICRO – 5.5 OR 8.5 MM CANNULA AND 18"/45, 24"/60, 31"/80 OR 43"/110 CM TUBING INFUSION SET
- YPSOPUMP ORBIT SOFT – 6 OR 9 MM CANNULA INFUSION SET
- YPSOPUMP ORBIT SOFT – 6 OR 9 MM CANNULA AND 18"/45, 24"/60, 31"/30 OR 43"/110 CM TUBING INFUSION SET
- YPSOPUMP RESERVOIR
- ZARONTIN – 250 MG CAPSULES AND 50 MG/ML SYRUP
- ZAROXOLYN – 2.5 MG TABLETS
- ZELDOX – 20, 40, 60 AND 80 MG CAPSULES
- ZENHALE – 5/50 MCG, 5/100 MCG AND 5/200 MCG METERED DOSE INHALER
- ZESTORETIC – 10/12.5, 20/12.5 AND 20/25 MG TABELTS
- ZESTRIL – 5, 10 AND 20 MG TABLETS
- ZOCOR – 10, 20 AND 40 MG TABLETS
- ZOFRAN – 4 MG/5 ML ORAL SOLUTION
- ZOLOFT – 25, 50 AND 100 MG CAPSULES
- ZOPICLONE (SANIS) – 5 AND 7.5 MG TABLETS
- ZOPICLONE (SIVEM) – 5 AND 7.5 MG TABLETS
- ZOVIRAX – 5% CREAM, OINTMENT
- ZYPREXA – 2.5, 5, 7.5, 10 AND 15 MG TABLETS
- ZYPREXA ZYDIS – 5, 10 AND 15 MG ORALLY DISINTEGRATING TABLETS

- EXTEMPOREANEOUS COMPOUNDED PRESCRIPTIONS – IF THE MAIN THERAPEUTIC INGREDIENT IN THE PREPARATION IS LISTED IN THIS SCHEDULE, AND IS MIXED TOGETHER WITH OTHER INGREDIENTS IN ACCORDANCE WITH A PRESCRIPTION TO PROVIDE A CUSTOMIZED FORMULA WITHOUT DUPLICATING A COMMERCIALY-AVAILABLE PRODUCT. THIS DOES NOT INCLUDE RECONSTITUTING A DRUG WITH ONLY WATER.

PART 2

Any one of the following for the length of time and conditions specified:

- ACH-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- ACH-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;

- (b) Indicated as first line therapy for exercise induced asthma.
- ACT AZITHROMYCIN – 600 mg Tablets – For the treatment of patients with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare.
- ACT CIPROFLOXACIN – 250, 500 and 750 mg Tablets –
 - (a) Step down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulphonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopaedic surgery; or
 - (g) Treatment of chronic bacterial prostatitis.
- ACT FLUCONAZOLE – 50 and 100 mg Tablets – For the prophylaxis and treatment of:
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- ACT LEVOFLOXACIN – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of gram-negative infections resistant to standard therapy;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of bacterial prostatitis;
 - (e) Treatment of respiratory infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides;
 - (f) Treatment of diabetic foot infections;
 - (g) Treatment of community acquired pneumonia with co-morbid illness or failure of first-line therapy;
 - (h) Treatment of pneumonia in long-term care patients.
- ACT PRAMIPEXOLE – 0.25, 0.5, 1 and 1.5 mg Tablets – For the treatment of idiopathic Parkinson's Disease.
- ACT RIZATRIPTAN – 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- ACT RIZATRIPTAN ODT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- AG-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (e.g. amoxicillin and erythromycin);

- (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
- (c) with sexually transmitted disease due to Chlamydia;
- (d) with pneumonia;
- (e) with infections requiring a macrolide (including CAP in patients 65 and over) with documented intolerance to erythromycin.
- AG-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- AG-MOXIFLOXACIN – 400 mg Tablets
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (e.g. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- AG-RIZATRIPTAN ODT – 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- AMOXICILLIN/CLAV (SANIS)– 500/125 and 875/125 mg tablets –
 - (a) for the treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - (b) for the treatment of patients with infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin).
- APO-AMOXI CLAV – 250 mg/125 mg, 500 mg/125 mg and 875 mg/125 mg Tablets and 400/57 mg/5 mL Suspension –
 - (a) for the treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - (b) for the treatment of patients with infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin).
- APO-AZITHROMYCIN Z – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia.
- APO-CEFUROXIME – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);

- (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- APO-CLARITHROMYCIN – 250 and 500 mg Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
 - APO-CLARITHROMYCIN XL – 500 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H.pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
 - APO-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
 - APO-DESMOPRESSIN – 0.1 and 0.2 mg Tablets – For the treatment of:
 - (a) diabetes insipidus;
 - (b) enuresis in children refractory to alternative agents.
 - APO-DUTASTERIDE – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
 - APO-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
 - APO-FLUCONAZOLE – 150 mg Capsules – For single dose treatment of vaginal candidiasis in patients who fail or are intolerant to topical antifungal therapy.
 - APO-FLUCONAZOLE – 50 and 100 mg Tablets – For the prophylaxis and treatment of
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
 - APO-LEVOFLOXACIN – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of gram-negative infections resistant to standard therapy;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and

sulfonamides);

(d) Treatment of bacterial prostatitis;

(e) Treatment of respiratory infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides;

(f) Treatment of diabetic foot infections;

(g) Treatment of community acquired pneumonia with co-morbid illness or failure of first-line therapy;

(h) Treatment of pneumonia in long-term care patients.

– APO-MONTELUKAST – 4, 5 and 10 mg Tablets –

(a) Indicated as adjunctive therapy for asthma in cases where:

(i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or

(ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;

(b) Indicated as first line therapy for exercise induced asthma.

– APO-MOXIFLOXACIN – 400 mg Tablets –

(a) Step-down care following hospital separation in patients treated with parenteral antibiotics;

(b) Treatment of resistant gram-positive or gram-negative infections;

(c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);

(d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.

– APO-NARATRIPTAN – 1 and 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

– APO-PRAMIPEXOLE – 0.25, 0.5, 1 and 1.5 mg Tablets – For the treatment of idiopathic Parkinson's Disease.

– APO-RIZATRIPTAN – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

– APO-SUMATRIPTAN – 50 and 100 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

– APO-TICAGRELOR – 90 mg Tablets – For the treatment of patients with:

(a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or

(b) STEMI and undergoing revascularization via PCI; or

(c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).

– ARTHROTEC – 50 mg/200 mcg and 75 mg/200 mcg Tablets – For patients receiving long-term diclofenac sodium

enteric coated tablets who require the addition of misoprostol.

- AURO-AMOXICLAV – 250 mg/125 mg, 500 mg/125 mg and 875 mg/125 mg Tablets
 - (a) for the treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - (b) for the treatment of patients with infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin).
- AURO-AZITHROMYCIN – 100 mg/5 mL and 200 mg/5 mL Oral Suspension – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of *H. pylori*;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- AURO-CEFIXIME – 100 mg/5 ml suspension –
 - a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - b) For treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - d) For treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- AURO-CEFIXIME – 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- AURO-CEFPROZIL – 500 mg Tablets, and 125 mg/5 mL and 250 mg/5 mL Oral Suspension –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- AURO-CEFUROXIME – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);

- (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
- (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- AURO-CIPROFLOXACIN – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
- AURO-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- AURO-DUTASTERIDE – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- AURO-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- AURO-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists. eg. Adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
- AURO-MOXIFLOXACIN – 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- AURO-PRAMIPEXOLE – 0.25, 0.5, 1 and 1.5 mg Tablets – For the treatment of idiopathic Parkinson's Disease.
- AURO-TOFACITINIB – 5 mg & 10mg Tablets – (a) For the treatment of patients 18 years of age or older who have moderate to severe active rheumatoid arthritis and have:
 - (i) failed treatment with at least 3 DMARD therapies, one of which is methotrexate or leflunomide or both, unless intolerance or contraindications to these agents is documented.

(ii) tried one combination therapy of DMARDS, and

(iii) documented disease activity (such as the number of tender joints, the number of swollen joints, the erythrocyte sedimentation rate or the C-reactive protein value).

NOTE: Coverage will be provided only if prescribed by a specialist in rheumatology.

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

(b) For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

- AURO-ZOLMITRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- AVELOX – 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- AVODART – 0.5 mg capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- AZITHROMYCIN (SIVEM) – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia.
- BAQSIMI – 3 mg Powder – For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus who are receiving insulin therapy and are at high risk SH, when impaired consciousness precludes oral carbohydrates. Coverage will be provided for up to 7 devices per benefit year.
- BIAVIN – 125 and 250 mg/5 mL Powder for Suspension and 250 and 500 mg Tablets – For treatment of patients:
 - (a) Not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) With mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) In combination therapy in the treatment of H. pylori;
 - (d) With pneumonia;
 - (e) With infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.

- BRILINTA – 90 mg Tablets – For the treatment of patients with:
 - (a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
 - (b) STEMI and undergoing revascularization via PCI; or
 - (c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).
- CALCITRIOL-ODAN – 0.25 and 0.5 mcg Capsules – For the management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, and Vitamin D resistant rickets.
- CALCITRIOL (STRIDES PHARMA) – 0.25 and 0.5 mcg Capsules – For the management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism and Vitamin D-resistant rickets.
- CEFTIN – 125 mg/5 mL Suspension –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or Sulfonamides).
- CILOXAN – 0.3% Ophthalmic Solution and 0.3% Ophthalmic Ointment – For treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.
- CIPRO – 10 g/100 mL Oral Suspension –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and Sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
- CIPROFLOXACIN (SANIS) – 250 and 500 mg Tablets
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;

- (d) Treatment of infections in persons allergic alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
- CIPROFLOXACIN (SIVEM) – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
 - CLARITHROMYCIN (SANIS) – 250 mg and 500 Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
 - CLARITHROMYCIN (SIVEM) – 250 and 500 mg Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin
 - CLAVULIN – 875 mg/125 mg Tablets, and 25 and 50 mg/mL, 200 mg/5 mL, 400 mg/5 mL Suspensions –
 - (a) For treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - (b) For treatment of patients with infections caused by organisms known to be resistant to alternative antibiotics (eg. Amoxicillin).
 - CYCLOBENZAPRINE (SANIS) – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage

will be provided for up to 126 tablets per benefit year.

- CYCLOBENZAPRINE (SIVEM) – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- DALACIN – 2% Vaginal Cream – For treatment of bacterial vaginosis for patients who fail oral metronidazole or are intolerant to oral metronidazole or are pregnant.
- DESMOPRESSIN (AA PHARMA) – 10 mcg Spray – For the treatment of
 - (a) diabetes insipidus; and
 - (b) enuresis in children refractory to alternate agents.
- DEXCOM G6 – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 45 sensors per benefit year.
- DEXCOM G6 – Transmitter – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 5 transmitters per benefit year.
- DEXCOM G7 – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 45 sensors per benefit year.
- DEXCOM G7 –Receiver – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for 1 receiver per client lifetime.
- DIFLUCAN – 250 ml P.O.S. – For the prophylaxis and treatment of
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- DOM-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- DUTASTERIDE (SANIS) – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- DUTASTERIDE (SIVEM) – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- DUTASTERIDE (JAMP) – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- FINASTERIDE (SANIS) – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- FINASTERIDE (SIVEM) – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- FLEXERIL – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- FLUCONAZOLE (SANIS) – 50 and 100 mg Tablets – For the prophylaxis and treatment of:
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.

- FLUCONAZOLE(SIVEM)– 50 and 100 mg Tablets – For the prophylaxis and treatment of:
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- FLUCONAZOLE (SANIS) – 150 mg Capsule – For a single dose treatment of vaginal candidiasis in patients who fail or are intolerant of topical antifungal therapy.
- FLUNARIZINE (AA PHARMA) – 5 mg Capsules – For prophylaxis of migraines in cases where alternative prophylactic agents have not been effective.
- FREESTYLE LIBRE and LIBRE 2 – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 33 sensors per benefit year.
- FREESTYLE LIBRE 3 PLUS – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 31 sensors per benefit year.
- GD-DICLOFENAC/MISOPROSTOL – 50 mg/200 mcg and 75 mg/200 mcg Tablets – For patients receiving long-term diclofenac sodium enteric coated tablets who require the addition of misoprostol.
- GENOTROPIN – 5.3 and 12 mg Pen and 0.6, 0.8, 1, 1.2, 1.4, 1.6, 1.8 and 2 mg Injections
 - (a) For the long term management of children who have growth failure due to an inadequate secretion of normal endogenous growth hormone;
 - (b) For the treatment of children who have growth failure associated with chronic renal failure insufficiency up to the time of renal transplant;
 - (c) For the treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.
- HUMATROPE – 6.0, 12.0 and 24 mg/cartridge Injection –
 - (a) For the long term management of children who have growth failure due to an inadequate secretion of normal endogenous growth hormone;
 - (b) For treatment of children who have growth failure associated with chronic renal failure insufficiency up to the time of renal transplant;
 - (c) For treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.
- IMITREX – 5 mg and 20 mg Nasal Spray – For treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 sprays per benefit year.
- IMITREX DF – 50 and 100 mg Tablets – For treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- JAMP AMOXI CLAV – 250/125, 500/125 and 875/125 mg Tablets and 200/28.5 mg/5 mL, 250/62.5 mg/5 mL and 400/57 mg/5 mL oral suspension–
 - (a) For treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - (b) For treatment of patients with infections caused by organisms known to be resistant to alternative (eg. amoxicillin).
- JAMP-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) Not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);

- (b) With mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
- (c) With sexually transmitted disease due to Chlamydia;
- (d) With pneumonia;
- (e) With infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- JAMP-CEFUROXIME – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- JAMP-CIPROFLOXACIN – 250, 500 and 750 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulphonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopaedic surgery; or
 - (g) Treatment of chronic bacterial prostatitis.
- JAMP-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- JAMP-DUTASTERIDE – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- JAMP-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- JAMP-FLUCONAZOLE – 150 mg Capsule – For a single dose treatment of vaginal candidiasis in patients who fail or are intolerant of topical antifungal therapy.
- JAMP-ITRACONAZOLE – 10 mg/ml Oral Solution – For the prophylaxis and treatment of:
 - (a) Onychomycosis, oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) Systemic fungal infections other than oropharyngeal candidiasis.
- JAMP LEVOFLOXACIN – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of gram-negative infections resistant to standard therapy;

- (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of bacterial prostatitis;
 - (e) Treatment of respiratory infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides;
 - (f) Treatment of diabetic foot infections;
 - (g) Treatment of community acquired pneumonia with co-morbid illness or failure of first-line therapy;
 - (h) Treatment of pneumonia in long-term care patients.
- JAMP-MONTELUKAST – 4 and 5 mg Chewable Tablets and 10 mg Tablets –
- (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
- JAMP-MOXIFLOXACIN – 400 mg Tablets –
- (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- JAMP OSELTAMIVIR – 30 and 75 mg Capsules – For the treatment OR prevention of influenza in persons who meet one or more of the following risk factors:
- (a) asthma or other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema;
 - (b) cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease such as congestive heart failure, and symptomatic coronary artery disease;
 - (c) malignancy;
 - (d) chronic renal insufficiency;
 - (e) chronic liver disease;
 - (f) diabetes mellitus or other metabolic diseases;
 - (g) hemoglobinopathies such as sickle cell disease;
 - (h) immunosuppression or immunodeficiency due to disease (e.g. HIV infection, or iatrogenic due to medication);
 - (i) rheumatologic diseases, including rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis,

antiphospholipid syndrome, scleroderma, spondyloarthropathies, Sjogren's syndrome, dermatomyositis, vasculitis, sarcoidosis and polyarteritis nodosa;

(j) neurological disease or neurodevelopmental disorders that compromise handling of respiratory secretions (e.g. cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders);

(k) children younger than 2 years of age;

(l) individuals 65 years of age or older;

(m) individuals of any age who are residents of nursing homes or other chronic care facilities;

(n) pregnant women and women up to 2 weeks post partum regardless of how the pregnancy ended;

(o) individuals younger than 18 years of age who are on chronic aspirin therapy;

(p) morbid obesity (BMI 40 or greater);

(q) persons of aboriginal ancestry, including Indian, Inuit or Metis ancestry;

(r) persons exposed to avian influenza.

- JAMP-RIZATRIPTAN – 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- JAMP-RIZATRIPTAN ODT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- JAMP SUMATRIPTAN AND JAMP SUMATRIPTAN DF – 50 and 100 mg Tablets -- For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- JAMP TICAGRELOR– 90 mg Tablets – For the treatment of patients with:
 - (a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
 - (b) STEMI and undergoing revascularization via PCI; or
 - (c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).

- JAMP-TOFACITINIB – 5 mg Tablets
 - (a) For the treatment of patients 18 years of age or older who have moderate to severe active rheumatoid arthritis and have:
 - (i) failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide, unless intolerance or contraindications to these agents is documented.
 - (ii) tried one combination therapy of DMARDS, and
 - (iii) documented disease activity (such as the number of tender joints, the number of swollen joints, the erythrocyte sedimentation rate or the C-reactive protein value).

NOTE: Coverage will be provided only if prescribed by a specialist in rheumatology.

Combined use with other biologic drugs or Janus

Kinase(JAK) inhibitors will not be reimbursed.

(b) For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy, including 5-aminosalicylate compounds AND corticosteroids.

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology.

Combined use with other biologic drugs or Janus Kinase(JAK) inhibitors will not be reimbursed.

- JAMP-ZOLMITRIPTAN/JAMP-ZOLMITRIPTAN ODT – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- M-AMOXI CLAV – 250 mg/62.5 mg/5 mL and 400 mg/57mg/5 mL oral suspension –
 - a) For treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - b) For treatment of patients with infections caused by organisms known to be resistant to alternative (eg. amoxicillin).
- M-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- M-CLARITHROMYCIN – 250 and 500 mg Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- M-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- M-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.

- M-MOXIFLOXACIN – 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- M-TICAGRELOR – 90 mg Tablets – For the treatment of patients with:
 - (a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
 - (b) STEMI and undergoing revascularization via PCI; or
 - (c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).
- MAR-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- MAR-CIPROFLOXACIN – 250, and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
- MAR-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or

(ii) evidence of serious adverse effects associated with corticosteroids exists. eg. adrenal suppression, increased lung infections;

(b) Indicated as first line therapy for exercise induced asthma.

- MAR-RIZATRIPTAN ODT – 10 mg Orally Disintegrating Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- MAXALT RPD and MAXALT – 5 and 10 mg Wafers and 10 mg Tablets – For treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 wafers or tablets per benefit year.
- MED-DUTASTERIDE – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- MED-MOXIFLOXACIN – 400 mg Tablets –

(a) Step-down care following hospital separation in patients treated with parenteral antibiotics;

(b) Treatment of resistant gram-positive or gram-negative infections;

(c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);

(d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.

- METADOL-D 10 mg/ml – Oral solution – For the treatment of patients who

(a) are being treated with Metadol-D; or

(b) have previously been treated with two or more methadone products listed under Part 1.

- MEDTRONIC GUARDIAN SENSOR (3) CGM – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 65 sensors per benefit year.
- MEDTRONIC GUARDIAN SENSOR (4) CGM – Sensor – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 65 sensors per benefit year.
- MEDTRONIC GUARDIAN LINK (3) TRANSMITTER (FOR MINIMED 670 and 770 G PUMP) – Kit – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 1 kit per benefit year.
- MEDTRONIC GUARDIAN LINK (4) TRANSMITTER – Kit – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 1 kit per benefit year.
- MEDTRONIC GUARDIAN CONNECT TRANSMITTER STARTER – Kit – For patients with type 1 or type 2 diabetes currently on both basal and bolus insulin or using an insulin pump.
Coverage will be provided for up to 1 kit per benefit year
- METHADOSE – 10 mg/ml – Oral solution – For the treatment of patients who
 - (a) are being treated with Methadose, or
 - (b) have previously been treated with two or more methadone products listed under Part 1.
- MINOCYCLINE (AA PHARMA) – 50 and 100 mg Capsules –
 - (a) For treatment of acne unresponsive to tetracycline or erythromycin;

- (b) For rheumatoid arthritis patients who have failed two other second line agents.
- MINT-CIPROFLOX – 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides).
 - (e) treatment of infections in immunocompromised patients;
 - (f) treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) treatment of chronic bacterial prostatitis.
- MINT DUTASTERIDE – 0.5 mg Capsules – For the treatment of symptomatic benign prostatic hyperplasia.
- MINT-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- MINT-ITRACONAZOLE – 100 mg Capsules – For the prophylaxis and treatment of:
 - (a) Onychomycosis, oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) Systemic fungal infections other than oropharyngeal candidiasis.
- MINT-MONTELUKAST – 4, 5 and 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists. Eg. Adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
- MINT-OSELTAMIVIR – 30 and 75 mg Capsules – For the treatment OR prevention of influenza in persons who meet one or more of the following risk factors:
 - (a) asthma or other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema;
 - (b) cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease such as congestive heart failure, and symptomatic coronary artery disease;
 - (c) malignancy;
 - (d) chronic renal insufficiency;
 - (e) chronic liver disease;
 - (f) diabetes mellitus or other metabolic diseases;
 - (g) hemoglobinopathies such as sickle cell disease;

- (h) immunosuppression or immunodeficiency due to disease (e.g. HIV infection, or iatrogenic due to medication);
 - (i) rheumatologic diseases, including rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis, antiphospholipid syndrome, scleroderma, spondyloarthropathies, Sjogren's syndrome, dermatomyositis, vasculitis, sarcoidosis and polyarteritis nodosa;
 - (j) neurological disease or neurodevelopmental disorders that compromise handling of respiratory secretions (e.g. cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders);
 - (k) children younger than 2 years of age;
 - (l) individuals 65 years of age or older;
 - (m) individuals of any age who are residents of nursing homes or other chronic care facilities;
 - (n) pregnant women and women up to 2 weeks post partum regardless of how the pregnancy ended;
 - (o) individuals younger than 18 years of age who are on chronic aspirin therapy;
 - (p) morbid obesity (BMI 40 or greater);
 - (q) persons of aboriginal ancestry, including Indian, Inuit or Metis ancestry;
 - (r) persons exposed to avian influenza.
- MINT-ZOLMITRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
 - MIRAPEX – 0.25 mg Tablets – For the treatment of idiopathic Parkinson's disease.
 - MONTELUKAST (SANIS) – 5 mg Chewable Tablets and 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists. eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
 - MONTELUKAST (SIVEM) – 4 and 5 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists. Eg. Adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
 - MONTELUKAST (SIVEM) – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists (eg. adrenal suppression,

increased lung infections);

(b) Indicated as first line therapy for exercise induced asthma.

– MOXIFLOXACIN (SANIS) – 400 mg Tablets –

(a) Step-down care following hospital separation in patients treated with parenteral antibiotics;

(b) Treatment of resistant gram-positive or gram-negative infections;

(c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);

(d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.

– MYLAN-FLUCONAZOLE – 50 and 100 mg Tablets – For the prophylaxis and treatment of

(a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and

(b) systemic fungal infections other than oropharyngeal candidiasis.

– MYLAN-RIZATRIPTAN ODT – 5 and 10 mg Controlled Release Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

– MYLAN-SUMATRIPTAN – 50 and 100 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

– NAT-MONTELUKAST – 4 and 5 mg Chewable Tablets and 10 mg Tablets –

(a) Indicated as adjunctive therapy for asthma in cases where:

(i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or

(ii) evidence of serious adverse effects associated with corticosteroids exists. eg. adrenal suppression, increased lung infections;

(b) Indicated as first line therapy for exercise induced asthma.

– NAT-OSELTAMIVIR – 30, 45 and 75 mg Tablets and 6 mg/mL Oral Suspension – For the treatment OR prevention of Influenza in persons who meet one or more of the following risk factors:

(a) asthma or other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema;

(b) cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease such as congestive heart failure, and symptomatic coronary artery disease;

(c) malignancy;

(d) chronic renal insufficiency;

(e) chronic liver disease;

(f) diabetes mellitus or other metabolic diseases;

(g) hemoglobinopathies such as sickle cell disease;

(h) immunosuppression or immunodeficiency due to disease (eg. HIV infection, or iatrogenic due to medication);

(i) rheumatologic diseases, including rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis,

antiphospholipid syndrome, scleroderma, spondyloarthropathies, Sjorgen's syndrome, dermatomyositis, vasculitis, sarcoidosis and polyarteritis nodosa;

(j) neurological disease or neurodevelopmental disorders that compromise handling of respiratory secretions (eg. cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders);

(k) children younger than 2 years of age;

(l) individuals 65 years of age or older;

(m) individuals of any age who are residents of nursing homes or other chronic care facilities;

(n) pregnant women and women up to 2 weeks post partum regardless of how the pregnancy ended;

(o) individuals younger than 18 years of age who are on chronic aspirin therapy;

(p) morbid obesity (BMI 40 or greater);

(q) persons of aboriginal ancestry, including Indian, Inuit or Metis ancestry;

(r) persons exposed to avian influenza.

- NAT-RIZATRIPTAN ODT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- NAT-ZOLMITRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- NGENLA – 20mg/ml and 50mg/ml – For the long-term treatment on pediatric patients who have growth failure due to an inadequate secretion of endogenous growth hormone (growth hormone deficiency [GHD]) only if the following conditions are met:

Initiation:

-Pre-pubertal children who are at least 3 years of age, and who are diagnosed with either isolated GHD, or growth hormone insufficiency as part of multiple pituitary hormone deficiency.

Discontinuation:

-Treatment with somatogon must be discontinued upon the occurrence of any of the following:

- 1) Height velocity is less than 2 cm per year and bone age is more than 16 years in boys and 14 years in girls
- 2) Closure of the epiphyseal growth plates

This medication should be prescribed by, or in consultation with, a specialist in this treatment area (i.e. pediatric endocrinologist)

- NIDAGEL – 0.75% Vaginal Gel – For treatment of bacterial vaginosis for patients who fail oral metronidazole or are intolerant to oral metronidazole, or are pregnant in the second and third trimester.
- NORDITROPIN NORDIFLEX (NOVO NORDISK) – 5 mg/1.5 mL, 10 mg/1.5 mL and 15 mg/1.5 mL Pen – For the long term management of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.
- NORDITROPIN FLEXPOR (NOVO NORDISK)

5 mg/1.5 mL, 10 mg/1.5 mL and 15 mg/1.5 mL

Pre-filled pen- For the long term management of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

- NORFLOXACIN (AA PHARMA) – 400 mg Tablets –
 - (a) For treatment of urinary tract infections caused by *Pseudomonas aeruginosa*;
 - (b) For treatment of urinary tract infections not responding to alternative therapy (eg. penicillins, cephalosporins and sulfonamides);
 - (c) For treatment of urinary tract infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) For treatment of chronic bacterial prostatitis.

- NRA-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients
 - (a) not responding to or intolerant of alternative antibiotics (e.g. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to *Mycobacterium avium* and *Mycobacterium intracellulare*;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and over) with documented intolerance to erythromycin.

- NRA-CIPROFLOXACIN – 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis

- NRA-DUTASTERIDE – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.

- NRA-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.

- NRA-RIZATRIPTAN ODT – 10 mg Tablets –

For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

- NRA-ZOLMITRIPTAN – 2.5 mg Tablets –
For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- NUTROPIN AQ NUSPIN – 5 mg/2 mL, 10 mg/2 mL and 20 mg/2 mL Injection –
 - (a) For the long term management of children who have growth failure due to an inadequate secretion of normal endogenous growth hormone;
 - (b) For the treatment of children who have growth failure associated with chronic renal failure insufficiency up to the time of renal transplant;
 - (c) For treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.
- OCUFLOX – 0.3% Ophthalmic Solution – For the treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.
- ODAN ITRACONAZOLE – 10 mg/mL Oral Solution – For the prophylaxis and treatment of:
 - (a) Onychomycosis, oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) Systemic fungal infections other than oropharyngeal candidiasis.
- OMNITROPE (SANDOZ) – 5 mg/1.5 mL, 10 mg/1.5 mL and 15 mg/1.5 mL Injection – For the long term management of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.
- ONE ALPHA – 0.25 and 1.0 ug Capsules and 0.2 ug/mL Solution – For the management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, and Vitamin D resistant rickets.
- OSELTAMIVIR (STRIDES PHARMA) – 30, 45 and 75 mg Capsules – For the treatment OR prevention of influenza in persons who meet one or more of the following risk factors:
 - (a) asthma or other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema;
 - (b) cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease such as congestive heart failure, and symptomatic coronary artery disease;
 - (c) malignancy;
 - (d) chronic renal insufficiency;
 - (e) chronic liver disease;
 - (f) diabetes mellitus or other metabolic diseases;
 - (g) hemoglobinopathies such as sickle cell disease;
 - (h) immunosuppression or immunodeficiency due to disease (e.g. HIV infection, or iatrogenic due to medication);
 - (i) rheumatologic diseases, including rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis, antiphospholipid syndrome, scleroderma, spondyloarthropathies, Sjogren's syndrome, dermatomyositis, vasculitis, sarcoidosis and polyarteritis nodosa;
 - (j) neurological disease or neurodevelopmental disorders that compromise handling of respiratory secretions (e.g. cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders);

- (k) children younger than 2 years of age;
 - (l) individuals 65 years of age or older;
 - (m) individuals of any age who are residents of nursing homes or other chronic care facilities;
 - (n) pregnant women and women up to 2 weeks post partum regardless of how the pregnancy ended;
 - (o) individuals younger than 18 years of age who are on chronic aspirin therapy;
 - (p) morbid obesity (BMI 40 or greater);
 - (q) persons of aboriginal ancestry, including Indian, Inuit or Metis ancestry;
 - (r) persons exposed to avian influenza.
- PMS-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
 - PMS-AZITHROMYCIN – 600 mg Tablets – For the treatment of patients with mycobacterium avium and mycobacterium intracellulare.
 - PMS-CIPROFLOXACIN – 250, 500 and 750 mg Tablets
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
 - PMS-CLARITHROMYCIN – 250 and 500 mg Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;

(e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.

- PMS-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- PMS-DICLOFENAC-MISOPROSTOL – 50 mg/200 mcg and 75 mg/200 mcg Tablets – For the treatment of patients receiving long-term diclofenac sodium enteric coated tablets who require the addition of misoprostol.
- PMS-DESMOPRESSIN – 0.1 and 0.2 mg Tablets – For the treatment of:
 - (a) diabetes insipidus;
 - (b) enuresis in children refractory to alternative agents.
- PMS-DUTASTERIDE – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- PMS-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- PMS-FLUCONAZOLE – 50 and 100 mg Tablets – For the prophylaxis and treatment of
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- PMS-MONTELUKAST – 4, 5 and 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists (eg. adrenal suppression, increased lung infections);
 - (b) Indicated as first line therapy for exercise induced asthma.
- PMS-RIZATRIPTAN RDT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- PMS-SUMATRIPTAN – 50 and 100 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- PMS-TOFACITINIB – 5 mg Tablets –
 - (a) For the treatment of patients 18 years of age or older who have moderate to severe active rheumatoid arthritis and have:
 - (i) failed treatment with at least 3 DMARD therapies, one of which is methotrexate or leflunomide or both, unless intolerance or contraindications to these agents is documented.
 - (ii) tried one combination therapy of DMARDS, and
 - (iii) documented disease activity (such as the number of tender joints, the number of swollen joints, the erythrocyte sedimentation rate or the C-reactive protein value).

NOTE: Coverage will be provided only if prescribed by a specialist in rheumatology.

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

- (b) For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

- PRAMIPEXOLE (SANIS) – 0.25, 0.5, 1 and 1.5 mg Tablets – For treatment of idiopathic Parkinson's Disease.
- PROSCAR – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- RELENZA – 5 mg Blister Dry Powder for oral inhalation –

- (a) for the treatment of patients who show influenza-like illness and meet one or more of the following risk factors:

- (i) persons 65 years of age or older,
- (ii) persons under 65 years of age who are frail, have mobility problems or live alone,
- (iii) persons with chronic diseases (e.g. lung disease including asthma, heart disease, kidney disease, central nervous system diseases including neuromuscular diseases, endocrine system diseases including diabetes mellitus),
- (iv) persons with immune disorders or immunosuppression (e.g. cancer patients on treatment, patients with autoimmune diseases or rheumatologic diseases on TNF inhibitors or corticosteroids, transplant patients, patients with HIV infection),
- (v) children younger than 19 years of age having conditions treated with long-term acetylsalicylic acid (ASA),
- (vi) persons who are malnourished or severely obese,
- (vii) persons with other conditions (e.g. smoking, substance abuse, alcoholism, homelessness) that may increase the risk of complications from influenza or be associated with delays in seeking or receiving care for mild or severe influenza-like illness,
- (viii) persons of aboriginal ancestry,
- (ix) pregnant women and women within six weeks postpartum;

- (b) for preventive or chemoprophylactic purposes for persons who are severely immunocompromised and have a history of contact with a person with suspected or confirmed pandemic H1N1 virus

NOTE: For Relenza to be effective as a treatment, it should be administered as early as possible and preferably within 48 hours of onset of illness. For chemoprophylactic use, Relenza should be used within 48 hours of exposure to pandemic H1N1 influenza.

- RIVA-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.

- RIVA-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
 - RIZATRIPTAN (SANIS) – 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
 - RIZATRIPTAN ODT (SANIS) – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
 - RIZATRIPTAN ODT (SIVEM) – 5 AND 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
 - ROCALTROL – 0.25 and 0.5 ug Capsules – The management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, and Vitamin D resistant rickets.
 - SAIZEN – 5 mg/vial and 6, 12 and 20 mg cartridge Injections –
 - (a) For the long term management of children who have growth failure due to an inadequate secretion of normal endogenous growth hormone;
 - (b) For the treatment of children who have growth failure associated with chronic renal failure insufficiency up to the time of renal transplant;
 - (c) For treatment of short stature associated with Turner Syndrome in patients whose epiphyses are not closed.
- NOTE: Use the appropriate vial strength, based on the weight of the patient, in order to avoid wastage.
- SANDOZ ALFACALCIDOL – 0.25 and 1.0 ug Capsules and 0.2 ug/ml Solution – For the management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism, and Vitamin D resistant rickets.
 - SANDOZ AMOXI-CLAV TABLETS – 500/125 and 875/125 mg Tablets –
 - a) For treatment of patients not responding to alternative antibiotics (eg. amoxicillin);
 - b) For treatment of patients with infections caused by organisms known to be resistant to alternative (eg. amoxicillin).
 - SANDOZ AZITHROMYCIN – 100 mg/5 mL and 200 mg/5 mL Oral Suspension – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
 - SANDOZ AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;

- (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- SANDOZ CIPROFLOXACIN – 0.3% Ophthalmic Solution – For the treatment of ophthalmic infections caused by gram-negative organisms or those not responding to alternative agents.
- SANDOZ CIPROFLOXACIN – 250, 500 and 750 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of pseudomonal infections or resistant gram-negative infections;
 - (c) Treatment of resistant gonococcal infections;
 - (d) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (e) Treatment of infections in immunocompromised patients;
 - (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
 - (g) Treatment of chronic bacterial prostatitis.
- SANDOZ CLARITHROMYCIN – 250 and 500 mg Tablets – For treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- SANDOZ DUTASTERIDE – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- SANDOZ FENTANYL – 12, 25, 50, 75 and 100 mcg Patches – For the treatment of pain in patients unable to tolerate analgesics or when there is failure to adequately control pain with oral analgesics or in patients for whom oral analgesics are deemed inappropriate.
- SANDOZ FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- SANDOZ LEVOFLOXACIN – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of gram-negative infections resistant to standard therapy;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of bacterial prostatitis;
 - (e) Treatment of respiratory infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides;
 - (f) Treatment of diabetic foot infections;

- (g) Treatment of community acquired pneumonia with co-morbid illness or failure of first-line therapy;
- (h) Treatment of pneumonia in long-term care patients.
- SANDOZ MONTELUKAST – 4 mg Granules –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) Maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) Evidence of serious adverse effects associated with corticosteroids exists. eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
- SANDOZ MONTELUKAST – 4, 5 and 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;
 - (b) Indicated as first line therapy for exercise induced asthma.
- SANDOZ MOXIFLOXACIN – 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
 - (b) Treatment of resistant gram-positive or gram-negative infections;
 - (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
 - (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.
- SANDOZ NARATRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- SANDOZ PRAMIPEXOLE – 0.25, 0.5, 1 and 1.5 mg Tablets – For treatment of idiopathic Parkinson's Disease.
- SANDOZ RIZATRIPTAN ODT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- SAB-TOBRAMYCIN – 3 mg/mL Ophthalmic Solution – For treatment of highly suspected or proven pseudomonal ophthalmic infections.
- SANDOZ ZOLMITRIPTAN, SANDOZ ZOLMITRIPTAN ODT – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- SEPTA-ZOLMATRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- SINGULAIR – 4 and 5 mg Chewable Tablets, 10 mg Film Coated Tablets and 4 mg Oral Granules
 - (a) Indicated as adjunctive therapy for asthma in cases where:

- (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists, eg. adrenal suppression, increased lung infections;
- (b) Indicated as first line therapy for exercise induced asthma.
- SPC-CEFPROZIL – 250 and 500 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- SPORANOX – 100 mg Capsules – For the prophylaxis and treatment of
 - (a) onychomycosis, oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- SUBLOCADE – 100 mg/0.5 mL and 300 mg/1.5 mL subcutaneous Injection – For the management of moderate to severe opioid use disorder in adult patients who have been inducted and clinically stabilized on a transmucosal buprenorphine-containing product, if the following criteria and conditions are met:

Criteria:

 - Patients must be induced and stabilized on an equivalent of 8 mg to 24 mg per day of transmucosal buprenorphine for a minimum of 7 days.

Conditions:

 - Patients are under the care of a health care provider with experience in the diagnosis and management of opioid use disorder and who has been trained to administer the buprenorphine extended-release injection.
 - Buprenorphine extended-release injection should be used as part of a complete treatment plan that includes counselling and psychosocial support.
 - Buprenorphine extended-release injection must be administered subcutaneously in the abdominal region by a health care provider.
- SUMATRIPTAN (SANIS) – 50 and 100 mg Tablets – For the treatment of acute migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- SUMATRIPTAN DF (SIVEM) – 50 and 100 mg Tablets – For the treatment of acute migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.
- SUMATRIPTAN (SIVEM) – 50 and 100 mg Tablets – For the treatment of acute migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.
- SUPRAX – 20 mg/mL Suspension and 400 mg Tablets –
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);

- (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- SUPREFACT – 1 mg/mL subcutaneous and intranasal and 6.3 and 9.45 mg Depot – For the treatment of gynecological disorders excepting fertility disorders.
- SYNAREL – 2 mg/mL Nasal Spray – For hormonal management of endometriosis.
- TAMIFLU – 30, 45 and 75 mg Capsules and 6 mg/mL Oral Suspension – For the treatment OR prevention of Influenza in persons who meet one or more of the following risk factors:
 - (a) asthma or other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema;
 - (b) cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease such as congestive heart failure, and symptomatic coronary artery disease;
 - (c) malignancy;
 - (d) chronic renal insufficiency;
 - (e) chronic liver disease;
 - (f) diabetes mellitus or other metabolic diseases;
 - (g) hemoglobinopathies such as sickle cell disease;
 - (h) immunosuppression or immunodeficiency due to disease (eg. HIV infection, or iatrogenic due to medication);
 - (i) rheumatologic diseases, including rheumatoid arthritis, systemic lupus erythematosus, psoriatic arthritis, antiphospholipid syndrome, scleroderma, spondyloarthropathies, Sjorgen's syndrome, dermatomyositis, vasculitis, sarcoidosis and polyarteritis nodosa;
 - (j) neurological disease or neurodevelopmental disorders that compromise handling of respiratory secretions (eg. cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy, metabolic disorders);
 - (k) children younger than 2 years of age;
 - (l) individuals 65 years of age or older;
 - (m) individuals of any age who are residents of nursing homes or other chronic care facilities;
 - (n) pregnant women and women up to 2 weeks post partum regardless of how the pregnancy ended;
 - (o) individuals younger than 18 years of age who are on chronic aspirin therapy;
 - (p) morbid obesity (BMI 40 or greater);
 - (q) persons of aboriginal ancestry, including Indian, Inuit or Metis ancestry;
 - (r) persons exposed to avian influenza.
- TARO-CALCITRIOL – 0.25 and 0.5 mcg Capsules – For the management of hypocalcemia and osteodystrophy in patients with chronic renal failure undergoing dialysis and in the management of hypocalcemia in clinical manifestations associated with post surgical hypoparathyroidism, idiopathic hypoparathyroidism, pseudohypoparathyroidism and Vitamin D-resistant rickets.

- TARO-CEFPROZIL – 125 mg/5 mL and 250 mg/5 mL Powder for Suspension–
 - (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins;
 - (b) Treatment of patients with infections not responding to alternative antibiotics (eg. amoxicillin);
 - (c) Treatment of infections caused by organisms known to be resistant to alternative antibiotics (eg. amoxicillin);
 - (d) Treatment of patients known to be allergic or unresponsive to alternative antibiotics (eg. penicillin or sulfonamides).
- TARO-CLARITHROMYCIN – 125 mg/5 mL and 250 mg/5 mL Powder for suspension and 250 and 500 mg Tablets
 - For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. Pylori;
 - (d) with pneumonia; or
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- TARO-MONTELUKAST – 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:
 - (i) maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
 - (ii) evidence of serious adverse effects associated with corticosteroids exists (eg. adrenal suppression, increased lung infections);
 - (b) Indicated as first line therapy for exercise induced asthma.
- TARO-TICAGRELOR – 90 mg Tablets – For the treatment of patients with:
 - (a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
 - (b) STEMI and undergoing revascularization via PCI; or
 - (c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).
- TARO-TOFACITINIB – 5 & 10 mg Tablets –
 - (a) For the treatment of patients 18 years of age or older who have moderate to severe active rheumatoid arthritis and have:
 - (i) failed treatment with at least 3 DMARD therapies, one of which is methotrexate or leflunomide or both, unless intolerance or contraindications to these agents is documented.
 - (ii) tried one combination therapy of DMARDS, and
 - (iii) documented disease activity (such as the number of tender joints, the number of swollen joints, the erythrocyte sedimentation rate or the C-reactive protein value).

NOTE: Coverage will be provided only if prescribed by a specialist in rheumatology.

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed

- (b) For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed

- TEVA-AZITHROMYCIN – 250 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant to alternative antibiotics (e.g. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) with sexually transmitted disease due to Chlamydia;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- TEVA-CLARITHROMYCIN XL – 500 mg Tablets – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare; and
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- TEVA-CYCLOBENZAPRINE – 10 mg Tablets – As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy. Coverage will be provided for up to 126 tablets per benefit year.
- TEVA-DUTASTERIDE – 0.5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- TEVA-FENTANYL – 12, 25, 50, 75 and 100 mcg Transdermal Patch – For the treatment of pain in patients unable to tolerate oral analgesics or when there is failure to adequately control pain with oral analgesics or in patients in whom oral analgesics are deemed inappropriate.
- TEVA-FINASTERIDE – 5 mg Tablets – For the treatment of symptomatic benign prostatic hyperplasia.
- TEVA-FLUCONAZOLE – 50 and 100 mg Tablets – For the prophylaxis and treatment of
 - (a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
 - (b) systemic fungal infections other than oropharyngeal candidiasis.
- TEVA-MONTELUKAST – 4, 5 and 10 mg Tablets –
 - (a) Indicated as adjunctive therapy for asthma in cases where:

(i) Maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or

(ii) Evidence of serious adverse effects associated with corticosteroids exists. eg. adrenal suppression, increased lung infections;

(b) Indicated as first line therapy for exercise induced asthma.

- TEVA-NARATRIPTAN – 1 and 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TEVA-RIZATRIPTAN ODT – 5 and 10 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TEVA-SUMATRIPTAN – 100 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TEVA-SUMATRIPTAN DF – 50 and 100 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TEVA-ZOLMITRIPTAN – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TEVA-ZOLMITRIPTAN OD – 2.5 mg Orally Disintegrating Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- TOBRADEX – 0.3%/0.1% Ophthalmic Suspension and Ointment – For treatment of ophthalmic infections not responding to therapeutic alternatives.
- TOBREX – 3 mg/mL Ophthalmic Solution and 3mg/gm ophthalmic ointment – For treatment of highly suspected or proven pseudomonal ophthalmic infections.
- VANCOCIN – 125 and 250 mg Capsules – For treatment of pseudomembranous colitis unresponsive to metronidazole.
- VRAYLAR – 1.5, 3, 4.5 and 6 MG Capsules – For the treatment of schizophrenia.
- XELJANZ – 5 mg & 10mg Tablets –

(a) For the treatment of patients 18 years of age or older who have moderate to severe active rheumatoid arthritis and have

(i) failed treatment with at least 3 DMARD therapies, one of which is methotrexate or leflunomide or both, unless intolerance or contraindications to these agents is documented.

(ii) tried one combination therapy of DMARDs; and

(iii) documented disease activity (such as the number of tender joints, the number of swollen joints, the erythrocyte sedimentation rate or C-reactive protein value).

NOTE: Coverage will be provided only if prescribed by a specialist in rheumatology.

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

(b) For the treatment of patients 18 years of age or older with moderate to severe active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy, including 5-aminosalicylate compounds AND corticosteroids.

NOTE: Coverage will be provided only if prescribed by a specialist in gastroenterology.

Combined use with other biologic drugs or Janus Kinase (JAK) inhibitors will not be reimbursed.

- ZADITEN – 1 mg Tablets – For treatment of pediatric patients with asthma who are unresponsive to or unable to administer alternative prophylactic agents listed in the Formulary.

- ZITHROMAX – 250 mg Tablets – For treatment of patients:
 - (a) Not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) With mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) With sexually transmitted diseases due to Chlamydia;
 - (d) With pneumonia;
 - (e) With infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.
- ZITHROMAX POS – 20 and 40 mg/mL – For the treatment of patients:
 - (a) not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
 - (b) with mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare;
 - (c) in combination therapy in the treatment of H. pylori;
 - (d) with pneumonia;
 - (e) with infections requiring a macrolide (including CAP in patients 65 and older with documented intolerance to erythromycin).
- ZOLADEX – 10.8 mg Depot – For the treatment of gynecological disorders excepting fertility disorders.
- ZOLADEX – 3.6 mg Injection – For the treatment of:
 - (a) gynecological disorders excepting fertility disorders;
 - (b) for the palliative treatment of advanced breast cancer in pre- and perimenopausal women whose tumor contains estrogen and/or progesterone receptors.
- ZOLMITRIPTAN (SANIS) – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- ZOLMITRIPTAN ODT (SANIS) – 2.5 mg Tablets – For the treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.
- ZOMIG – 5 mg Nasal spray – For treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 sprays per benefit year.
- ZOMIG, ZOMIG RAPIMELT – 2.5 mg Tablets – For treatment of ACUTE migraine attacks in patients where standard therapy has failed – to a maximum of 144 tablets per benefit year.

DRUGS PROVIDED AT NO COST

HIV MEDICATIONS

PART 1

Any one of the following:

- 3TC – 150 AND 300 MG TABLETS, AND 10MG/ML SOLUTION
- APO-ABACAVIR – 300 MG TABLETS
- APO-ABACAVIR-LAMIVUDINE – 600/300 MG TABLETS
- APO-DARUNAVIR – 600 AND 800 MG TABLETS
- APO-LAMIVUDINE – 150 AND 300 MG TABLETS
- APO-LAMIVUDINE HBV – 100 MG TABLETS
- APO-LAMIVUDINE/ZIDOVUDINE – 150/300 MG TABLETS
- APO-ZIDOVUDINE – 100 MG CAPSULES
- AURO-ABACAVIR/LAMIVUDINE – 600/300 MG TABLETS
- AURO-DARUNAVIR – 600 AND 800 MG TABLETS
- AURO-EFAVIRENZ – 600 MG TABLETS
- AURO-LAMIVUDINE/ZIDOVUDINE – 150/300 MG TABLETS
- AURO-NEVIRAPINE – 200 MG TABLETS
- COMBIVIR – 150/300 MG TABLETS
- JAMP ABACAVIR/LAMIVUDINE – 600/300 MG TABLETS
- JAMP-ATAZANAVIR - 150, 200, AND 300MG CAPSULES
- DARUNAVIR (JAMP) – 600 AND 800 MG TABLETS
- JAMP-EFAVIRENZ – 600 MG TABLETS
- JAMP LAMIVUDINE – 150 AND 300 MG TABLETS
- JAMP LAMIVUDINE HBV – 100 MG TABLETS
- JAMP LAMIVUDINE/ZIDOVUDINE – 150/300 MG TABLETS
- JAMP NEVIRAPINE – 200 MG TABLETS
- KALETRA – 80/20 MG/ML ORAL SOLUTION
- KALETRA – 100 MG/25 MG TABLETS
- KALETRA – 200 MG/50 MG TABLETS
- KIVEXA – 600/300 MG TABLETS
- MINT-ABACAVIR – 300 MG TABLETS
- MYLAN-ABACAVIR/LAMIVUDINE – 600/300 MG TABLETS
- MYLAN-ATAZANAVIR – 150, 200 AND 300 MG TABLETS
- MYLAN-EFAVIRENZ – 600 MG TABLETS
- MYLAN-NEVIRAPINE – 200 MG TABLETS
- NORVIR – 100 MG TABLETS
- PMS-ABACAVIR/LAMIVUDINE – 600/300 MG TABLETS
- PREZISTA – 800 MG TABLETS
- RETROVIR SYRUP AND INJECTION
- REYATAZ – 200 AND 300 MG TABLETS
- TELZIR – 700 MG TABLETS
- TEVA-ABACAVIR/LAMIVUDINE – 600/300 MG TABLETS
- TEVA-ATAZANAVIR – 150, 200 AND 300 MG CAPSULES
- TEVA-EFAVINREZ – 600 MG TABLETS
- VIRACEPT – 250 MG TABLETS
- ZIAGEN – 20 MG/ML ORAL SOLUTION

PART 2

Any one of the following for the length of time and conditions specified:

- AG-EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE– 200 mg/300 mg Tablets – ;
- APO-EMTRICITABINE/TENOFOVIR –200 mg/300 mg Tablets – ;
- AURO-EMTRICITABINE/TENOFOVIR –200 mg/300 mg Tablets – ;
- JAMP-EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE– 200 mg/300 mg Tablets
- MINT-EMTRICITABINE/TENOFOVIR – 200 mg/300 mg Tablets –;
- MYLAN-EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE – 200 mg/300 mg Tablets – ;
- PMS-EMTRICITABINE/TENOFOVIR – 200 mg/300 mg Tablets – ;
- TEVAEMTRICITABINE/TENOFOVIR – 200 mg/300 mg Tablets – ;
- TRUVADA – 200 mg/300 mg Tablets –;

(a) For patients requiring post-exposure prophylaxis (PEP) to prevent infection subsequent to exposure to human blood and body fluids that may transmit human immunodeficiency virus (HIV), up to a maximum of 28 days;

(b) For the treatment as a dual nucleoside (nucleotide) option for treatment of HIV patients where the virus is susceptible to both these agents and efavirenz is not indicated due to adverse effects or antiretroviral resistance.

(c) For use as pre-exposure prophylaxis (PrEP) of human immunodeficiency virus type 1 (HIV-1) in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults that are HIV-negative and at high risk for infection, if provided in the context of a sexual health program by a prescriber experienced in the treatment and prevention of HIV-1 infection.

Inclusion Criteria:

1. Men Who Have Sex with Men (MSM), Trans Women and Gender Diverse People
 - Condomless anal sex within the last 6 months and any of:
 - Infectious syphilis or bacterial STI (gonorrhea or chlamydia) in the past 12 months
 - nPEP (non-occupational HIV post-exposure prophylaxis) more than once
 - Ongoing sexual relationship with HIV-positive partner(s) with substantial risk of transmissible HIV (e.g. viral load >40 copies/mL) or HIV status unknown but from a higher risk population, e.g. MSM, persons who inject drugs (PWID))
 - HIRI-MSM risk score ≥ 11
2. Heterosexual People:
 - Recommended for the HIV-negative person with ongoing exposure to HIV-positive partner(s) involving condomless vaginal or anal sex, where the HIV-positive partner(s) has a substantial risk of having transmissible HIV (i.e. not on or not adherent to antiretroviral treatment)
 - Consider PrEP for the HIV-negative person in similar situations where the HIV-positive partner(s) has a lower, but non-negligible risk of transmissible HIV:
 - viral load detectable (>40 copies/mL) or
 - viral load usually undetectable (2 sequential measurements of HIV viral load ≤ 40 copies/ml as the result on at least 2 occasions separated in time by 4 to 6 months) but concomitant STI present at time of exposure or
 - HIV status unknown, but from a high-prevalence population - MSM, PWID, countries with high HIV prevalence
3. People Who Inject Drugs (PWID):
 - PrEP may be considered when there is ongoing or anticipation of ongoing sharing of injection drug use paraphernalia (needles, syringes, spoons, foil, cotton filters etc.) with a person with a non-negligible risk of HIV infection:
 - Detectable viral load or
 - HIV status unknown but from a high-prevalence population - MSM, PWID, countries with a high HIV prevalence.

Exclusion Criteria:

- Not indicated for those in a monogamous relationship with a single partner with no or negligible risk of having transmissible HIV (e.g. HIV negative, HIV positive but virus suppressed with viral load \leq 40 copies/mL, or HIV status unknown but risk profile similar to the general population).

For use as pre-exposure prophylaxis (PrEP) of human immunodeficiency virus type 1 (HIV-1) in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults that are HIV-negative and at high risk for infection, if provided in the context of a sexual health program by a prescriber experienced in the treatment and prevention of HIV-1 infection.

CONTRACEPTIVES

PART 1

Any one of the following:

- ALESSE 21 – 20/100 MCG TABLETS
- ALESSE 28 – 20/100 MCG TABLETS
- ALYSENA 21 – 20/100 MCG TABLETS
- ALYSENA 28 – 20/100 MCG TABLETS
- APRI 21 – 0.15/0.03 MG TABLETS
- APRI 28 – 0.15/0.03 MG TABLETS
- AUDRINA 21 – 20/100 MCG TABLETS
- AUDRINA 28 – 20/100 MCG TABLETS
- AVIANE 21 – 20/100 MCG TABLETS
- AVIANE 28 – 20/100 MCG TABLETS
- BACKUP PLAN ONESTEP – 1.5 MG KIT TO A MAXIMUM OF 3 TREATMENTS (3 TABLETS) PER BENEFIT YEAR
- BREVICON 0.5/35 (21) – 0.035/0.5 MG TABLETS
- BREVICON 0.5/35 (28) – 0.035/0.5 MG TABLETS
- BREVICON 1/35 (21) – 0.035/1 MG TABLETS
- BREVICON 1/35 (28) – 0.035/1 MG TABLETS
- CONTINGENCY ONE – 1.5 MG KIT TO A MAXIMUM OF 3 TREATMENTS (3 TABLETS) PER BENEFIT YEAR
- DEPO-PROVERA – 150 MG/ML SUSPENSION FOR INJECTON
- DROSPIRENONE AND ETHINYL ESTRADIOL TABLETS – 3/0.02 MG TABLETS
- DROSPIRENONE AND ETHINYL ESTRADIOL TABLETS 21 – 3/0.03 MG TABLETS
- DROSPIRENONE AND ETHINYL ESTRADIOL TABLETS 28 – 3/0.03 MG TABLETS
- FREYA 21 – 0.15/0.03 MG TABLETS
- FREYA 28 – 0.15/0.03 MG TABLETS
- JENCYCLA – 0.35 MG TABLETS
- KYLEENA – 19.5 MG INTERUTERINE DEVICE
- LINESSA 21 – 0.1/0.125/0.15/0.025 MG TABLETS
- LINESSA 28 – 0.1/0.125/0.15/0.025 MG TABLETS
- LOLO – 10/10/MCG/1 MG TABLETS
- MARVELON 21 – 0.15/0.03 MG TABLETS
- MARVELON 28 – 0.15/0.03 MG TABLETS
- MIN-OVRAL 21 – 30/150 MCG TABLETS
- MIN-OVRAL 28 – 30/150 MCG TABLETS
- MIRENA – 52 MG INTERUTERINE IMPLANT
- MIRVALA 21 – 0.15/0.03 MG TABLETS
- MIRVALA 28 – 0.15/0.03 MG TABLETS
- MOVISSE – 0.35 MG TABLETS
- MYA – 3/0.02 MG TABLETS
- NEXPLANON – 68 MG HORMONAL IMPLANT
- OVIMA 21 – 30/150 MCG TABLETS
- OVIMA 28 – 30/150 MCG TABLETS

- PLAN B – 1.5 MG KIT TO A MAXIMUM OF 3 TREATMENTS (3 TABLETS) PER BENEFIT YEAR
- PORTIA 21 – 0.03/0.15 MG TABLETS
- PORTIA 28 – 0.03/0.15 MG TABLETS
- SELECT 1/35 (21) – 0.035/1 MG TABLETS
- SELECT 1/35 (28) – 0.035/1 MG TABLETS
- SLYND – 4 MG TABLETS
- SYNPHASIC 21 – 0.035/0.5/1 MG TABLETS
- SYNPHASIC 28 – 0.035/0.5/1 MG TABLETS
- TRI-CIRA 21 – 0.035/0.18/0.215/0.25 MG TABLETS
- TRI-CIRA 28 – 0.035/0.18/0.215/0.25 MG TABLETS
- TRI-CIRA LO 21 – 0.025/0.18/0.215/0.25 MG TABLETS
- TRI-CIRA LO 28 – 0.025/0.18/0.215/0.25 MG TABLETS
- TRI-JORDYNA 21 – 0.035/0.18/0.215/0.25 MG TABLETS
- TRI-JORDYNA 28 – 0.035/0.18/0.215/0.25 MG TABLETS
- TRIQUILAR 21 – 30/40/125/50/75 MCG TABLETS
- TRIQUILAR 28 – 30/40/125/50/75 MCG TABLETS
- YASMIN 21 – 3/0.03 MG TABLETS
- YASMIN 28 – 3/0.03 MG TABLETS
- YAZ – 3/0.02 MG TABLETS
- ZAMINE 21 – 3/0.03 MG TABLETS
- ZAMINE 28 – 3/0.03 MG TABLETS

COVID-19 TREATMENT

PART 2

Any one of the following for the length of time and conditions specified:

- PAXLOVID – 150/100 MG CO-PACKAGE TABLETS

For the treatment of moderately or severely immunosuppressed adult patients diagnosed with COVID-19 infection. Paxlovid MUST be initiated within 5 days of symptom onset.

Examples of severe immunosuppression may include:

- Solid organ transplant recipients
- Treatment for malignant hematologic conditions
- Bone marrow transplant, stem cell transplant or transplant-related immunosuppressant use
- Treatment with anti-CD20 agents or B-cell depleting agents (such as rituximab) in the past 2 years
- Severe primary immunodeficiencies^a

Examples of moderate immunosuppression may include:

- Treatment for cancer, including solid tumors
- Treatment with drugs that are significantly immunosuppressive^b
- Advanced HIV infection (treated or untreated)
- Moderate primary immunodeficiencies^c
- Renal conditions (i.e., hemodialysis, peritoneal dialysis, glomerulonephritis and dispensing of a steroid, eGFR < 15 mL/min/1.73 m²)

^aIncludes combined immunodeficiencies affecting T cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis), or type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies).

^bIncludes a biologic or immune-suppressing infusion or injection in the past 3 months, oral immune-suppressing medication in the past months, oral steroid (20 mg/day of prednisone equivalent taken on an ongoing basis) in the past month.

^cIncludes a primary immunodeficiency with a genetic cause at any time, or a primary immunodeficiency with immunoglobulin replacement therapy in the past year.

DIABETES

PART 1

Any one of the following:

- ADMELOG – 100 U/ML CARTRIDGE AND VIAL
- ADMELOG SOLOSTAR – 100 U/ML
- APIDRA – 100 IU/ML INJECTION CARTRIDGE AND VIAL
- APIDRA SOLOSTAR – 100 U/ML
- APO-DAPAGLIFLOZIN -5 AND 10MG TABLETS
- APO-DAPAGLIFLOZIN-METFORMIN –5MG/850MG AND 5MG/1000MG TABLETS
- APO-GLICLAZIDE – 80 MG TABLETS
- APO-GLICLAZIDE MR – 30 AND 60 MG TABLETS
- APO-GLYBURIDE TAB– 2.5 AND 5 MG TABLETS
- AURO-DAPAGLIFLOZIN – 5 AND 10 MG TABLETS
- AURO-DAPAGLIFLOZIN/METFORMIN – 5/850 AND 5/1000 MG TABLETS
- AURO-METFORMIN – 500 AND 850 MG TABLETS
- BASAGLAR – 100 U/ML CARTRIDGE AND KWIKPEN
- DIAMICRON MR – 30 AND 60 MG SUSTAINED RELEASE TABLETS
- ENTUZITY KWIKPEN – 500 U/ML INJECTION
- FORXIGA-5 AND 10MG TABLETS
- GLICLAZIDE (SANIS) – 80 MG TABLETS
- GLICLAZIDE MR (SANIS) – 30 AND 60 MG TABLETS
- GLN-DAPAGLIFLOZIN – 5 AND 10 MG TABLETS
- GLUCOPHAGE – 500 AND 850 MG TABLETS
- GLYBURIDE (SANIS) – 5 MG TABLETS
- HUMALOG KWIKPEN – 200 U/ML INJECTION
- HUMALOG MIX25 CARTRIDGE AND KWIKPEN
- HUMULIN – 30/70 U/ML SUSPENSION FOR INJECTION VIAL AND CARTRIDGE
- HUMULIN N VIAL, CARTRIDGE, AND KWIKPEN – 100 U/ML INJECTION
- HUMULIN R – VIAL AND CARTRIDGE 100 U/ML INJECTION
- JAMP DAPAGLIFLOZIN- 5 AND 10MG TABLETS
- JAMP GLICLAZIDE MR – 30 AND 60 MG EXTENDED REALEASE TABLETS
- JAMP METFORMIN – 500 AND 850 MG TABLETS
- KIRSTY – 100 UNIT/ML PREFILLED PEN
- KIRSTY – 100 UNIT/ML VIAL
- LEVEMIR PENFILL– 100U/ML INJECTION
- MAR-ACARBOSE – 50 AND 100 MG TABLETS
- MAR-METFORMIN – 500 AND 850 MG TABLETS
- M-DAPAGLIFLOZIN- 5 AND 10MG TABLETS
- METFORMIN (SANIS) – 500 AND 850 MG TABLETS
- METFORMIN FC (SIVEM) – 500 AND 850 MG TABLETS
- MINT-ACARBOSE – 50 AND 100 MG TABLETS
- MINT-GLICLAZIDE MR – 30 AND 60 MG TABLETS
- MINT-METFORMIN – 500 AND 850MG TABLETS
- M-METFORMIN – 500, 850 AND 1000 MG TABLETS
- MYLAN-GLICLAZIDE MR – 30 MG TABLETS
- NOVOLIN GE 30/70 (VIAL) – 30/70 U/ML INJECTION
- NOVOLIN 30/70 PENFILL – 30/70 U/ML INJECTION
- NOVOLIN GE NPH (VIAL) – 100 U/ML INJECTION
- NOVOLIN GE NPH PENFILL – 100 U/ML INJECTION
- NOVOLIN GE TORONTO (VIAL) – 100 U/ML INJECTION
- NOVOLIN GE TORONTO PENFILL – 100 U/ML INJECTION

- NRA-DAPAGLIFLOZIN- 5 AND 10 MG TABLETS
- NRA-METFORMIN- 500 AND 850 MG TABLETS
- PMSC-METFORMIN - 500 AND 850 MG TABLETS
- PMS-DAPAGLIFLOZIN - 5 AND 10MG TABLETS
- PMS-METFORMIN-TAB 500MG - 500MG TABLETS
- PMS-METFORMIN - 850 MG TABLETS
- PRZ-METFORMIN - 500, 850 AND 1000 MG TABLETS
- ROSIGLITAZONE (AA PHARMA) - 2, 4 AND 8 MG TABLETS
- SANDOZ DAPAGLIFLOZIN - 5 AND 10MG TABLETS
- SANDOZ GLICLAZIDE MR - 30 AND 60 MG TABLETS
- SANDOZ METFORMIN FC - 500 AND 850 MG TABLETS
- SEMGLEE - 100 U/ML PREFILLED PEN
- TARO-GLICLAZIDE MR - 30 AND 60 MG TABLETS
- TEVA-GLICLAZIDE - 80 MG TABLETS
- TEVA-GLYBURIDE - 2.5 AND 5 MG TABLETS
- TEVA-METFORMIN - 500 AND 850 MG TABLETS
- TRESIBA - 100 AND 200U/ML INJECTION
- TRURAPI - 100 U/ML INJECTION
- XIGDUO - 5MG/850MG AND 5MG/1000MG TABLETS

PART 2

Any one of the following for the length of time and conditions specified:

- BAQSIMI - 3 mg Powder

For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus who are receiving insulin therapy and are at high risk SH, when impaired consciousness precludes oral carbohydrates. Coverage will be provided for up to 7 devices per benefit year.

HORMONE REPLACEMENT THERAPY

PART 1

Any one of the following:

- AA-MEDROXY - 2.5, 5, 10 AND 100 MG TABLETS
- AURO-PROGESTERONE - 100MG CAPSULES
- BIJUVA- 1MG/100MG CAPSULE
- ESTRAGYN VAGINAL CREAM
- ESTRING - 2 MG, VAGINAL RING
- IMVEXXY 4 AND 10 MCG INSERT
- LUPIN-ESTRADIOL - 0.5, 1 AND 2 MG TABLETS
- PMS-ESTRADIOL - 0.5, 1 AND 2 MG TABLETS
- PMS-PROGESTERONE - 100MG CAPSULES
- PREMARIN - 0.625 MG/G VAGINAL CREAM
- PREMARIN - 0.3, 0.625 AND 1.25 MG TABLETS
- PROGESTERONE 100MG CAPSULES
- PROMETRIUM 100MG CAPSULES
- PROVERA - 2.5, 5 AND 10 MG TABLETS

- REDDY -PROGESTERONE 100MG CAPSULES
- TEVA-MEDROXYPROGESTERONE – 2.5, 5 AND 10 MG TABLETS
- TEVA-PROGESTERONE 100MG CAPSULES
- VAGIFEM 10 – 10 MCG VAGINAL TABLETS

PART 2

Any one of the following for the length of time and conditions specified:

- CLIMARA – 3.9 mg/patch – Transdermal System
- DIVIGEL – 0.25 mg, 0.5 mg and 1 mg Sachets
- ESTALIS – 140/50 and 250/50 mcg Transdermal Patch
- ESTRADOT – 25, 37.5, 50, 75, 100 mcg Transdermal Patch
- ESTROGEL – 0.06% Transdermal Gel
- SANDOZ ESTRADIOL DERM – 50, 75 and 100 mcg Transdermal Patch

For patients;

(a) who are smokers (current);

(b) with increased triglycerides;

(c) with a history of cholelithiasis; or

(d) who cannot tolerate oral estrogens due to intolerable side effects (eg. GI upset, irregular bleeding, etc) or who cannot take any medications by mouth. Patients should have tried at least two different oral estrogen products (eg Premarin, Estrace, Ogen).