

**Division of Medicaid
Office of the Governor
State of Mississippi
Drug Utilization Review (DUR) Board Meeting
May 2011**



**May 19, 2011 at 2:00pm
Woolfolk Building, Room 117
Jackson, MS**

Prepared by:
The University of Mississippi School of Pharmacy
Evidence-Based DUR Initiative, MS-DUR



Drug Utilization Review Board

Gera Bynum, R.Ph.
Pharmacy Director, Scott Regional Hospital
371 Highway 13S
Morton, MS 39117
Term Expires: June 30, 2012

Alvin Dixon, R.Ph.
Pharmacist
182 Cherry St
Clarksdale, MS 38614
Term Expires: June 30, 2011

Jason Dees, D.O.
New Albany Medical Group
West Longview Drive
New Albany, MS 38652
Term Expires: June 30, 2012

Edgar Donahoe, M.D. (Co-Chair)
Indianola Family Medicine Group
122 Baker Street
Indianola, MS 38751
Term Expires: June 30, 2013

Laura Gray, M.D.
905 Garfield Street
Tupelo, MS 38801
Term Expires: June 30, 2012

Lee Merritt, R.Ph.
Medfusion
2211 5th Street North
Columbus, MS 39705
Term Expires: June 30, 2013

Paul Read, Pharm.D.
CVS Pharmacy #5744
3910 Hardy Street
Hattiesburg, MS 39402
Term Expires: June 30, 2012

Mark Reed, M.D. (Chair)
University of MS Medical Center
2500 North State Street, Trailer 16
Jackson, MS 39216
Term Expires: June 30, 2013

Jason Strong, Pharm.D.
Canton Discount
26 E Peace Street
Canton, MS 39046
Term Expires: June 30, 2011

Vicky Veazey, R.Ph.
MS State Hospital, Bldg 50
Whitfield, MS 39193
Term Expires: June 30, 2013

Frank Wade, M.D.
Family Medical Clinic
376A Simpson Highway 149
Magee, MS 39111
Term Expires: June 30, 2011

Upcoming DUR Board Meeting Dates

August 18, 2011

November 17, 2011

MISSISSIPPI DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA

May 19, 2011

Welcome	Mark Reed, M.D. (Chair)
Old Business	Mark Reed, M.D. (Chair)
Approval of Meeting Minutes	
Resource Utilization Review	Kyle D. Null, Pharm.D., M.S.
Overview of Claims Trends Reflecting MississippiCAN Implementation	
Synagis® (palivizumab) Details for 2010 – 2011 RSV Season	
Pharmacy Program Update	Judith Clark, R.Ph.
Update of 2010 DUR Board Initiatives	
New Business	Kyle D. Null, Pharm.D., M.S.
FDA Action: Withdrawal of Unapproved Prescription Cough and Cold Products	
Appendix: Unapproved Prescription Cough, Cold, and Allergy Products	
Appendix: MS Medicaid Covered Over-The-Counter (OTC) Drugs	
Coordination of Pharmacy and Medical Claims for Drug Products	
Lupron® (leuprolide) Use for Short Stature Diagnosis	
Therapeutic Criteria Exception Monitoring and Educational Program	
<i>Helicobacter pylori</i> Prior Authorization Protocol	
Next Meeting Information	Mark Reed, M.D. (Chair)

Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the February 17, 2011 Meeting

Members Attending: Gera Bynum, R.Ph.; Edgar Donahoe, M.D.; Laura Gray, M.D.; Paul Read, Pharm.D.; Vicky Veazey, R.Ph.; Jason Strong, Pharm.D.; Mark Reed, M.D. **Members Absent:** Alvin Dixon, R.Ph.; Jason Dees, D.O.; Lee Merritt, R.Ph.; Frank Wade, M.D.

Also Present: DOM Staff: Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Andrea McNeal, DOM Bureau of Program Integrity. **MS-DUR Staff:** Kyle Null, Pharm.D., Clinical Director; Ben Banahan, Ph.D., Project Director. **Visitors:** Darlene Bitel, Shire; Frank Folger, MedImmune; Kristen Davis, Takeda; Al Reine, Takeda; Marcus Kirby, Takeda; Dan Barbera, Lilly; Michael Vaughn, Astra Zeneca; Lee Ann Griffin, Pfizer.

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:08 p.m.

Ms. Clark noted that Dr. William Bastian had passed away since the last DUR Board meeting. She commented about his valued service to the DUR Board and to the community. Ms. Clark also mentioned that because his tenure on the Board was set to expire on June 30, 2011, a new member would be appointed at that time. Ms. Clark introduced the new DUR vendor, The University of Mississippi School of Pharmacy (referred to as MS-DUR), the Division of Medicaid staff present, as well as acknowledging the visitors in the meeting. Ms. Clark noted that there was an addendum to the DUR Board packet, which will be posted on the Mississippi Medicaid website following the meeting.

Dr. Reed asked for a motion to accept the minutes from the meeting of November 18, 2010. Dr. Gera Bynum made a motion to accept the minutes with a second from Dr. Laura Gray. All voted in favor of the motion.

Resource Utilization Review:

Dr. Null pointed out the new format of the cost management report (now called resource utilization) and continued to review the Top 15 Therapeutic Classes by cost of claims and by number of prescriptions written. Additional format changes included noting the PDL marking in chart, indicating preferred drug list status. Dr. Null also discussed examples of molecule grouping with individual products listed underneath and noted potential benefits of the new reporting format, including prenatal vitamins now showing on chart as molecule. Clark commented on prenatal vitamins being hot topic for many states at this time and that the DOM will be looking at this in coming months. Dr. Null requested feedback from the Board on the new reporting format and the consideration of adding quarterly trend summary. Dr. Paul Read commented favorably about the new report format, noting that it was easier to read and the

added detail would prove to be beneficial. The DUR Board concurred. Ms. Clark recommend that we consider hiding non-intuitive artifacts of the new reporting format, such as Entocort EC being reported under the budesonide section containing respiratory products. The DUR Board supported Ms. Clark's recommendation and also gave a positive response to incorporating a quarterly trend chart to aid in communicating drug movement over the reported quarter.

Criteria for PA Decisions:

Dr. Null reviewed the electronic prior authorization (PA) system that the Division of Medicaid began using a few months earlier. He outlined the need for criteria to establish "medically-accepted indications" for the electronic PA process to streamline the process of incorporating more PAs into the electronic format. Dr. Null also reviewed the currently approved drug reference compendia and discussed MS-DURs recommendation for establishing criteria for PA approval. MS-DURs recommendation included utilizing a combination of the "Strength of Recommendation" and "Efficacy" ratings found in the Micromedex DrugDex Consult Evidence Rating System to determine a "medically-accepted indication". Ms. Clark explained the need for updating electronic PA to minimize need for manual PA. Dr. Donahue asked about the manual PA load at this time. Ms. Clark reported 5,612 manual requests since January 1st, noting that about 45% were handled by phone. This includes those submitted through the web portal. Dr. Donahue asked if there were other options for identifying "medically-accepted indications" other than those noted in the discussion (see the "Criteria for Identifying "Medically-Accepted Indications for Prior Authorization Decisions" section of the February 17, 2011 DUR Board Packet for a full discussion). Dr. Null responded that, other than what was reported to the DUR Board in the background section, there was no routine mechanism in the literature or in practice that could be identified. Ms. Clark and Dr. Null clarified that the criteria would be for automatic inclusion of drug/indication in electronic PA process in order to speed up review/approval process. Even for drug/diagnoses combinations automatically rejected, there is the appeal process. MS-DUR's recommendation was that an indication provided by Micromedex with a "Strength of Recommendation" and an "Efficacy" rating of at least Class IIa could be used to determine whether an indication could be considered a "medically-accepted indication." Furthermore, indications which carry a Class IIb in either the "Strength of Recommendation" or "Efficacy" ratings would require manual review. Dr. Null acknowledged that the narrative text found in AHFS-DI supporting an indication is used by could be used as a secondary source, if needed. A motion was made by Dr. Paul Read to accept MS-DUR recommendation. The motion was seconded by Dr. Donahoe. No other discussion followed. All voted in favor.

Specialty, Orphan, and Ultra-Orphan Drugs:

Dr. Null reviewed background on specialty, orphan, and ultra-orphan drugs, noting that in May – December 2010, Mississippi Medicaid spent about \$413,000 on 57 claims for three ultra-orphan drugs alone. MS-DUR recommendation is that we further analyze use patterns in this area and report to DUR at next meeting. Ms. Clark discussed what is being done by other states to assure appropriate use of "specialty drug" products. Dr. Read asked if there was data about what other states have saved adopting new procedures. Ms. Clark and Dr. Null responded that

none were available or had not been identified. The DUR Board concurred that this is area of interest and should be reported in greater detail at the next meeting.

Coordination of Pharmacy and Medical Claims:

Dr. Null reviewed the background of the topic, including an overview of upcoming changes in the DUR process brought about by the Patient Protection and Affordable Care Act of 2010, particularly noting increasing efforts for fraud, waste and abuse detection. Ms. Clark explained that CMS has required rebates be collected on J-codes for several years. Dr. Banahan discussed the potential for accidental double billing of J-codes and NDCs to Medicaid through both the medical and pharmacy benefit. The Board agreed it should be examined and reported at next meeting.

Quality indicators:

Dr. Null reviewed the background of calculating quality indicators relevant to DUR. The Federal Register published on December 30, 2010, included quality measures for adult Medicaid beneficiaries to be voluntarily reported in the coming years. Dr. Null mentioned that quality measures for children were also being proposed, but do not address any DUR medication measures. Dr. Null outlined MS-DUR's intention to shift interventions to more educational and coordinated care, rather than letters about past events. Dr. Donahue discussed problems with letters. Ms. Clark noted her support for MS-DUR's education-focused activities. Dr. Paul Read discussed pharmacies involvement in compliance with patients. The Board has some concerns about what measures are included and strategies utilized in educational interventions. MS-DUR will provide additional information on the educational interventions at the next DUR Board meeting.

Updated Guidelines for Substituting Pradaxa® in Select Patients on Warfarin:

Dr. Null provided the background on the topic, noting the updated guidelines from the American College of Cardiology, the American Heart Association and the Heart Rhythm Society for Pradaxa® to be used as an alternative to warfarin in select patients. Ms. Clark indicated the cost difference of the drug itself is substantial, but there are big differences in monitoring costs and outcome costs. Ms. Clark also noted that Pradaxa® is being reviewed by P&T at next meeting. MS-DUR will track and report at next meeting.

Pharmacy Program Update:

Ms. Clark distributed a copy of the PDL changes that went into effect January 1 and noted that the PDL changes were available on the Division of Medicaid's website. Ms. Clark noted that nutritionals are a problem in that they are considered food but are being processed in prescription claims. Ms. Clark also distributed a provider guide for minimizing problems with PA system that the Division of Medicaid developed in response to the influx of PA requests. The drugs included in the guide represent a large volume of the PA requests that have to be addressed.

May 19, 2011

Dr. Reed announced next meeting date is May 19, 2011 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 3:27p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR

Overview of Claims Trends Reflecting MississippiCAN Implementation

September 2010 – March 2011

Background

Beginning on January 1, 2011, the State of Mississippi Division of Medicaid implemented a coordinated care program called Mississippi Coordinated Access Network (MississippiCAN). Two Coordinated Care Organizations (CCO), Magnolia Health Plan and UnitedHealthcare are responsible for providing services to targeted Medicaid beneficiaries in the following categories of eligibility:¹

- Supplemental Security Income
- Disabled Child Living at Home
- Working Disabled
- Department of Human Services Foster Care Children
- Breast/Cervical Cancer Group

Currently, beneficiary enrollment in MississippiCAN is voluntary and is limited to no more than 15% of the Mississippi Medicaid population. Beneficiaries are able to select between the two CCO plans and also have the ability to opt out of the program and return to the fee-for-service program. Additional details regarding the MississippiCAN program may be found on the Mississippi Medicaid website or by following the link in the footnote.¹

How this Affects Drug Utilization Review Reporting

As a result of the beneficiary movement between fee-for-service Medicaid and MississippiCAN, the values reported in this document reflect prescription and medical claims only for those beneficiaries enrolled in the fee-for-service Medicaid program, unless otherwise specified. Conversely, the values reported in this document DO NOT reflect utilization of medical services or prescription drugs for those beneficiaries receiving care through the CCO plans, unless otherwise specified.

The following figures provide trend information that may be a result of beneficiary movement into the CCO plans. The numbers in the tables reflect the most recently updated administrative claims data available to MS-DUR.

¹ Mississippi Division of Medicaid. Mississippi Coordinated Access Network webpage. Available at: <http://www.medicaid.ms.gov/mscan/Welcome.aspx>. Accessed on: 5 May 2011.

*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Figure 1

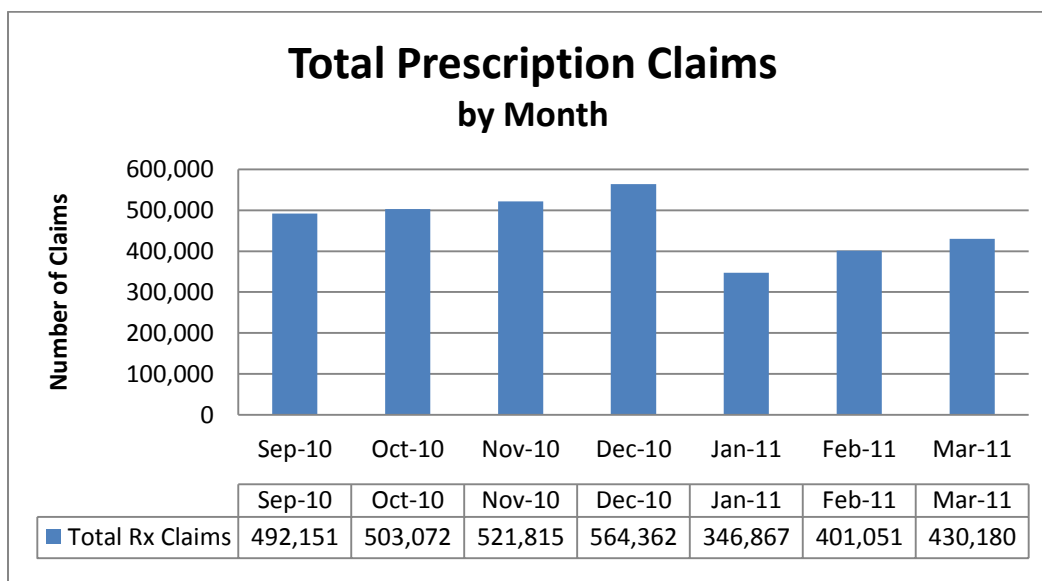
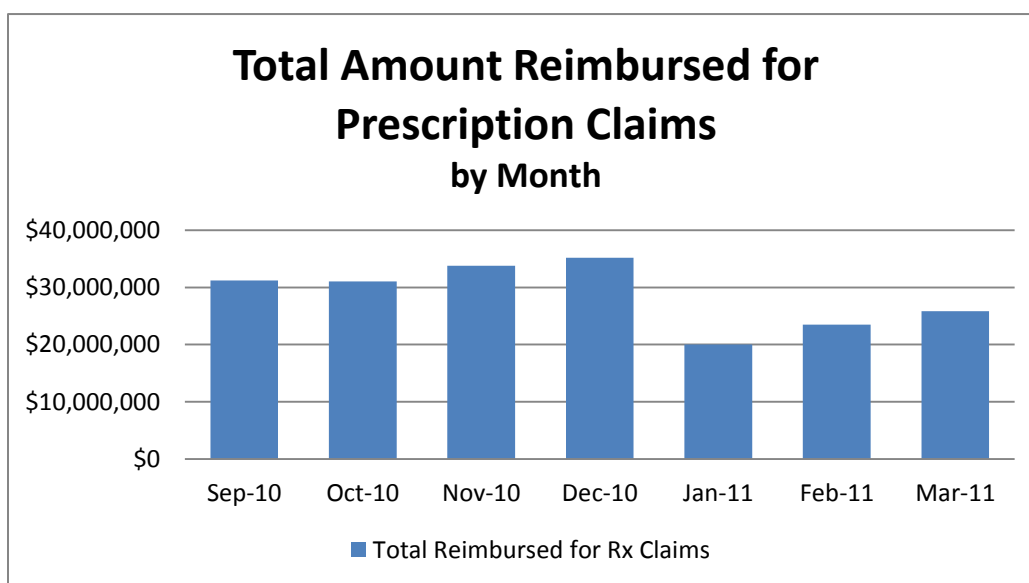


Figure 2



*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

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Figure 3

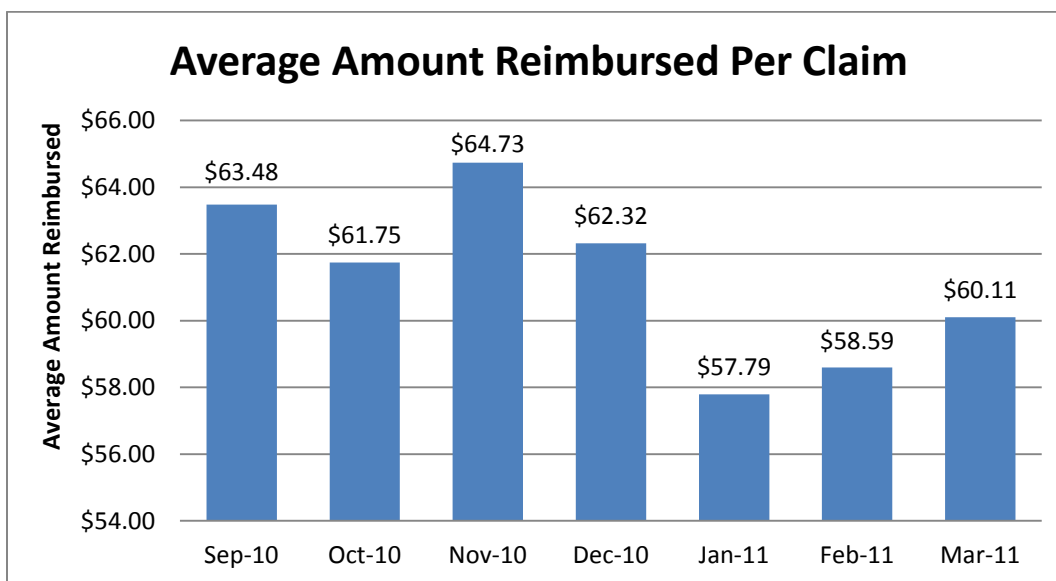
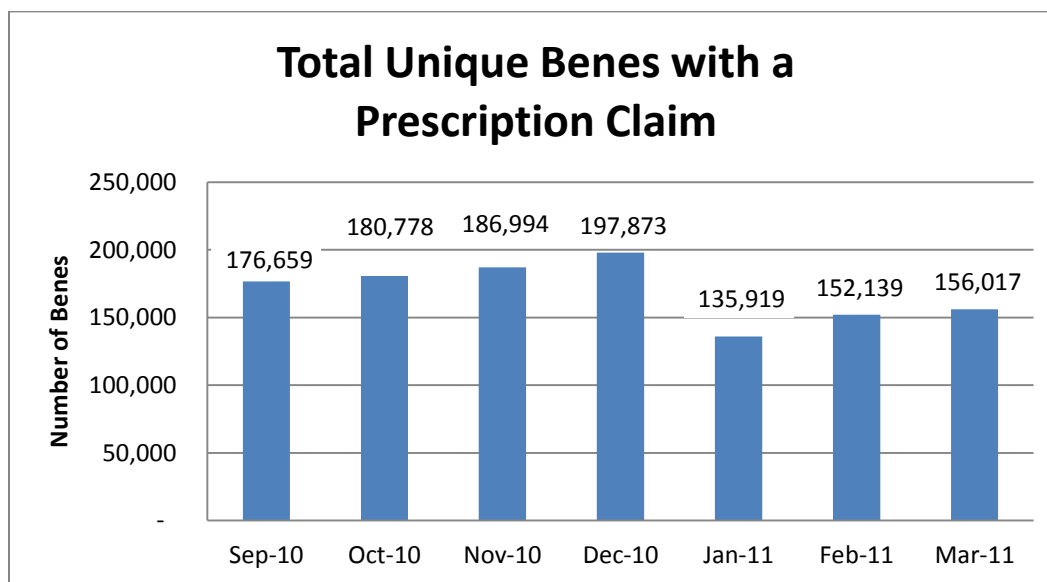


Figure 4



*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Synagis® (palivizumab) Details
2010 – 2011 RSV Season

Total Reimbursed* Claims (2010-2011): \$4,679,820.92

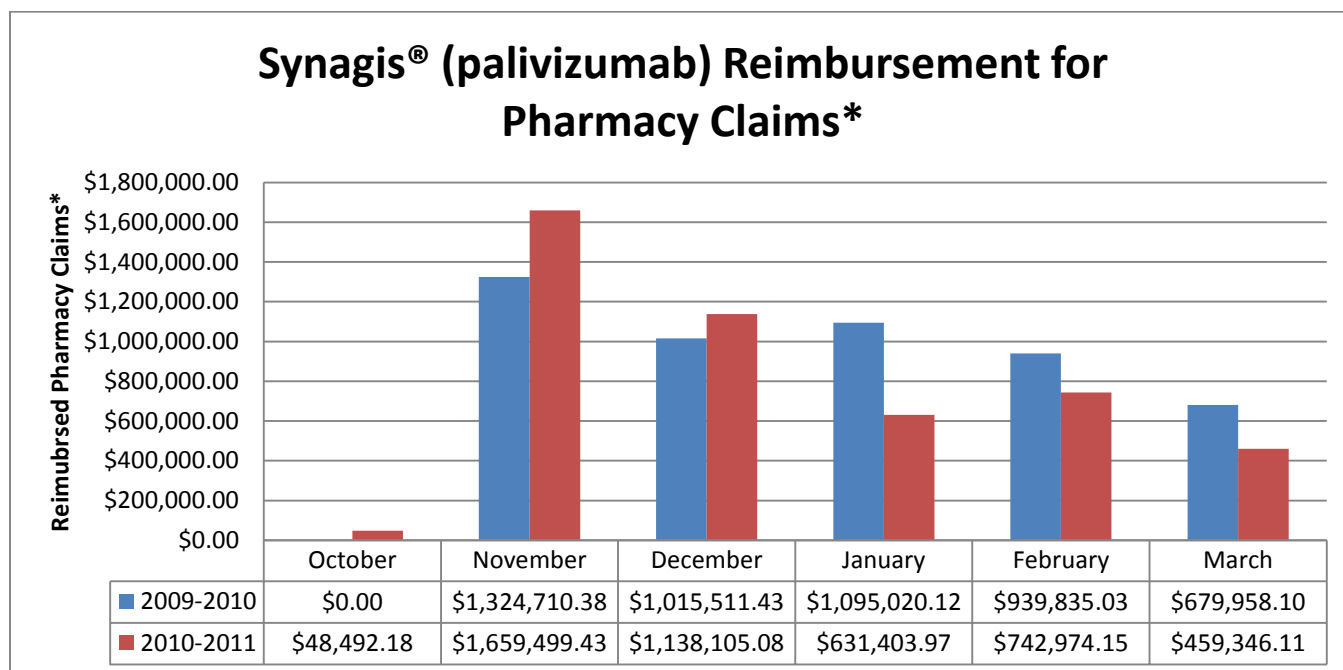
Total Unique Beneficiaries: 937

Average Reimbursement* per Beneficiary: \$4,994.47

Total Point-of-Sale Claims: 2,716

Average Reimbursement* per Claim: \$1,723.06

Figure 1



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Figure 2

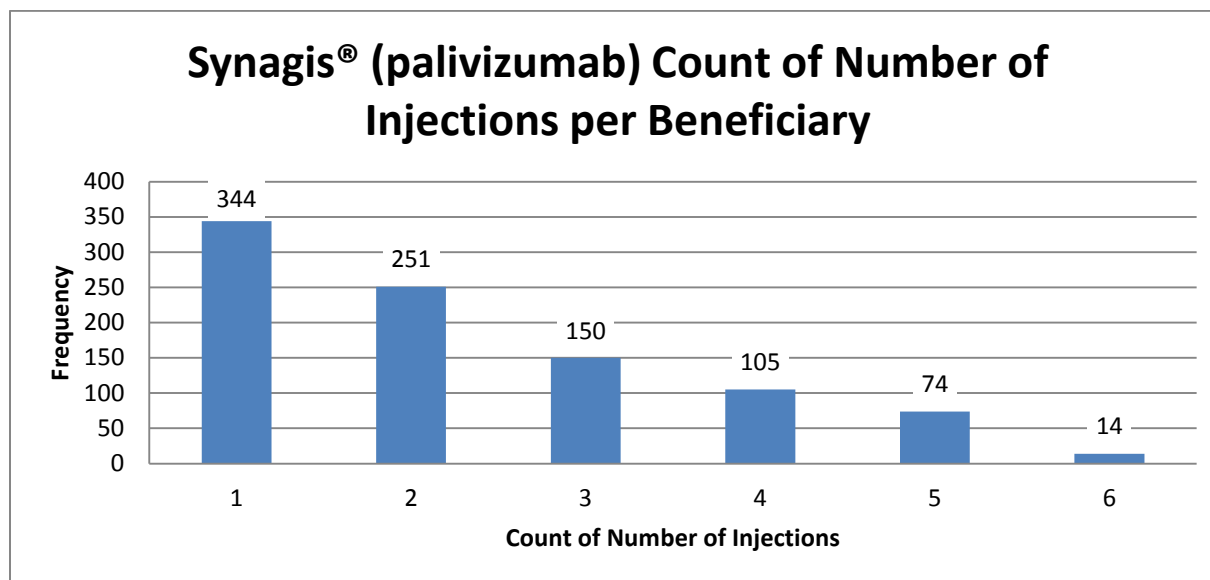
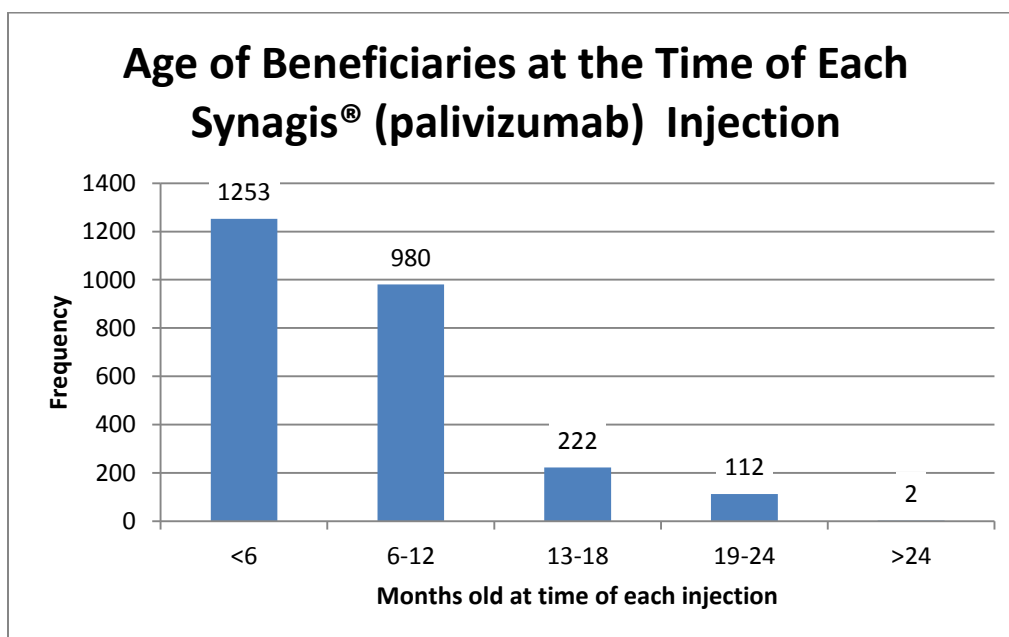


Figure 3



*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

January 2011 Category Report Sorted By Claims

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR JANUARY 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Claims
Penicillins	\$454,705.64	19,424	\$23.41	5.60%
Opiate Agonists	\$353,174.31	18,331	\$19.27	5.28%
Macrolides	\$443,181.18	14,113	\$31.40	4.07%
Propylamine Derivatives	\$291,870.97	12,666	\$23.04	3.65%
Benzodiazepines	\$136,933.89	12,258	\$11.17	3.53%
Adrenals	\$1,063,738.39	10,941	\$97.22	3.15%
Nonsteroidal Anti-inflammatory Agents	\$116,043.43	10,814	\$10.73	3.12%
Beta-Adrenergic Agonists	\$548,719.00	10,254	\$53.51	2.96%
Contraceptives	\$487,050.59	9,442	\$51.58	2.72%
Cephalosporins	\$590,175.51	9,387	\$62.87	2.71%
Second Generation Antihistamines	\$216,790.84	9,355	\$23.17	2.70%
Antidepressants	\$348,347.07	9,244	\$37.68	2.66%
Phenothiazine Derivatives	\$89,142.05	8,124	\$10.97	2.34%
Sulfonamides	\$100,209.07	7,746	\$12.94	2.23%
Anticonvulsants, Miscellaneous	\$636,029.31	7,446	\$85.42	2.15%

Top 15 Rx Claims	169,545	% Total Claims	48.88%
Top 15 Medpaid	\$5,876,111.25	% Total Paid	29.31%
Total Rx Claims	346,867		
Total Rx Medpaid	\$20,046,049.33		

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

January 2011 Category Report Sorted By Amount Paid*

TOP 15 THERAPEUTIC CLASSES BY TOTAL AMOUNT PAID FOR JANUARY 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Paid
Antipsychotics (atypical and typical)	\$2,022,291.56	6,581	\$307.29	10.09%
Adrenals	\$1,063,738.39	10,941	\$97.22	5.31%
Amphetamines	\$780,930.32	5,085	\$153.58	3.90%
Leukotriene Modifiers	\$766,291.33	5,877	\$130.39	3.82%
Anorex., Resp. & Cerebral Stim., Misc.	\$698,915.22	4,312	\$162.09	3.49%
Anticonvulsants, Miscellaneous	\$636,029.31	7,446	\$85.42	3.17%
Monoclonal Antibodies	\$615,219.03	358	\$1,718.49	3.07%
Cephalosporins	\$590,175.51	9,387	\$62.87	2.94%
Neuraminidase Inhibitors	\$578,401.12	6,987	\$82.78	2.89%
Hemostatics	\$561,239.10	23	\$24,401.70	2.80%
Beta-Adrenergic Agonists	\$548,719.00	10,254	\$53.51	2.74%
Proton-pump Inhibitors	\$514,121.92	4,685	\$109.74	2.56%
Contraceptives	\$487,050.59	9,442	\$51.58	2.43%
Penicillins	\$454,705.64	19,424	\$23.41	2.27%
Macrolides	\$443,181.18	14,113	\$31.40	2.21%

Top 15 Rx Claims	114,915	% Total Claims	33.13%
Top 15 Medpaid	\$10,761,009.22	% Total Paid	53.68%
Total Rx Claims	346,867		
Total Rx Medpaid	\$20,046,049.33		

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**Resource Utilization Report
Drug Detail Report for January 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
budesonide	\$860,607.24		3,098		\$277.79
Budesonide	\$662,843.94	77.02%	2,588	83.54%	\$256.12
PDL Pulmicort Respules	\$186,955.94	21.72%	432	13.94%	\$432.77
PDL Pulmicort Flexhaler	\$10,807.36	1.26%	78	2.52%	\$138.56
montelukast	\$765,912.57		5,873		\$130.41
PDL Singulair	\$765,912.57	100.00%	5,873	100.00%	\$130.41
aripiprazole	\$693,643.24		1,240		\$559.39
PDL Abilify	\$691,139.40	99.64%	1,232	99.35%	\$560.99
Abilify Discmelt	\$2,503.84	0.36%	8	0.65%	\$312.98
palivizumab	\$615,219.03		358		\$1,718.49
Synagis	\$615,219.03	100.00%	358	100.00%	\$1,718.49
oseltamivir	\$576,314.82		6,955		\$82.86
Tamiflu	\$576,314.82	100.00%	6,955	100.00%	\$82.86
quetiapine	\$481,186.53		1,223		\$393.45
PDL Seroquel	\$370,565.92	77.01%	945	77.27%	\$392.13
PDL Seroquel XR	\$110,620.61	22.99%	278	22.73%	\$397.92
methylphenidate	\$468,228.39		2,728		\$171.64
PDL Concerta	\$392,168.46	83.76%	2,014	73.83%	\$194.72
PDL Metadate CD	\$36,338.20	7.76%	236	8.65%	\$153.98

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for January 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
PDL Daytrana	\$24,582.60	5.25%	145	5.32%	\$169.54
PDL Methylin	\$7,195.28	1.54%	166	6.09%	\$43.35
Ritalin LA	\$4,734.40	1.01%	33	1.21%	\$143.47
Methylphenidate Hydrochloride	\$2,865.28	0.61%	122	4.47%	\$23.49
Methylin ER	\$290.53	0.06%	8	0.29%	\$36.32
Methylphenidate Hydrochloride SR	\$53.64	0.01%	4	0.15%	\$13.41
amphetamine-dextroamphetamine	\$414,980.37		2,650		\$156.60
PDL Adderall XR	\$334,811.45	80.68%	1,554	58.64%	\$215.45
Amphetamine-Dextroamphetamine	\$39,944.34	9.63%	850	32.08%	\$46.99
Amphetamine-Dextroamphetamine ER	\$39,924.91	9.62%	245	9.25%	\$162.96
Adderall	\$299.67	0.07%	1	0.04%	\$299.67
azithromycin	\$389,499.78		12,882		\$30.24
Azithromycin	\$296,011.20	76.00%	8,784	68.19%	\$33.70
Azithromycin 5 Day Dose Pack	\$88,493.66	22.72%	3,894	30.23%	\$22.73
Azithromycin 3 Day Dose Pack	\$4,850.80	1.25%	202	1.57%	\$24.01
Zmax	\$144.12	0.04%	2	0.02%	\$72.06
anti-inhibitor coagulant complex	\$364,372.88		5		\$72,874.58
Feiba NF	\$241,199.77	66.20%	4	80.00%	\$60,299.94
Feiba VH Immuno	\$123,173.11	33.80%	1	20.00%	\$123,173.11
lisdexamfetamine	\$358,098.18		2,342		\$152.90
PDL Vyvanse	\$358,098.18	100.00%	2,342	100.00%	\$152.90

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Resource Utilization Report
Drug Detail Report for January 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
albuterol	\$320,381.15		9,089		\$35.25
Albuterol Sulfate	\$182,210.81	56.87%	5,566	61.24%	\$32.74
PDL Ventolin HFA	\$136,335.08	42.55%	3,404	37.45%	\$40.05
ReliOn Ventolin HFA	\$885.00	0.28%	87	0.96%	\$10.17
ProAir HFA	\$694.38	0.22%	17	0.19%	\$40.85
Proventil HFA	\$145.59	0.05%	3	0.03%	\$48.53
Albuterol	\$110.29	0.03%	12	0.13%	\$9.19
multivitamin, prenatal	\$299,205.86		6,404		\$46.72
Neevo DHA	\$70,693.70	23.63%	1,174	18.33%	\$60.22
PreNexa with DHA	\$30,861.16	10.31%	410	6.40%	\$75.27
Prenate Essential	\$29,887.08	9.99%	400	6.25%	\$74.72
Neevo	\$29,826.22	9.97%	502	7.84%	\$59.41
Rovin-NV DHA	\$16,095.46	5.38%	366	5.72%	\$43.98
PreQue 10	\$15,015.22	5.02%	326	5.09%	\$46.06
PNV-DHA	\$9,517.98	3.18%	182	2.84%	\$52.30
Prenate Elite Plus Iron	\$9,378.70	3.13%	128	2.00%	\$73.27
Concept DHA	\$8,498.88	2.84%	294	4.59%	\$28.91
PNV Select	\$8,368.20	2.80%	182	2.84%	\$45.98
Prenatal Plus	\$6,581.60	2.20%	712	11.12%	\$9.24
Natelle One DHA	\$6,575.32	2.20%	76	1.19%	\$86.52
Zatean-PN Plus	\$6,508.70	2.18%	112	1.75%	\$58.11
PNV-DHA plus Docusate	\$5,274.16	1.76%	114	1.78%	\$46.26
Gesticare DHA DR	\$4,079.06	1.36%	74	1.16%	\$55.12
Concept OB	\$2,930.28	0.98%	108	1.69%	\$27.13
Rovin-NV	\$2,757.92	0.92%	62	0.97%	\$44.48

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for January 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Natelle One	\$2,552.08	0.85%	32	0.50%	\$79.75
Taron-C DHA	\$2,511.84	0.84%	96	1.50%	\$26.17
Zatean-PN DHA	\$2,247.74	0.75%	42	0.66%	\$53.52
CitraNatal Assure	\$1,761.44	0.59%	34	0.53%	\$51.81
PreNexa with DHA (obsolete)	\$1,666.60	0.56%	34	0.53%	\$49.02
PreferaOB	\$1,564.26	0.52%	36	0.56%	\$43.45
OB Natal One	\$1,552.80	0.52%	42	0.66%	\$36.97
TriCare DHA One	\$1,358.38	0.45%	26	0.41%	\$52.25
PNV- Iron	\$1,256.64	0.42%	28	0.44%	\$44.88
CitraNatal Harmony	\$1,155.22	0.39%	22	0.34%	\$52.51
Prefera OB Plus DHA	\$1,146.40	0.38%	28	0.44%	\$40.94
PreferaOB+DHA	\$1,143.58	0.38%	26	0.41%	\$43.98
PrenaPlus	\$1,039.98	0.35%	100	1.56%	\$10.40
Prefera OB-One	\$1,020.64	0.34%	16	0.25%	\$63.79
Prenatabs Rx	\$967.04	0.32%	80	1.25%	\$12.09
Folcal DHA	\$919.62	0.31%	18	0.28%	\$51.09
Taron-PRX Plus DHA	\$779.74	0.26%	20	0.31%	\$38.99
Zatean-PN	\$742.86	0.25%	16	0.25%	\$46.43
Vol-Plus	\$708.00	0.24%	60	0.94%	\$11.80
Paire OB Plus DHA	\$689.88	0.23%	18	0.28%	\$38.33
CitraNatal 90 DHA	\$584.38	0.20%	12	0.19%	\$48.70
Prenate Plus	\$582.62	0.19%	52	0.81%	\$11.20
NeevoDHA	\$535.30	0.18%	10	0.16%	\$53.53
Prenatal 19	\$530.20	0.18%	38	0.59%	\$13.95
Vinate Care	\$468.88	0.16%	16	0.25%	\$29.31
Prenate DHA	\$458.10	0.15%	8	0.12%	\$57.26

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for January 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
PreNexa	\$442.00	0.15%	10	0.16%	\$44.20
Cavan-Heme Omega	\$398.30	0.13%	10	0.16%	\$39.83
Gesticare	\$394.00	0.13%	8	0.12%	\$49.25
Se-Care	\$330.00	0.11%	14	0.22%	\$23.57
Prenatal AD	\$315.48	0.11%	24	0.37%	\$13.15
CitraNatal DHA	\$294.00	0.10%	6	0.09%	\$49.00
Se-Natal 19	\$283.28	0.09%	26	0.41%	\$10.90
Gesticare DHA	\$278.82	0.09%	6	0.09%	\$46.47
Prenatal-U	\$254.40	0.09%	20	0.31%	\$12.72
CitraNatal B-Calm	\$250.72	0.08%	8	0.12%	\$31.34
Folivan-OB	\$249.40	0.08%	10	0.16%	\$24.94
Folivan-PRX DHA	\$231.90	0.08%	8	0.12%	\$28.99
Folivan-EC DHA	\$194.70	0.07%	6	0.09%	\$32.45
Prenatal Plus Iron	\$163.52	0.05%	18	0.28%	\$9.08
UltimateCare One NF	\$151.12	0.05%	4	0.06%	\$37.78
Docosavit	\$150.84	0.05%	6	0.09%	\$25.14
Natachew	\$146.10	0.05%	6	0.09%	\$24.35
Dualvit OB	\$134.16	0.04%	8	0.12%	\$16.77
Vinate PN Care	\$124.48	0.04%	4	0.06%	\$31.12
Folbecal	\$118.00	0.04%	4	0.06%	\$29.50
Natelle Plus with DHA	\$111.12	0.04%	2	0.03%	\$55.56
Triveen-One	\$105.94	0.04%	2	0.03%	\$52.97
Duet DHA Complete	\$93.34	0.03%	2	0.03%	\$46.67
Duet DHA Balanced	\$93.34	0.03%	2	0.03%	\$46.67
Select-OB+DHA	\$90.62	0.03%	2	0.03%	\$45.31
Vinate One	\$89.90	0.03%	10	0.16%	\$8.99

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for January 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Triveen-PRx RNF	\$89.90	0.03%	2	0.03%	\$44.95
Triveen Ten	\$88.66	0.03%	2	0.03%	\$44.33
Folcal DHA (obsolete)	\$79.70	0.03%	2	0.03%	\$39.85
Folcaps Omega 3	\$74.78	0.02%	2	0.03%	\$37.39
Prenatal Low Iron	\$64.06	0.02%	8	0.12%	\$8.01
FoliNatal Plus B	\$61.94	0.02%	2	0.03%	\$30.97
Tandem DHA	\$57.30	0.02%	2	0.03%	\$28.65
PR Natal 430	\$56.72	0.02%	2	0.03%	\$28.36
Se-Tan DHA	\$45.86	0.02%	2	0.03%	\$22.93
Prenatal Multivitamin	\$43.68	0.01%	2	0.03%	\$21.84
PrenaCare	\$42.08	0.01%	4	0.06%	\$10.52
PR Natal 400 EC	\$38.48	0.01%	2	0.03%	\$19.24
Vinate AZ	\$31.36	0.01%	2	0.03%	\$15.68
TriCare	\$29.78	0.01%	2	0.03%	\$14.89
Complete-RF	\$28.12	0.01%	2	0.03%	\$14.06
Vinate GT	\$26.10	0.01%	2	0.03%	\$13.05
Se-Natal 16	\$23.86	0.01%	2	0.03%	\$11.93
PrenaFirst	\$21.30	0.01%	2	0.03%	\$10.65
Prenatabs FA	\$18.84	0.01%	2	0.03%	\$9.42
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amoxicillin-clavulanate	\$299,026.53		5,570		\$53.69
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Amoxicillin-Clavulanate	\$287,674.04	96.20%	5,442	97.70%	\$52.86
PDL Augmentin	\$9,206.28	3.08%	107	1.92%	\$86.04
Amoxicillin-Clavulanate ER	\$1,472.69	0.49%	15	0.27%	\$98.18
PDL Augmentin XR	\$673.52	0.23%	6	0.11%	\$112.25

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for January 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
cefdinir	\$280,171.95		3,684		\$76.05
Cefdinir	\$280,171.95	100.00%	3,684	100.00%	\$76.05
olanzapine	\$279,299.33		431		\$648.03
Zyprexa	\$248,929.41	89.13%	374	86.77%	\$665.59
Zyprexa Zydys	\$30,369.92	10.87%	57	13.23%	\$532.81
lansoprazole	\$254,014.37		1,420		\$178.88
PDL Prevacid SoluTab	\$251,255.51	98.91%	1,390	97.89%	\$180.76
Lansoprazole	\$2,582.20	1.02%	29	2.04%	\$89.04
Prevacid	\$176.66	0.07%	1	0.07%	\$176.66
risperidone	\$236,487.75		2,119		\$111.60
Risperidone	\$202,134.57	85.47%	2,080	98.16%	\$97.18
Risperdal Consta	\$33,681.35	14.24%	38	1.79%	\$886.35
Risperdal	\$671.83	0.28%	1	0.05%	\$671.83
dexmethylphenidate	\$221,920.16		1,569		\$141.44
PDL Focalin XR	\$211,804.46	95.44%	1,323	84.32%	\$160.09
Dexmethylphenidate Hydrochloride	\$7,539.97	3.40%	199	12.68%	\$37.89
PDL Focalin	\$2,575.73	1.16%	47	3.00%	\$54.80
mometasone nasal	\$210,512.63		1,914		\$109.99
PDL Nasonex	\$210,512.63	100.00%	1,914	100.00%	\$109.99
medroxyPROGESTERone	\$197,864.46		6,177		\$32.03
MedroxyPROGESTERone Acetate	\$152,170.89	76.91%	3,579	57.94%	\$42.52
depo-subQ provera 104	\$45,693.57	23.09%	2,598	42.06%	\$17.59

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for January 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
antihemophilic factor	\$195,031.20		11		\$17,730.11
Recombinate	\$92,706.17	47.53%	4	36.36%	\$23,176.54
Helixate FS	\$50,193.48	25.74%	1	9.09%	\$50,193.48
Advate rAHF-PFM	\$33,218.95	17.03%	5	45.45%	\$6,643.79
Kogenate FS with Bioset	\$18,912.60	9.70%	1	9.09%	\$18,912.60
cetirizine	\$192,163.52		7,517		\$25.56
Cetirizine Hydrochloride	\$190,554.46	99.16%	7,353	97.82%	\$25.92
All Day Allergy	\$1,251.73	0.65%	147	1.96%	\$8.52
All Day Allergy Children's	\$357.33	0.19%	17	0.23%	\$21.02
fluticasone-salmeterol	\$188,940.25		884		\$213.73
PDL Advair Diskus	\$178,979.36	94.73%	838	94.80%	\$213.58
Advair HFA	\$9,960.89	5.27%	46	5.20%	\$216.54
ethinyl estradiol-norethindrone	\$169,974.32		2,756		\$61.67
Loestrin 24 Fe	\$139,756.08	82.22%	1,868	67.78%	\$74.82
Femcon FE	\$6,266.80	3.69%	84	3.05%	\$74.60
Necon 1/35	\$5,282.38	3.11%	198	7.18%	\$26.68
Nortrel 1/35	\$2,951.52	1.74%	116	4.21%	\$25.44
Balziva	\$2,561.88	1.51%	66	2.39%	\$38.82
Ovcon 50	\$1,889.98	1.11%	22	0.80%	\$85.91
Zenchant	\$1,720.40	1.01%	44	1.60%	\$39.10
Junel Fe 1/20	\$1,626.18	0.96%	68	2.47%	\$23.91
Microgestin FE 1/20	\$1,181.76	0.70%	48	1.74%	\$24.62
Microgestin FE 1.5/30	\$1,134.50	0.67%	44	1.60%	\$25.78

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for January 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Junel Fe 1.5/30	\$1,063.14	0.63%	46	1.67%	\$23.11
Nortrel 7/7/7	\$1,062.92	0.63%	40	1.45%	\$26.57
Tri-Ligest Fe	\$646.64	0.38%	14	0.51%	\$46.19
Necon 7/7/7	\$628.98	0.37%	22	0.80%	\$28.59
Gildess FE 1.5/0.03	\$369.30	0.22%	14	0.51%	\$26.38
Microgestin 1/20	\$328.08	0.19%	12	0.44%	\$27.34
Junel 1/20	\$261.92	0.15%	10	0.36%	\$26.19
Aranelle	\$249.84	0.15%	8	0.29%	\$31.23
Tilia Fe	\$216.74	0.13%	6	0.22%	\$36.12
Gildess FE 1/0.2	\$211.28	0.12%	8	0.29%	\$26.41
Junel 1.5/30	\$195.40	0.11%	8	0.29%	\$24.43
Loestrin Fe 1/20	\$143.18	0.08%	2	0.07%	\$71.59
Microgestin 1.5/30	\$109.36	0.06%	4	0.15%	\$27.34
Nortrel 0.5/35	\$58.08	0.03%	2	0.07%	\$29.04
Necon 0.5/35	\$57.98	0.03%	2	0.07%	\$28.99

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

February 2011 Category Report Sorted By Claims

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR FEBRUARY 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Claims
Penicillins	\$560,354.26	24,700	\$22.69	6.16%
Opiate Agonists	\$391,142.89	20,249	\$19.32	5.05%
Macrolides	\$540,665.06	17,379	\$31.11	4.33%
Propylamine Derivatives	\$347,385.74	15,233	\$22.80	3.80%
Adrenals	\$1,353,206.92	14,099	\$95.98	3.52%
Benzodiazepines	\$161,098.85	13,681	\$11.78	3.41%
Beta-Adrenergic Agonists	\$656,650.72	12,380	\$53.04	3.09%
Nonsteroidal Anti-inflammatory Agents	\$127,290.68	11,890	\$10.71	2.96%
Cephalosporins	\$761,431.62	11,823	\$64.40	2.95%
Second Generation Antihistamines	\$273,332.50	11,545	\$23.68	2.88%
Contraceptives	\$542,916.86	10,443	\$51.99	2.60%
Antidepressants	\$388,412.94	10,421	\$37.27	2.60%
Phenothiazine Derivatives	\$104,359.57	9,519	\$10.96	2.37%
Sulfonamides	\$120,049.77	9,395	\$12.78	2.34%
Anticonvulsants, Miscellaneous	\$708,510.68	8,011	\$88.44	2.00%

Top 15 Rx Claims	200,768	% Total Claims	50.06%
Top 15 Medpaid	\$7,036,809.06	% Total Paid	29.94%
Total Rx Claims	401,051		
Total Rx Medpaid	\$23,499,203.76		

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

February 2011 Category Report Sorted By Amount Paid*

TOP 15 THERAPEUTIC CLASSES BY TOTAL AMOUNT PAID FOR FEBRUARY 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Paid
Antipsychotics (atypical and typical)	\$2,218,198.79	7,154	\$310.06	9.44%
Adrenals	\$1,353,206.92	14,099	\$95.98	5.76%
Hemostatics	\$998,787.58	32	\$31,212.11	4.25%
Amphetamines	\$931,005.29	5,912	\$157.48	3.96%
Leukotriene Modifiers	\$895,320.13	6,840	\$130.89	3.81%
Anorex., Resp. & Cerebral Stim., Misc.	\$835,999.46	5,002	\$167.13	3.56%
Cephalosporins	\$761,431.62	11,823	\$64.40	3.24%
Monoclonal Antibodies	\$750,464.20	440	\$1,705.60	3.19%
Anticonvulsants, Miscellaneous	\$708,510.68	8,011	\$88.44	3.02%
Beta-Adrenergic Agonists	\$656,650.72	12,380	\$53.04	2.79%
Proton-pump Inhibitors	\$565,073.88	5,168	\$109.34	2.40%
Penicillins	\$560,354.26	24,700	\$22.69	2.38%
Contraceptives	\$542,916.86	10,443	\$51.99	2.31%
Macrolides	\$540,665.06	17,379	\$31.11	2.30%
Corticosteroids	\$533,348.49	5,409	\$98.60	2.27%

Top 15 Rx Claims	134,792	% Total Claims	33.61%
Top 15 Medpaid	\$12,851,933.94	% Total Paid	54.69%
Total Rx Claims	401,051		
Total Rx Medpaid	\$23,499,203.76		

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for February 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
budesonide	\$1,083,757.14		3,746		\$289.31
Budesonide	\$789,555.04	72.85%	3,088	82.43%	\$255.68
PDL Pulmicort Respules	\$284,580.24	26.26%	588	15.70%	\$483.98
PDL Pulmicort Flexhaler	\$9,621.86	0.89%	70	1.87%	\$137.46
montelukast	\$894,997.75		6,836		\$130.92
PDL Singulair	\$894,997.75	100.00%	6,836	100.00%	\$130.92
aripiprazole	\$763,937.20		1,353		\$564.62
PDL Abilify	\$762,453.49	99.81%	1,341	99.11%	\$568.57
Abilify Discmelt	\$1,483.71	0.19%	12	0.89%	\$123.64
palivizumab	\$750,464.20		440		\$1,705.60
Synagis	\$750,464.20	100.00%	440	100.00%	\$1,705.60
anti-inhibitor coagulant complex	\$724,360.29		8		\$90,545.04
Feiba NF	\$391,375.43	54.03%	5	62.50%	\$78,275.09
Feiba VH Immuno	\$332,984.86	45.97%	3	37.50%	\$110,994.95
methylphenidate	\$568,484.62		3,199		\$177.71
PDL Concerta	\$482,072.57	84.80%	2,407	75.24%	\$200.28
PDL Metadate CD	\$43,921.33	7.73%	275	8.60%	\$159.71
PDL Daytrana	\$26,639.56	4.69%	157	4.91%	\$169.68
PDL Methylin	\$6,890.19	1.21%	184	5.75%	\$37.45
Ritalin LA	\$4,866.58	0.86%	31	0.97%	\$156.99

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for February 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Methylphenidate Hydrochloride	\$3,761.42	0.66%	130	4.06%	\$28.93
Methylin ER	\$260.31	0.05%	9	0.28%	\$28.92
Methylphenidate Hydrochloride SR	\$72.66	0.01%	6	0.19%	\$12.11
quetiapine	\$533,553.04		1,345		\$396.69
PDL Seroquel	\$405,982.28	76.09%	1,025	76.21%	\$396.08
PDL Seroquel XR	\$127,570.76	23.91%	320	23.79%	\$398.66
oseltamivir	\$524,484.23		6,266		\$83.70
Tamiflu	\$524,484.23	100.00%	6,266	100.00%	\$83.70
amphetamine-dextroamphetamine	\$503,360.32		3,144		\$160.10
PDL Adderall XR	\$412,051.75	81.86%	1,874	59.61%	\$219.88
Amphetamine-Dextroamphetamine	\$47,106.17	9.36%	1,000	31.81%	\$47.11
Amphetamine-Dextroamphetamine ER	\$44,202.40	8.78%	270	8.59%	\$163.71
azithromycin	\$475,352.06		15,858		\$29.98
Azithromycin	\$359,322.51	75.59%	10,744	67.75%	\$33.44
Azithromycin 5 Day Dose Pack	\$109,976.22	23.14%	4,864	30.67%	\$22.61
Azithromycin 3 Day Dose Pack	\$5,990.42	1.26%	249	1.57%	\$24.06
Zmax	\$62.91	0.01%	1	0.01%	\$62.91
lisdexamfetamine	\$419,740.90		2,677		\$156.80
PDL Vyvanse	\$419,740.90	100.00%	2,677	100.00%	\$156.80
albuterol	\$394,942.81		11,074		\$35.66
Albuterol Sulfate	\$229,110.23	58.01%	6,978	63.01%	\$32.83
PDL Ventolin HFA	\$164,287.37	41.60%	3,966	35.81%	\$41.42

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**Resource Utilization Report
Drug Detail Report for February 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
ReliOn Ventolin HFA	\$1,035.00	0.26%	100	0.90%	\$10.35
ProAir HFA	\$208.15	0.05%	5	0.05%	\$41.63
Albuterol	\$206.00	0.05%	23	0.21%	\$8.96
Proventil HFA	\$96.06	0.02%	2	0.02%	\$48.03
amoxicillin-clavulanate	\$374,420.24		6,987		\$53.59
Amoxicillin-Clavulanate	\$361,869.32	96.65%	6,840	97.90%	\$52.90
PDL Augmentin	\$10,964.16	2.93%	129	1.85%	\$84.99
Amoxicillin-Clavulanate ER	\$1,234.58	0.33%	13	0.19%	\$94.97
PDL Augmentin XR	\$352.18	0.09%	5	0.07%	\$70.44
cefdinir	\$363,520.08		4,778		\$76.08
Cefdinir	\$363,520.08	100.00%	4,778	100.00%	\$76.08
multivitamin, prenatal	\$328,120.52		7,086		\$46.31
Neevo DHA	\$79,149.88	24.12%	1,310	18.49%	\$60.42
PreNexa with DHA	\$38,735.62	11.81%	514	7.25%	\$75.36
Neevo	\$30,974.94	9.44%	520	7.34%	\$59.57
Prenate Essential	\$28,440.74	8.67%	386	5.45%	\$73.68
Rovin-NV DHA	\$21,772.82	6.64%	494	6.97%	\$44.07
PreQue 10	\$14,262.46	4.35%	332	4.69%	\$42.96
Prenate Elite Plus Iron	\$9,203.20	2.80%	124	1.75%	\$74.22
Concept DHA	\$9,035.08	2.75%	314	4.43%	\$28.77
PNV Select	\$8,810.64	2.69%	190	2.68%	\$46.37
Zatean-PN Plus	\$8,402.58	2.56%	146	2.06%	\$57.55
PNV-DHA	\$7,644.68	2.33%	146	2.06%	\$52.36
Prenatal Plus	\$7,369.40	2.25%	792	11.18%	\$9.30

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**Resource Utilization Report
Drug Detail Report for February 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Gesticare DHA DR	\$6,982.98	2.13%	116	1.64%	\$60.20
Natelle One DHA	\$5,799.46	1.77%	64	0.90%	\$90.62
PNV-DHA plus Docusate	\$4,503.78	1.37%	98	1.38%	\$45.96
Folcal DHA	\$3,750.66	1.14%	74	1.04%	\$50.68
Taron-C DHA	\$3,177.88	0.97%	122	1.72%	\$26.05
Concept OB	\$2,644.18	0.81%	98	1.38%	\$26.98
PreferaOB+DHA	\$2,202.58	0.67%	48	0.68%	\$45.89
Rovin-NV	\$2,017.52	0.61%	46	0.65%	\$43.86
PNV- Iron	\$1,987.84	0.61%	46	0.65%	\$43.21
PreferaOB	\$1,866.32	0.57%	44	0.62%	\$42.42
CitraNatal Assure	\$1,837.66	0.56%	38	0.54%	\$48.36
CitraNatal Harmony	\$1,786.50	0.54%	34	0.48%	\$52.54
OB Natal One	\$1,681.16	0.51%	46	0.65%	\$36.55
Natelle One	\$1,586.80	0.48%	20	0.28%	\$79.34
Prefera OB-One	\$1,578.60	0.48%	26	0.37%	\$60.72
Zatean-PN DHA	\$1,171.52	0.36%	22	0.31%	\$53.25
Zatean-PN	\$1,106.68	0.34%	24	0.34%	\$46.11
TriCare DHA One	\$1,058.74	0.32%	22	0.31%	\$48.12
Paire OB Plus DHA	\$1,009.00	0.31%	28	0.40%	\$36.04
Prenatabs Rx	\$991.22	0.30%	86	1.21%	\$11.53
PreNexa with DHA (obsolete)	\$986.00	0.30%	20	0.28%	\$49.30
PrenaPlus	\$953.16	0.29%	90	1.27%	\$10.59
Vol-Plus	\$892.88	0.27%	80	1.13%	\$11.16
CitraNatal DHA	\$788.00	0.24%	16	0.23%	\$49.25
Prefera OB Plus DHA	\$712.90	0.22%	16	0.23%	\$44.56
Prenatal AD	\$696.38	0.21%	54	0.76%	\$12.90

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for February 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Cavan-Heme Omega	\$618.86	0.19%	18	0.25%	\$34.38
Prenatal 19	\$563.44	0.17%	40	0.56%	\$14.09
Taron-PRX Plus DHA	\$552.32	0.17%	14	0.20%	\$39.45
Folivan-OB	\$542.68	0.17%	22	0.31%	\$24.67
Gesticare	\$500.00	0.15%	10	0.14%	\$50.00
Vinate Care	\$481.74	0.15%	16	0.23%	\$30.11
Se-Care	\$432.00	0.13%	18	0.25%	\$24.00
NeevoDHA	\$422.24	0.13%	8	0.11%	\$52.78
Prenate Plus	\$388.26	0.12%	38	0.54%	\$10.22
CitraNatal B-Calm	\$367.08	0.11%	12	0.17%	\$30.59
PreNexa	\$347.60	0.11%	8	0.11%	\$43.45
Se-Natal 19	\$342.80	0.10%	32	0.45%	\$10.71
CitraNatal 90 DHA	\$306.48	0.09%	6	0.08%	\$51.08
Nexa Select with DHA	\$298.76	0.09%	4	0.06%	\$74.69
Prenatal-U	\$293.28	0.09%	24	0.34%	\$12.22
Gesticare DHA	\$278.82	0.08%	6	0.08%	\$46.47
Prenate DHA	\$277.20	0.08%	4	0.06%	\$69.30
TriCare	\$244.70	0.07%	8	0.11%	\$30.59
Folcal DHA (obsolete)	\$239.10	0.07%	6	0.08%	\$39.85
Folivan-PRX DHA	\$231.90	0.07%	8	0.11%	\$28.99
Folcaps Omega 3	\$224.34	0.07%	6	0.08%	\$37.39
Tandem DHA	\$171.90	0.05%	6	0.08%	\$28.65
Prenatal Plus Iron	\$136.24	0.04%	14	0.20%	\$9.73
Vinate PN Care	\$130.48	0.04%	4	0.06%	\$32.62
Folbecal	\$118.00	0.04%	4	0.06%	\$29.50
FoliNatal Plus B	\$117.88	0.04%	4	0.06%	\$29.47

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for February 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Dualvit OB	\$113.46	0.03%	8	0.11%	\$14.18
Prenatal Low Iron	\$109.56	0.03%	14	0.20%	\$7.83
Vinate One	\$101.90	0.03%	10	0.14%	\$10.19
Docosavit	\$100.56	0.03%	4	0.06%	\$25.14
Viva DHA	\$97.10	0.03%	2	0.03%	\$48.55
Se-Natal 16	\$95.44	0.03%	8	0.11%	\$11.93
Duet DHA Balanced	\$93.34	0.03%	2	0.03%	\$46.67
Se-Tan DHA	\$91.72	0.03%	4	0.06%	\$22.93
Select-OB+DHA	\$90.62	0.03%	2	0.03%	\$45.31
Triveen-PRx RNF	\$89.90	0.03%	2	0.03%	\$44.95
Triveen Ten	\$88.66	0.03%	2	0.03%	\$44.33
CompleteNate	\$86.68	0.03%	4	0.06%	\$21.67
UltimateCare One NF	\$77.36	0.02%	2	0.03%	\$38.68
Precare Premier	\$71.94	0.02%	2	0.03%	\$35.97
Folcaps Care One	\$68.36	0.02%	2	0.03%	\$34.18
Cavan EC DHA Plus	\$68.12	0.02%	2	0.03%	\$34.06
Zatean-CH	\$66.32	0.02%	2	0.03%	\$33.16
Vinate AZ	\$61.84	0.02%	4	0.06%	\$15.46
Natelle-ez	\$60.54	0.02%	2	0.03%	\$30.27
Natachew	\$48.70	0.01%	2	0.03%	\$24.35
Nata 29 OB	\$48.66	0.01%	4	0.06%	\$12.16
Trinatal Rx	\$44.18	0.01%	4	0.06%	\$11.05
Prenatabs FA	\$37.68	0.01%	4	0.06%	\$9.42
Tandem OB	\$36.32	0.01%	2	0.03%	\$18.16
Prenatal Multivitamin	\$29.80	0.01%	2	0.03%	\$14.90
PrenaFirst	\$21.30	0.01%	2	0.03%	\$10.65

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for February 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Se-Natal One	\$19.92	0.01%	2	0.03%	\$9.96
olanzapine	\$318,924.78		481		\$663.05
Zyprexa	\$278,864.57	87.44%	424	88.15%	\$657.70
Zyprexa Zydis	\$40,060.21	12.56%	57	11.85%	\$702.81
mometasone nasal	\$283,387.47		2,525		\$112.23
PDL Nasonex	\$283,387.47	100.00%	2,525	100.00%	\$112.23
lansoprazole	\$271,226.79		1,529		\$177.39
PDL Prevacid SoluTab	\$265,735.03	97.98%	1,481	96.86%	\$179.43
Lansoprazole	\$5,491.76	2.02%	48	3.14%	\$114.41
dexmethylphenidate	\$256,109.16		1,784		\$143.56
PDL Focalin XR	\$245,278.46	95.77%	1,511	84.70%	\$162.33
Dexmethylphenidate Hydrochloride	\$8,394.73	3.28%	221	12.39%	\$37.99
PDL Focalin	\$2,435.97	0.95%	52	2.91%	\$46.85
risperidone	\$250,023.02		2,338		\$106.94
Risperidone	\$215,018.83	86.00%	2,293	98.08%	\$93.77
Risperdal Consta	\$35,004.19	14.00%	45	1.92%	\$777.87
cetirizine	\$246,346.32		9,438		\$26.10
Cetirizine Hydrochloride	\$244,358.57	99.19%	9,233	97.83%	\$26.47
All Day Allergy	\$1,504.27	0.61%	183	1.94%	\$8.22
All Day Allergy Children's	\$483.48	0.20%	22	0.23%	\$21.98

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for February 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
medroxyPROGESTERone	\$219,906.45		6,597		\$33.33
MedroxyPROGESTERone Acetate	\$170,303.94	77.44%	3,939	59.71%	\$43.24
depo-subQ provera 104	\$49,335.30	22.43%	2,655	40.25%	\$18.58
Depo-Provera Contraceptive	\$267.21	0.12%	3	0.05%	\$89.07
fluticasone-salmeterol	\$218,947.64		1,013		\$216.14
PDL Advair Diskus	\$208,781.58	95.36%	966	95.36%	\$216.13
Advair HFA	\$10,166.06	4.64%	47	4.64%	\$216.30
antihemophilic factor	\$211,943.98		11		\$19,267.63
Advate rAHF-PFM	\$129,028.17	60.88%	7	63.64%	\$18,432.60
Helixate FS	\$40,729.39	19.22%	1	9.09%	\$40,729.39
Recombinate	\$28,146.84	13.28%	1	9.09%	\$28,146.84
Hemofil-M	\$14,039.58	6.62%	2	18.18%	\$7,019.79
guanfacine	\$194,636.73		1,255		\$155.09
PDL Intuniv	\$194,636.73	100.00%	1,255	100.00%	\$155.09

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

March 2011 Category Report Sorted By Claims

TOP 15 THERAPEUTIC CLASSES BY TOTAL CLAIMS FOR MARCH 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Claims
Opiate Agonists	\$454,643.28	23,510	\$19.34	5.47%
Penicillins	\$523,707.65	23,330	\$22.45	5.42%
Second Generation Antihistamines	\$380,404.59	15,661	\$24.29	3.64%
Benzodiazepines	\$192,476.20	15,522	\$12.40	3.61%
Adrenals	\$1,459,393.90	14,407	\$101.30	3.35%
Macrolides	\$439,903.51	14,072	\$31.26	3.27%
Beta-Adrenergic Agonists	\$704,162.43	12,653	\$55.65	2.94%
Nonsteroidal Anti-inflammatory Agents	\$134,026.57	12,553	\$10.68	2.92%
Propylamine Derivatives	\$300,176.04	12,441	\$24.13	2.89%
Antidepressants	\$424,772.95	11,823	\$35.93	2.75%
Contraceptives	\$597,690.49	11,522	\$51.87	2.68%
Cephalosporins	\$686,636.36	11,126	\$61.71	2.59%
Sulfonamides	\$137,674.28	10,684	\$12.89	2.48%
Anticonvulsants, Miscellaneous	\$819,490.01	9,161	\$89.45	2.13%
Multivitamin Preparations	\$390,092.14	9,124	\$42.75	2.12%

Top 15 Rx Claims	207,589	% Total Claims	48.26%
Top 15 Medpaid	\$7,645,250.40	% Total Paid	29.57%
Total Rx Claims	430,180		
Total Rx Medpaid	\$25,857,227.80		

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

March 2011 Category Report Sorted By Amount Paid*

TOP 15 THERAPEUTIC CLASSES BY TOTAL AMOUNT PAID FOR MARCH 2011

AHFS Therapeutic Class	Paid*	Rx	Avg Paid/Rx*	% Total Paid
Antipsychotics (atypical and typical)	\$2,585,605.97	8,253	\$313.29	10.00%
Adrenals	\$1,459,393.90	14,407	\$101.30	5.64%
Leukotriene Modifiers	\$1,253,739.60	8,793	\$142.58	4.85%
Amphetamines	\$1,078,189.28	6,823	\$158.02	4.17%
Anorex., Resp. & Cerebral Stim., Misc.	\$940,480.78	5,680	\$165.58	3.64%
Hemostatics	\$913,831.20	39	\$23,431.57	3.53%
Anticonvulsants, Miscellaneous	\$819,490.01	9,161	\$89.45	3.17%
Beta-Adrenergic Agonists	\$704,162.43	12,653	\$55.65	2.72%
Cephalosporins	\$686,636.36	11,126	\$61.71	2.66%
Corticosteroids	\$678,516.96	6,767	\$100.27	2.62%
Proton-pump Inhibitors	\$668,502.35	5,958	\$112.20	2.59%
Antineoplastic Agents	\$659,493.02	1,227	\$537.48	2.55%
Contraceptives	\$597,690.49	11,522	\$51.87	2.31%
Insulins	\$544,790.56	2,821	\$193.12	2.11%
Penicillins	\$523,707.65	23,330	\$22.45	2.03%

Top 15 Rx Claims	128,560	% Total Claims	29.89%
Top 15 Medpaid	\$14,114,230.56	% Total Paid	54.59%
Total Rx Claims	430,180		
Total Rx Medpaid	\$25,857,227.80		

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

**Resource Utilization Report
Drug Detail Report for March 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
montelukast	\$1,253,406.84		8,789		\$142.61
PDL Singulair	\$1,253,406.84	100.00%	8,789	100.00%	\$142.61
budesonide	\$1,174,479.18		4,156		\$282.60
Budesonide	\$882,564.46	75.15%	3,464	83.35%	\$254.78
PDL Pulmicort Respules	\$279,515.78	23.80%	602	14.49%	\$464.31
PDL Pulmicort Flexhaler	\$12,398.94	1.06%	90	2.17%	\$137.77
aripiprazole	\$866,415.22		1,549		\$559.34
PDL Abilify	\$864,911.40	99.83%	1,536	99.16%	\$563.09
Abilify Discmelt	\$1,503.82	0.17%	13	0.84%	\$115.68
quetiapine	\$640,863.02		1,620		\$395.59
PDL Seroquel	\$492,362.65	76.83%	1,259	77.72%	\$391.07
PDL Seroquel XR	\$148,500.37	23.17%	361	22.28%	\$411.36
methylphenidate	\$632,851.68		3,611		\$175.26
PDL Concerta	\$532,253.08	84.10%	2,692	74.55%	\$197.72
PDL Metadate CD	\$51,731.98	8.17%	331	9.17%	\$156.29
PDL Daytrana	\$29,959.62	4.73%	174	4.82%	\$172.18
PDL Methylin	\$8,734.87	1.38%	197	5.46%	\$44.34
Ritalin LA	\$5,081.98	0.80%	33	0.91%	\$154.00
Methylphenidate Hydrochloride	\$4,583.02	0.72%	167	4.62%	\$27.44
Methylin ER	\$286.95	0.05%	9	0.25%	\$31.88
Methylphenidate Hydrochloride SR	\$220.18	0.03%	8	0.22%	\$27.52

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Resource Utilization Report
Drug Detail Report for March 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
amphetamine-dextroamphetamine	\$581,683.20		3,597		\$161.71
PDL Adderall XR	\$497,458.09	85.52%	2,268	63.05%	\$219.34
Amphetamine-Dextroamphetamine	\$54,932.42	9.44%	1,157	32.17%	\$47.48
Amphetamine-Dextroamphetamine ER	\$28,965.24	4.98%	171	4.75%	\$169.39
Adderall	\$327.45	0.06%	1	0.03%	\$327.45
lisdexamfetamine	\$488,867.10		3,130		\$156.19
PDL Vyvanse	\$488,867.10	100.00%	3,130	100.00%	\$156.19
anti-inhibitor coagulant complex	\$478,082.00		6		\$79,680.33
Feiba NF	\$243,651.68	50.96%	4	66.67%	\$60,912.92
Feiba VH Immuno	\$234,430.32	49.04%	2	33.33%	\$117,215.16
palivizumab	\$474,538.70		280		\$1,694.78
Synagis	\$474,538.70	100.00%	280	100.00%	\$1,694.78
albuterol	\$405,557.86		11,194		\$36.23
Albuterol Sulfate	\$220,270.68	54.31%	6,631	59.24%	\$33.22
PDL Ventolin HFA	\$183,470.87	45.24%	4,429	39.57%	\$41.42
ReliOn Ventolin HFA	\$1,206.00	0.30%	107	0.96%	\$11.27
ProAir HFA	\$367.31	0.09%	9	0.08%	\$40.81
Albuterol	\$143.94	0.04%	16	0.14%	\$9.00
Proventil HFA	\$99.06	0.02%	2	0.02%	\$49.53
azithromycin	\$384,223.45		12,783		\$30.06
Azithromycin	\$295,001.50	76.78%	8,836	69.12%	\$33.39
Azithromycin 5 Day Dose Pack	\$84,593.91	22.02%	3,759	29.41%	\$22.50

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Resource Utilization Report
Drug Detail Report for March 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Azithromycin 3 Day Dose Pack	\$4,628.04	1.20%	188	1.47%	\$24.62
mometasone nasal	\$381,883.49		3,400		\$112.32
PDL Nasonex	\$381,883.49	100.00%	3,400	100.00%	\$112.32
multivitamin, prenatal	\$379,703.86		8,262		\$45.96
Neevo DHA	\$92,787.14	24.44%	1,544	18.69%	\$60.10
PreNexa with DHA	\$36,808.18	9.69%	490	5.93%	\$75.12
Neevo	\$31,685.60	8.34%	554	6.71%	\$57.19
Rovin-NV DHA	\$31,027.00	8.17%	712	8.62%	\$43.58
Prenate Essential	\$29,022.10	7.64%	390	4.72%	\$74.42
PreQue 10	\$15,585.14	4.10%	354	4.28%	\$44.03
Concept DHA	\$10,700.84	2.82%	370	4.48%	\$28.92
Zatean-PN Plus	\$10,555.84	2.78%	182	2.20%	\$58.00
PNV Select	\$10,124.80	2.67%	220	2.66%	\$46.02
Prenate Elite Plus Iron	\$9,400.86	2.48%	126	1.53%	\$74.61
PNV-DHA	\$8,743.70	2.30%	166	2.01%	\$52.67
Prenatal Plus	\$7,175.08	1.89%	806	9.76%	\$8.90
Natelle One DHA	\$6,752.88	1.78%	74	0.90%	\$91.26
Gesticare DHA DR	\$6,341.90	1.67%	106	1.28%	\$59.83
Folcal DHA	\$5,794.10	1.53%	114	1.38%	\$50.83
PNV-DHA plus Docusate	\$5,231.64	1.38%	116	1.40%	\$45.10
Nexa Select with DHA	\$4,986.54	1.31%	66	0.80%	\$75.55
Taron-C DHA	\$4,286.56	1.13%	164	1.98%	\$26.14
PNV- Iron	\$3,548.40	0.93%	80	0.97%	\$44.36
Concept OB	\$3,546.12	0.93%	132	1.60%	\$26.86

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**Resource Utilization Report
Drug Detail Report for March 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Paire OB Plus DHA	\$3,241.38	0.85%	82	0.99%	\$39.53
CitraNatal Assure	\$3,121.44	0.82%	62	0.75%	\$50.35
PreferaOB	\$2,885.68	0.76%	66	0.80%	\$43.72
PreferaOB+DHA	\$2,774.82	0.73%	62	0.75%	\$44.76
Prefera OB-One	\$2,290.44	0.60%	36	0.44%	\$63.62
Rovin-NV	\$2,286.88	0.60%	52	0.63%	\$43.98
Prenatal AD	\$1,775.64	0.47%	136	1.65%	\$13.06
Zatean-PN DHA	\$1,688.54	0.44%	32	0.39%	\$52.77
TriCare DHA One	\$1,592.38	0.42%	30	0.36%	\$53.08
Natelle One	\$1,586.80	0.42%	20	0.24%	\$79.34
CitraNatal Harmony	\$1,476.40	0.39%	28	0.34%	\$52.73
OB Natal One	\$1,260.98	0.33%	36	0.44%	\$35.03
Prenatabs Rx	\$1,203.38	0.32%	102	1.23%	\$11.80
PrenaPlus	\$1,027.58	0.27%	98	1.19%	\$10.49
Prefera OB Plus DHA	\$907.36	0.24%	20	0.24%	\$45.37
Taron-PRX Plus DHA	\$863.72	0.23%	22	0.27%	\$39.26
CitraNatal DHA	\$826.08	0.22%	20	0.24%	\$41.30
Gesticare	\$788.00	0.21%	16	0.19%	\$49.25
Folivan-OB	\$786.08	0.21%	32	0.39%	\$24.57
Prenatal 19	\$769.04	0.20%	56	0.68%	\$13.73
Vol-Plus	\$767.90	0.20%	66	0.80%	\$11.63
CitraNatal 90 DHA	\$759.12	0.20%	16	0.19%	\$47.45
Zatean-PN	\$746.08	0.20%	16	0.19%	\$46.63
CitraNatal B-Calm	\$707.52	0.19%	18	0.22%	\$39.31
Cavan-Heme Omega	\$644.48	0.17%	16	0.19%	\$40.28
NeevoDHA	\$642.36	0.17%	12	0.15%	\$53.53

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**Resource Utilization Report
Drug Detail Report for March 2011**

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
PreNexa	\$612.80	0.16%	14	0.17%	\$43.77
PreNexa with DHA (obsolete)	\$592.80	0.16%	12	0.15%	\$49.40
Duet DHA Balanced	\$466.70	0.12%	10	0.12%	\$46.67
Vinate Care	\$419.80	0.11%	14	0.17%	\$29.99
Prenate DHA	\$418.80	0.11%	6	0.07%	\$69.80
Triveen Ten	\$407.70	0.11%	12	0.15%	\$33.98
Se-Natal 19	\$402.08	0.11%	38	0.46%	\$10.58
Prenate Plus	\$388.98	0.10%	36	0.44%	\$10.81
Folcaps Omega 3	\$373.42	0.10%	10	0.12%	\$37.34
Se-Care	\$282.00	0.07%	12	0.15%	\$23.50
Zatean-CH	\$265.28	0.07%	8	0.10%	\$33.16
Prenatal Plus Iron	\$252.92	0.07%	28	0.34%	\$9.03
Folcal DHA (obsolete)	\$233.10	0.06%	6	0.07%	\$38.85
Tandem DHA	\$229.20	0.06%	8	0.10%	\$28.65
Folivan-PRX DHA	\$229.20	0.06%	6	0.07%	\$38.20
CitraNatal Rx	\$219.48	0.06%	6	0.07%	\$36.58
Docosavit	\$201.12	0.05%	8	0.10%	\$25.14
TriCare	\$196.84	0.05%	8	0.10%	\$24.61
Vinate PN Care	\$195.72	0.05%	6	0.07%	\$32.62
Triveen-PRx RNF	\$179.80	0.05%	4	0.05%	\$44.95
Folbecal	\$171.00	0.05%	6	0.07%	\$28.50
Se-Natal 16	\$167.02	0.04%	14	0.17%	\$11.93
Prenatal-U	\$166.08	0.04%	14	0.17%	\$11.86
Vemavite PRX 2	\$151.36	0.04%	4	0.05%	\$37.84
Vinate One	\$124.28	0.03%	12	0.15%	\$10.36
CompleteNate	\$124.02	0.03%	6	0.07%	\$20.67

* Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Prepared by the Evidence-Based DUR Initiative, MS-DUR

Resource Utilization Report
Drug Detail Report for March 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
Gesticare DHA	\$88.94	0.02%	2	0.02%	\$44.47
Duet DHA Complete	\$87.34	0.02%	2	0.02%	\$43.67
Prenatal Low Iron	\$69.40	0.02%	8	0.10%	\$8.68
Folcaps Care One	\$68.36	0.02%	2	0.02%	\$34.18
FoliNatal Plus B	\$61.94	0.02%	2	0.02%	\$30.97
Multinatal Plus	\$61.94	0.02%	2	0.02%	\$30.97
Trimesis Rx	\$59.00	0.02%	2	0.02%	\$29.50
Vinate GT	\$46.20	0.01%	4	0.05%	\$11.55
Trinatal Rx	\$45.56	0.01%	4	0.05%	\$11.39
Prenatal Multivitamin	\$43.68	0.01%	2	0.02%	\$21.84
Vinate IC	\$33.12	0.01%	2	0.02%	\$16.56
Vinate AZ	\$24.48	0.01%	2	0.02%	\$12.24
Dualvit OB	\$17.90	0.00%	2	0.02%	\$8.95
antihemophilic factor	\$368,185.51		14		\$26,298.97
Advate rAHF-PFM	\$170,783.95	46.39%	7	50.00%	\$24,397.71
Kogenate FS with Bioset	\$70,187.42	19.06%	2	14.29%	\$35,093.71
Recombinate	\$69,254.78	18.81%	2	14.29%	\$34,627.39
Helixate FS	\$43,919.78	11.93%	1	7.14%	\$43,919.78
Hemofil-M	\$14,039.58	3.81%	2	14.29%	\$7,019.79
olanzapine	\$359,346.79		533		\$674.20
Zyprexa	\$309,126.78	86.02%	457	85.74%	\$676.43
Zyprexa Zydis	\$50,220.01	13.98%	76	14.26%	\$660.79
amoxicillin-clavulanate	\$353,687.95		6,579		\$53.76
Amoxicillin-Clavulanate	\$343,870.31	97.22%	6,466	98.28%	\$53.18

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Resource Utilization Report
Drug Detail Report for March 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
PDL Augmentin	\$7,974.16	2.25%	92	1.40%	\$86.68
Amoxicillin-Clavulanate ER	\$1,404.67	0.40%	16	0.24%	\$87.79
PDL Augmentin XR	\$438.81	0.12%	5	0.08%	\$87.76
cetirizine	\$346,402.39		12,940		\$26.77
Cetirizine Hydrochloride	\$343,645.27	99.20%	12,679	97.98%	\$27.10
All Day Allergy	\$1,877.83	0.54%	224	1.73%	\$8.38
All Day Allergy Children's	\$879.29	0.25%	37	0.29%	\$23.76
lansoprazole	\$336,481.34		1,852		\$181.69
PDL Prevacid SoluTab	\$331,656.33	98.57%	1,814	97.95%	\$182.83
Lansoprazole	\$4,825.01	1.43%	38	2.05%	\$126.97
cefdinir	\$305,159.87		4,105		\$74.34
Cefdinir	\$305,159.87	100.00%	4,105	100.00%	\$74.34
dexmethylphenidate	\$296,693.47		2,049		\$144.80
PDL Focalin XR	\$283,828.79	95.66%	1,736	84.72%	\$163.50
Dexmethylphenidate Hydrochloride	\$9,910.16	3.34%	259	12.64%	\$38.26
PDL Focalin	\$2,954.52	1.00%	54	2.64%	\$54.71
risperidone	\$291,234.42		2,668		\$109.16
Risperidone	\$251,176.91	86.25%	2,617	98.09%	\$95.98
Risperdal Consta	\$40,057.51	13.75%	51	1.91%	\$785.44
medroxyPROGESTERone	\$265,250.43		8,505		\$31.19
MedroxyPROGESTERone Acetate	\$194,579.28	73.36%	4,548	53.47%	\$42.78
depo-subQ provera 104	\$70,671.15	26.64%	3,957	46.53%	\$17.86

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Resource Utilization Report
Drug Detail Report for March 2011

Generic Molecule / Drug Name	Total Paid*	% of Paid	# Claims	% of Claims	Avg/Claim*
fluticasone-salmeterol	\$247,969.81		1,149		\$215.81
PDL Advair Diskus	\$232,550.52	93.78%	1,082	94.17%	\$214.93
Advair HFA	\$15,419.29	6.22%	67	5.83%	\$230.14
guanfacine	\$223,803.28		1,438		\$155.64
PDL Intuniv	\$223,803.28	100.00%	1,438	100.00%	\$155.64
ziprasidone	\$204,287.98		464		\$440.28
PDL Geodon	\$204,287.98	100.00%	464	100.00%	\$440.28

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FDA Action: Withdrawal of Unapproved Prescription Cough and Cold Products

Background

On October 19, 2007, the FDA Nonprescription Drugs Advisory Committee and the Pediatric Advisory Committee recommended that all over-the-counter (OTC) cough and cold medications should not be used in children between the ages of two- to five-years old. These committees concurred that these products are safe for children six- to 12-years old. On January 17, 2008, as a response to a Citizen Petition pertaining to the potentially inappropriate use of OTC cold and cough medications in children less than 6 years of age², the FDA recommended not using such products in infants and children under the age of 2 years.³ Later in the same year, the Consumer Health Products Association (CHPA) announced that its members were to voluntarily re-label their products to warn parents against their use in children less than 4 years of age.⁴

The movement against the use of such drugs commenced primarily due to scarce safety and efficacy data. On March 2, 2011, the FDA announced that certain unapproved prescription cough, cold, and allergy drugs will be removed from the market due to a lack of safety and efficacy data.⁵ See the Appendix for a list maintained by the FDA of unapproved prescription cough, cold, and allergy products. This announcement does not affect currently available over-the-counter cough and cold preparations.

Overview of Efficacy and Safety Data

Various study design issues (e.g., self-reported measures of improvement of symptoms) have made clinical studies in non-adolescent and non-adult samples difficult. Also, differences in respiratory anatomy, maturation of respiratory muscles, chest wall structure, immunological responses, and hepatic enzymes make extrapolation of results from studies with adult samples to children populations difficult.¹ The few studies that have researched the efficacy of these drugs in children have failed to observe a significant effect.^{6,7} When used as directed, no evidence of a safety issue has been observed. But, inappropriate use (e.g., use of multiple

² Cold, Cough, Allergy, Bronchodilator, Antiasthmatic Drug Products for Over-the-Counter Human Use. October 18 and 19, 2007 NDAC Meeting regarding cough and cold product use in children. Source:

<http://www.fda.gov/ohrms/dockets/ac/07/briefing/2007-4323b1-02-fda.pdf> (Accessed April 19, 2011).

³ Public Health Advisory: FDA Recommends that Over-the-counter (OTC) Cough and Cold Products not be used for infants and Children under 2 Years of Age. Source:

<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/PublicHealthAdvisories/UCM051137> (Accessed April 19, 2011).

⁴ FDA Statement Following CHPA's Announcement on Nonprescription Over-the-Counter Cough and Cold Medicines in Children. Source: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2008/ucm116964.htm> (Accessed April 19, 2011).

⁵ FDA. FDA prompts removal of unapproved drugs from the market. March 2, 2011.

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm245048.htm>. (Accessed April 19, 2011)

⁶ Ryan T, Brewer M, Small L. Over-the-counter cough and cold medication use in young children. *Pediatric Nursing Journal*, 2008;34:174-80, 184.

⁷ Smith SM, Schroeder K, Fahey T. Over-the-counter (OTC) medications for acute cough in children and adults in ambulatory settings (Review), The Cochrane Collaboration, *The Cochrane Library*, 2010, Issue 9

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products with the same ingredient, administration of an incorrect dose, receiving the wrong formulation, etc.) has been documented to cause severe adverse effects, including death.^{8,1}

Current Non-Pharmacologic Treatment

The lack of sufficient efficacy and safety data has led to the recommendation of non-pharmacologic techniques as the preferred treatment. Some techniques suggested include:

- Adequate fluid intake⁹
- Use of saline nasal drops/spray¹⁰
- Use of a humidifier or vaporizer^{11,12}
- Topical antitussives^{13,14}
- Consuming honey¹⁵

Contemporary Treatment in Mississippi Medicaid

Medicaid prescription claims data from January 2010 through March 2011 were used to review the current use of cough and cold medications.¹⁶ The drugs included in this review includes antihistamine/decongestant combination products, antitussive and expectorant preparations, as well as single ingredient antihistamines and decongestants used for cough/cold symptom relief. The utilization of these drugs can be viewed in Table 1.

Table 1

Age Group	Number of Prescription Claims for Cough/Cold	Number of Unique Beneficiaries with Claims for Cough/Cold
Less than 2 years	98,270	41,937
2 – 6 years	173,847	64,913
7 – 12 years	100,799	42,766

⁸ CDC. Infant deaths associated with cough and cold medications—two states, 2005. *Morbidity and Mortality Weekly Report*, 2007;56(1):1-4.

⁹ Yin HS, Wolf MS, Dreyer BP, et al. Evaluation of consistency in dosing directions and measuring devices for pediatric nonprescription liquid medications. *Journal of American Medical Association*, 2010;304:2595-602.

¹⁰ American Academy of Pediatrics. My child has a virus, how can I help her feel better? August 12, 2010. <http://www.healthychildren.org/English/healthissues/conditions/ear-nose-throat/pages/Caring-for-a-Child-with-viral-Infection.aspx>. (Accessed April 19, 2011)

¹¹ U.S. Environmental Protection Agency. Indoor Air Facts No. 8: Use and Care of Home Humidifiers. September 30, 2010. <http://www.epa.gov/iaq/pubs/humidif.html>. (Accessed April 19, 2011)

¹² Anon. Home health: humidifiers vs. vaporizers. 2002. http://www.essortment.com/lifestyle/differencebaby_sixo.htm. (Accessed April 19, 2011)

¹³ Love JN, Sammon M, Smereck J. Are one or two dangerous? Camphor exposure in toddlers. *Journal of Emergency Medicine*, 2004;27:49-54.

¹⁴ Manoguerra AS, Erdman AR, Wax PM, et al. Camphor poisoning: an evidence-based practice guideline for out-of-hospital management. *Clinical Toxicology (Philadelphia, PA)*, 2006;44:357-70.

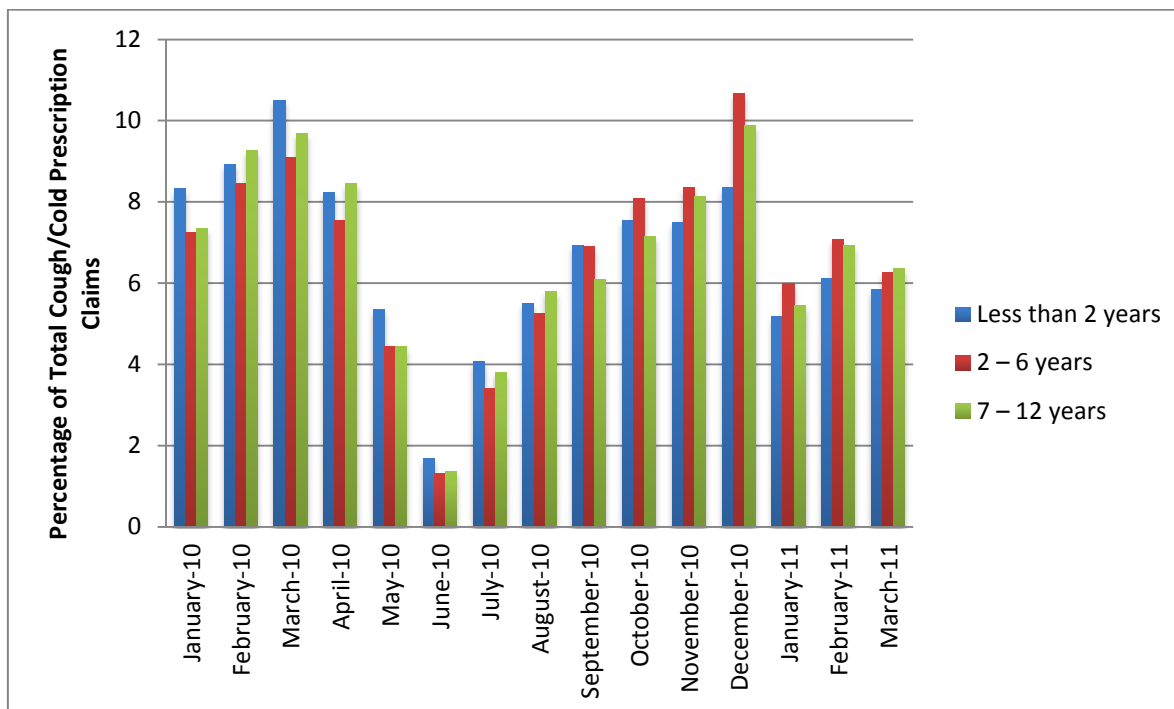
¹⁵ Paul IM, Beiler J, McMonagle A, et al. Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents. *Archives of Pediatric and Adolescent Medicine*, 2007;161:1140-6.

¹⁶ April, 2011 was omitted as we do not have data for the entire month.

*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

The seasonality of cough/cold products utilization deserves special mention. Such seasonality was evident in the review of the data. Figure 1 illustrates this aspect of cough/cold treatment.

Figure 1



Remaining Cough and Cold Preparations Not Affected by the FDA Withdrawal

Despite the FDA actions, there are still prescription and OTC cough and cold preparations available for beneficiaries. The following are some examples of prescription products that may be used to treat cough and cold symptoms that were not affected by the FDA withdrawal. It should be noted, however, that some of these products are not recommended or are contraindicated in children below certain ages.

Table 2

Product	Therapeutic Use ¹⁷
Promethazine syrup	May be used in individuals 2 years and older
Robitussin AC (guaifenesin and codeine)	May be used in individuals 2 years and older
Tessalon (benzonatate)	Safety and efficacy is not established in children under 10 years of age
Tussionex (chlorpheniramine and hydrocodone)	Contraindicated in children less than 6 years of age due to the risk of fatal respiratory depression

¹⁷ Based on Micromedex listing of FDA-labeled indications or medically accepted indications

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Mississippi Medicaid also covers select OTC cough and cold preparations pursuant to a valid prescription (see Appendix).

Recommendations

Mississippi Medicaid is currently working with Provider Synergies, the preferred drug list maintenance vendor for Medicaid, to address the shift in available cough/cold products and is seeking input from the DUR Board. One possible option would be to add normal saline nasal drops to the list of covered OTC products to encourage the potential of non-pharmacologic treatment in younger beneficiaries. Additionally, MS-DUR recommends that educational material should be prepared to inform Mississippi Medicaid providers of the coming changes and review the remaining treatment options for Mississippi Medicaid beneficiaries.

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Coordination of Pharmacy and Medical Claims for Drug Products

Background

As discussed at the February DUR Board Meeting, the Patient Protection and Affordable Care Act of 2010 changed the time period during which state Medicaid programs can collect for overpayments due to fraud from 60 days to one year. This change, in addition to new CMS requirements requiring DOM to monitor drug payments through pharmacy POS and medical claims led to a recommendation that MS-DUR perform an analysis of claims for 2010 and report to the DUR Board on the following issues:

1. How frequently do double billing errors occur with products that can be purchased through the POS system and administered in physicians' offices and purchased by physicians and billed using medical claims (j-codes) when administered in the office?
2. How do payment amounts compare for products that are paid for through the pharmacy POS system and medical care claims?

Analysis of 2010 Calendar Year Claims for Possible Double Billing

Potential duplicate billing was examined using the following methodology for identifying suspicious duplicate claims:

- a) All medical claims with procedure codes beginning with "J" were pulled.
- b) A finder file of all J-codes included in these claims was created.
- c) A finder file of all beneficiary IDs included in these claims was created.
- d) All prescription claims from the POS system were pulled where the NDC corresponded to a J-code in the J-code finder file AND the beneficiary ID was included in the beneficiary finder file.
- e) Prescription and medical claims for the same J-code were paired as suspicious duplicate claims if the service date on the prescription claims occurred first and the service date for the medical claim occurred within 6 days of the prescription claim service date (normal length of time for specialty drug delivery to physician practice).

Although J-codes are intended for billing drug products administered in medical practices, these codes appear in claims with amounts that do not always correspond to the unit amounts for these products or with very limited charges associated with the code. This makes it difficult to determine when double billing is occurring as compared to inappropriate coding.

MS-DUR evaluated two criteria as potential monitoring criteria for efficiently identifying possible duplicate billings that could then be reported to DOM Program Integrity for further evaluation. Criterion 1 utilized different cut-off amounts for the physician paid amount in the claim line associated with the J-code procedure. Criterion 2 flagged paired claims as suspicious double billing if the physician paid amount exceeded \$10 and the physician paid amount was 80% or more of the prescription paid amount.

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A total of 795 paired claims were identified as suspicious duplicate claims during the 2010 calendar year. Criterion 1 did not appear to do a very efficient job of identifying suspicious claims. Even with a physician paid level of \$30, many of the claims resulted in significant variations in the physician and prescription paid amount, indicating that the medical practices could be using the J-codes to indicate supplemental product or other charges (i.e., charges for administration) that were not necessarily double billing but possible inappropriate coding.

Criterion 2 appears to be a more efficient method for identifying suspicious claims for further investigation by Program Integrity. Using Criterion 2, 149 suspicious claim pairs were identified. The likelihood of these claims represented double billing is supported by the fact that the average physician and prescription paid amounts are very similar.

2010 J-Code Claims with Corresponding POS Claims							
		Individual Claims		Total Paid		Average Paid/Claim	
		#	%	MD	Pharmacy	MD	Pharmacy
Suspicious duplicate claims		795	100%	\$16,835	\$97,091	\$138	\$796
Criterion 1	MD paid < \$10	540	68%	\$1,635	\$14,143	\$21	\$184
	MD paid \$10 but < \$30	83	10%	\$1,257	\$15,369	\$43	\$530
	MD paid \$30 or more	172	22%	\$13,943	\$67,579	\$240	\$1,165
Criterion 2	MD paid \$10 or more and MD paid 80%+ of RX paid	149	19%	\$7,658	\$6,859	\$166	\$149
	Other	646	81%	\$9,176	\$90,232	\$90	\$885

The 149 suspicious claim pairs were associated with only 46 physicians (38% of physicians submitting J-code claims) and 11 different drugs (22% of drugs associated with J-code claims).

2010 J-Code Claims with Corresponding POS Claims						
		Individual MDs		Number of Claims		
Total with any suspicious claims		122	100%	Average	Minimum	Maximum
Criterion 2	MD paid \$10 or more and MD paid 80%+ of RX paid	46	38%	3.2	1	35
	Other	102	62%	6.3	1	53

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2010 J-Code Claims with Corresponding POS Claims						
		Individual Drugs		Number of Claims/Drug		
Total with any suspicious claims		49	100%	Average	Minimum	Maximum
Criterion 2	MD paid \$10 or more and MD paid 80%+ of RX paid	11	22%	13.5	1	103
	Other	46	94%	14.0	1	309

It appears that possible double billing does occur to a limited degree and a monitoring criterion can be developed that would efficiently identify potential double billing occurrences that could be evaluated by Program Integrity.

Recommendation

MS-DUR should work with the Division of Medicaid's Program Integrity unit to further refine the monitoring criterion and to identify the most useful reporting format for listing claim pairs that are suspicious and then begin running monthly reports that will be provided to the Bureau of Pharmacy and Program Integrity.

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Analysis of 2010 Calendar Year Payment Amounts for Medical (J-Code) and Pharmacy (POS) Claims for Same Drug Products

Several problems exist in using claims data to determine whether payment amounts for medical and pharmacy drug claims are comparable. Pharmacy claims are based on national drug codes (NDCs) which are specific to a packager, drug product, strength, and original package size. The billing unit for tablets, capsules, etc., is typically the individual tablet or capsule. The amount paid will be determined by the unit price times the number of units plus a dispensing fee. For liquids or injectables, the NDC billing unit will be a specific bottle/vial size or multi-dose package (i.e., pre-filled syringes). The NDC and the quantity dispensed clearly indicate the amount of drug product dispensed and makes it easy to determine the unit cost for the product.

Medical claims for drugs are billed using J-codes. A J-code is specific to a product (generic or brand) and represents a unit for billing (i.e., 1 mg, 5 mg, etc.). Medical offices bill for the number of J-code units needed to cover the amount of product administered. Medical claims available for researchers typically do not include the number of J-code units billed. Even with the number of units, the J-code does not indicate the manufacturer or the actual bottle/vial size used to administer the product. For example, Lupron Depot-Ped an injection of 7.5mg, 15mg, 22.5mg/3 months, or 30mg/4 months would all be billed using different quantities for J9217. Since the manufacturers do not always price different vial sizes in a perfect linear per unit basis, the costs can differ considerably and when multiple J-codes exist for the same product, the per unit payment amounts are not always linear. This issue is further compounded by the inappropriate use of J-codes to document the administration of a drug product even when the product cost is not included in the amount billed by the provider.

The difficulty of comparing paid claims for medical and prescription claims for similar products is demonstrated in the following table (next page). The green highlighted cells indicate products where the average, maximum or minimum medical claim was within +/- 20% of the corresponding value for pharmacy claims.

Recommendation

The retrospective DUR process does not provide a reasonable process for monitoring the comparability of the amounts paid for medical and pharmacy claims for similar drugs. Meeting the new CMS requirement will require alignment of the maximum allowable charge for both types of claims with careful consideration given to the combination of J-code units that will be used and the corresponding billing units that will be used in pharmacy claims.

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Comparison of 2010 Medical (J-Code) and Prescriptions (POS) Claim Payment Amounts For Same Drug Products													
Brand Description	Number of Claims				Maximum Claim Paid			Minimum Claim Paid			Average Claim Paid		
	Total	MD	Rx	MD:Rx	MD	Rx	MD:Rx	MD	Rx	MD:Rx	MD	Rx	MD:Rx
Veripred 20	58,298	1,634	56,664	0.03	\$488	\$419	1.17	\$0.04	\$1.15	0.03	\$6	\$20	30%
depo-subQ provera 104	40,941	7,307	33,634	0.22	\$289	\$199	1.45	\$0.01	\$4.37	0.00	\$43	\$34	128%
Ceftriaxone Sodium ADD-Vantage	40,657	38,612	2,045	18.88	\$1,647	\$2,070	0.80	\$0.01	\$2.99	0.00	\$20	\$69	30%
Dexamethasone Sodium Phosphate	35,080	34,610	470	73.64	\$3,680	\$60	61.28	\$0.01	\$0.79	0.01	\$8	\$5	164%
Relion Novolin N	33,777	822	32,955	0.02	\$1,187	\$2,000	0.59	\$0.09	\$1.05	0.09	\$22	\$160	14%
Pulmicort Respules	29,760	22	29,738	0.00	\$43	\$2,069	0.02	\$2.17	\$2.24	0.97	\$11	\$291	4%
PredniSONE	25,009	905	24,104	0.04	\$331	\$265	1.25	\$0.01	\$0.07	0.14	\$3	\$5	72%
Ondansetron Hydrochloride	20,559	20,477	82	249.72	\$6,226	\$2,321	2.68	\$0.01	\$4.50	0.00	\$44	\$135	33%
MethylPREDNISolone Dose Pack	19,387	68	19,319	0.00	\$36	\$153	0.23	\$1.85	\$0.06	30.83	\$3	\$10	35%
Promethazine Hydrochloride Novaplus	16,235	15,812	423	37.38	\$2,766	\$245	11.28	\$0.01	\$1.87	0.01	\$11	\$24	45%
Cyanocobalamin	10,272	1,536	8,736	0.18	\$536	\$19	28.65	\$0.02	\$0.04	0.50	\$5	\$5	95%
DiphenhydramINE Hydrochloride	7,369	7,303	66	110.65	\$5,377	\$139	38.79	\$0.01	\$0.98	0.01	\$19	\$15	129%
Meperidine Hydrochloride	6,688	6,667	21	317.48	\$2,769	\$41	67.82	\$0.07	\$3.87	0.02	\$14	\$14	95%
Cefazolin Sodium	6,448	6,424	24	267.67	\$12,360	\$787	15.71	\$0.11	\$5.37	0.02	\$24	\$157	15%
Lidocaine Hydrochloride, Injectable	6,018	5,818	200	29.09	\$13,305	\$17	779.90	\$0.02	\$2.69	0.01	\$16	\$6	271%
Twinject Auto-Injector Two Pack	4,663	739	3,924	0.19	\$4,180	\$529	7.90	\$0.10	\$9.00	0.01	\$23	\$122	19%
Heparin Lock Flush	4,410	4,208	202	20.83	\$732	\$590	1.24	\$0.01	\$2.10	0.00	\$19	\$37	51%
Betamethasone Acetate-Betamethasone Sodium Phosphate	4,191	4,167	24	173.63	\$1,373	\$38	36.43	\$0.02	\$6.47	0.00	\$18	\$34	51%
Hydromorphone Hydrochloride	4,097	4,050	47	86.17	\$4,283	\$13,058	0.33	\$0.20	\$8.52	0.02	\$18	\$1,982	1%
Lorazepam	3,996	1,685	2,311	0.73	\$2,622	\$57	46.11	\$0.04	\$1.30	0.03	\$22	\$7	323%
MethylPREDNISolone Acetate	3,918	3,897	21	185.57	\$173	\$41	4.22	\$0.01	\$8.94	0.00	\$10	\$14	69%
MethylPREDNISolone Acetate	3,748	3,704	44	84.18	\$4,180	\$39	107.45	\$0.02	\$5.09	0.00	\$10	\$11	90%
Solu-Medrol	3,573	3,466	107	32.39	\$5,377	\$147	36.65	\$0.01	\$6.99	0.00	\$18	\$50	36%
Bicillin L-A	3,263	2,634	629	4.19	\$186	\$308	0.60	\$0.50	\$16.58	0.03	\$43	\$46	92%
Ipratropium Bromide	3,016	136	2,880	0.05	\$21	\$71	0.30	\$0.83	\$1.00	0.83	\$3	\$22	15%
Kenalog-40	2,762	2,660	102	26.08	\$148	\$40	3.65	\$0.02	\$4.42	0.00	\$14	\$9	152%
Lovenox	2,420	568	1,852	0.31	\$733	\$7,159	0.10	\$0.84	\$15.16	0.06	\$63	\$1,321	5%
Heparin Sodium	2,273	1,814	459	3.95	\$1,706	\$1,437	1.19	\$0.28	\$8.90	0.03	\$28	\$281	10%
Vancomycin Hydrochloride ADD-Vantage	1,848	1,289	559	2.31	\$810	\$3,362	0.24	\$2.90	\$4.52	0.64	\$26	\$294	9%
Gentamicin Sulfate-Sodium Chloride	1,302	1,186	116	10.22	\$557	\$332	1.68	\$0.02	\$0.46	0.04	\$8	\$32	27%
Avastin	1,132	1,105	27	40.93	\$14,856	\$9,434	1.57	\$4.72	\$4,717.01	0.00	\$2,628	\$5,419	48%
Procrit	1,116	629	487	1.29	\$1,349	\$5,133	0.26	\$0.84	\$35.91	0.02	\$361	\$1,341	27%
Magnesium Sulfate, Injectable	1,104	1,083	21	51.57	\$1,674	\$85	19.77	\$0.02	\$5.03	0.00	\$26	\$46	56%
Potassium Chloride	1,069	1,045	24	43.54	\$1,674	\$182	9.20	\$0.02	\$2.19	0.01	\$20	\$54	36%
HydroXYZine Hydrochloride	987	879	108	8.14	\$138	\$189	0.73	\$0.05	\$1.85	0.03	\$8	\$8	104%
Neulasta	927	883	44	20.07	\$4,745	\$6,622	0.72	\$2.48	\$1,267.03	0.00	\$2,134	\$2,776	77%
Dextrose 5% and Water	873	807	66	12.23	\$511	\$183	2.80	\$0.07	\$2.23	0.03	\$21	\$15	139%
Glucagon Emergency Kit for Low Blood Sugar	862	65	797	0.08	\$466	\$1,063	0.44	\$1.10	\$23.75	0.05	\$83	\$159	52%
Furosemide	831	801	30	26.70	\$540	\$41	13.08	\$0.19	\$1.30	0.15	\$11	\$7	157%
Bicillin C-R 900/300	783	711	72	9.88	\$96	\$405	0.24	\$0.01	\$24.11	0.00	\$20	\$52	38%
DuoNeb	666	86	580	0.15	\$244	\$396	0.62	\$0.17	\$12.52	0.01	\$9	\$158	6%
Neupogen Singleject	636	258	378	0.68	\$2,797	\$19,584	0.14	\$0.84	\$245.95	0.00	\$315	\$3,020	10%
Levaquin	622	573	49	11.69	\$627	\$1,536	0.41	\$2.00	\$4.30	0.47	\$40	\$314	13%
Methotrexate Sodium, Preservative Free	568	305	263	1.16	\$219	\$56	3.95	\$0.19	\$1.63	0.12	\$41	\$13	303%
Zometa	515	489	26	18.81	\$1,983	\$1,874	1.06	\$0.04	\$928.03	0.00	\$932	\$1,322	71%
Aranesp Albumin Free	486	393	93	4.23	\$2,645	\$4,532	0.58	\$1.30	\$287.13	0.00	\$586	\$1,647	36%
Lupron Depot-Ped	442	37	405	0.09	\$4,526	\$3,854	1.17	\$0.84	\$606.60	0.00	\$1,185	\$1,126	105%
Ampicillin-Sulbactam	401	361	40	9.03	\$233	\$1,062	0.22	\$1.80	\$6.28	0.29	\$33	\$290	11%
Haloperidol Lactate	391	88	303	0.29	\$129	\$166	0.78	\$1.96	\$2.83	0.69	\$20	\$19	103%
Lupron Depot-Ped	388	139	249	0.56	\$6,794	\$3,214	2.11	\$0.30	\$187.18	0.00	\$870	\$1,222	71%
Cubicin	377	272	105	2.59	\$2,874	\$10,080	0.29	\$67.88	\$225.40	0.30	\$210	\$3,528	6%
Sandimmune	338	23	315	0.07	\$108	\$412	0.26	\$5.36	\$34.63	0.15	\$11	\$182	6%
Testosterone Cypionate	338	133	205	0.65	\$37	\$176	0.21	\$0.84	\$0.94	0.89	\$6	\$51	13%
Zosyn	299	183	116	1.58	\$581	\$2,423	0.24	\$8.83	\$36.00	0.25	\$46	\$647	7%
Solu-Cortef Act-O-Vial	299	265	34	7.79	\$247	\$217	1.14	\$0.14	\$4.84	0.03	\$14	\$21	66%
Lioresal Intrathecal	292	239	53	4.51	\$3,185	\$1,820	1.75	\$4.38	\$15.26	0.29	\$855	\$769	111%
Arixtra	282	201	81	2.48	\$642	\$2,566	0.25	\$22.44	\$51.80	0.43	\$68	\$823	8%
Ciprofloxacin Hydrochloride	272	238	34	7.00	\$387	\$592	0.65	\$0.53	\$8.32	0.06	\$66	\$136	49%
Diazepam	248	204	44	4.64	\$79	\$36	2.19	\$1.04	\$3.91	0.27	\$11	\$15	68%
Recombinate	228	29	199	0.15	\$11,602	\$57,895	0.20	\$101.33	\$150.00	0.68	\$1,315	\$16,621	8%
Calcium Gluconate	220	183	37	4.95	\$174	\$136	1.28	\$0.23	\$2.64	0.09	\$12	\$44	27%
Sumatriptan Succinate	196	72	124	0.58	\$161	\$404	0.40	\$11.50	\$63.82	0.18	\$70	\$279	25%
Tobramycin Sulfate	194	127	67	1.90	\$352	\$212	1.66	\$1.71	\$6.76	0.25	\$15	\$52	29%
Emend 3-Day	191	75	116	0.65	\$1,902	\$1,080	1.76	\$83.28	\$55.19	1.51	\$281	\$322	87%
ChlorproMAZINE	189	126	63	2.00	\$48	\$216	0.22	\$4.18	\$8.04	0.52	\$14	\$37	37%
Invanz ADD-Vantage	180	87	93	0.94	\$265	\$2,653	0.10	\$32.69	\$60.71	0.54	\$75	\$696	11%
Tysabri	177	81	96	0.84	\$11,033	\$3,477	3.17	\$5.29	\$2,737.46	0.00	\$2,254	\$3,154	71%
Gammagard S/D	173	120	53	2.26	\$6,234	\$30,577	0.20	\$165.86	\$686.66	0.24	\$2,172	\$10,245	21%
Vitamin K1	162	39	123	0.32	\$30	\$61	0.48	\$0.35	\$8.13	0.04	\$12	\$23	52%
Geodon	148	44	104	0.42	\$73	\$161	0.46	\$15.08	\$18.18	0.83	\$27	\$34	77%
Cefepime Hydrochloride	146	55	91	0.60	\$527	\$2,726	0.19	\$8.40	\$7.49	1.12	\$67	\$527	13%
Depo-Estradiol	120	98	22	4.45	\$24	\$36	0.67	\$0.84	\$7.85	0.11	\$8	\$34	24%
Tazicef	114	56	58	0.97	\$111	\$988	0.11	\$1.89	\$26.59	0.07	\$19	\$188	10%
Fluconazole	111	75	36	2.08	\$80	\$1,036	0.08	\$3.32	\$12.71	0.26	\$15	\$174	9%
Intron A	106	84	22	3.82	\$898	\$3,835	0.23	\$20.27	\$732.43	0.03	\$411	\$1,689	24%
Sandostatin LAR Depot	89	68	21	3.24	\$6,733	\$4,685	1.44	\$16.03	\$2,229.11	0.01	\$3,038	\$2,788	109%
Estradiol Valerate	84	58	26	2.23	\$28	\$164	0.17	\$0.84	\$80.46	0.01	\$17	\$95	18%
Fragmin	82	53	29	1.83	\$169	\$1,938	0.09	\$16.83	\$36.21	0.46	\$67	\$553	12%
Tygacil	73	43	30	1.43	\$241	\$3,882	0.06	\$38.98	\$130.27	0.30	\$107	\$1,678	6%
Testosterone Cypionate	57	29	28	1.04	\$14	\$49	0.28	\$0.19	\$26.47	0.01	\$3	\$46	8%
Testosterone Enanthate	50	25	25	1.00	\$16	\$149	0.11	\$0.35	\$5.56	0.06	\$7	\$75	9%
Benztropine Mesylate	44	23	21	1.10	\$100	\$328	0.30	\$2.86	\$36.61	0.08	\$43	\$107	40%

Some figures represent reimbursement to providers and are not representative of retail pharmacy costs.

Lupron® (leuprolide) Use for Short Stature Diagnosis

Background

Some state Medicaid programs have reported problems with prescribers using Lupron for “short stature” in adolescents, which is an off-label use of the product. Lupron is indicated for treatment of central precocious puberty (CPP) for children under the age of 12. Short stature is a potential complication of CPP. The clinical literature indicates that when children with CPP are treated with Gn-RH antagonists, there are no clear guidelines as to how long therapy should be continued. General consensus is that treatment can be continued through age 12 or even later. Use of these agents to treat short stature is not considered to be an effective therapy unless it is a continuation of therapy for CPP that was initiated at an early age.

Analysis of 2010 Calendar Year Claims for Treatment with Lupron

MS-DUR ran an analysis of all Lupron claims during 2010 to determine what diagnoses were associated with the product. In 2010, there were a total of 852 Lupron claims paid with 80% being paid through the POS system.

Table 1

2010 Lupron Claims		
	Individual Claims	
	#	%
TOTAL	852	100%
POS claims	681	80%
J-Code Medical claims	171	20%

Diagnoses associated with J-Code line charges and all medical claims for beneficiaries being treated with Lupron were examined to identify potential diagnoses that could be associated with Lupron use. Since the primary focus was on short stature (ICD-9 784.43) only primary diagnosis codes for Lupron indications were used: CPP (259.1), prostate cancer (185.xx), endometriosis (617.9), and fibroids (218.9). As shown in the following table, even with the limited diagnosis list used to identify diagnoses potentially associated with Lupron use, 77% of beneficiaries being treated with Lupron had diagnoses associated with approved indications of the product. No beneficiaries were identified as having a diagnosis of short stature that might be associated with treatment with Lupron.

*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

Table 2

2010 Beneficiaries Treated With Lupron		
Associated Diagnoses	Beneficiaries	
	#	%
TOTAL BENEFICIARIES TREATED WITH LUPRON	258	100%
CPP	61	24%
Prostate cancer	50	19%
Endometriosis	37	14%
Fibroids	51	20%
Short Stature	0	0%
Any of above	198	77%

Recommendation

MS-DUR does not believe the use of Lupron to treat short stature is an issue at this time and no further actions need to be taken.

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Therapeutic Criteria Exception Monitoring and Educational Program

Background

Title 42 of the Code of Federal Regulations (CFR) outlines the requirements for the Division of Medicaid's drug utilization review program to ensure appropriate use of drug therapy. These requirements can be divided into two components:

1. Retrospective drug use review
2. Educational program

The following is an excerpt from Title 42 of the CFR:

§ 456.709 Retrospective drug use review

(a) *General.* The State plan must provide for a retrospective DUR program for ongoing periodic examination (no less frequently than quarterly) of claims data and other records in order to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and Medicaid recipients, or associated with specific drugs or groups of drugs. [...]

(b) *Use of predetermined standards.* Retrospective DUR includes, but is not limited to, using predetermined standards to monitor for the following:

- (1) Therapeutic appropriateness, that is, drug prescribing and dispensing that is in conformity with the predetermined standards.
- (2) Overutilization and underutilization, as defined in § 456.702.
- (3) Appropriate use of generic products, that is, use of such products in conformity with State product selection laws.
- (4) Therapeutic duplication as described in § 456.705(b)(1).
- (5) Drug-disease contraindication as described in § 456.705(b)(2).
- (6) Drug-drug interaction as described in § 456.705(b)(3).
- (7) Incorrect drug dosage as described in § 456.705(b)(4).
- (8) Incorrect duration of drug treatment as described in § 456.705(b)(5).
- (9) Clinical abuse or misuse as described in § 456.705(b)(7).

§ 456.711 Educational program.

The State plan must provide for ongoing educational outreach programs that, using DUR Board data on common drug therapy problems, educate practitioners on common drug therapy problems with the aim of improving prescribing and dispensing practices. [...]

The program must include the interventions listed in paragraphs (a) through (d) of this section.

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- (a) Dissemination of information to physicians and pharmacists in the State concerning the duties and powers of the DUR Board and the basis for the standards required by § 456.705(c) for use in assessing drug use.
- (b) Written, oral, or electronic reminders containing patient-specific or drug-specific information (or both) and suggested changes in prescribing or dispensing practices. These reminders must be conveyed in a manner designed to ensure the privacy of patient-related information.
- (c) Face-to-face discussions, with follow up discussions when necessary, between health care professionals expert in appropriate drug therapy and selected prescribers and pharmacists who have been targeted for educational intervention on optimal prescribing, dispensing, or pharmacy care practices.
- (d) Intensified review or monitoring of selected prescribers or dispensers.

Discussion

A careful distinction should be made between retrospective drug use review exceptions monitoring and the educational program. Every exceptions monitoring event will not necessarily result in an educational intervention and likewise, every educational intervention may not be the direct result of an exceptions monitoring event. MS-DUR will monitor DUR exception criteria previously approved by the DUR Board and in future meetings will recommend new criteria to monitor.

Recognizing that exceptions monitoring and the educational program is a regulatory requirement of the retrospective drug utilization review program, MS-DUR is seeking guidance from the DUR Board on effective approaches to provide feedback to providers about appropriate medication use through the educational program.

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***Helicobacter pylori* Prior Authorization Protocol**

Background

Mississippi Medicaid currently covers one prescription of *Helicobacter pylori* (*H. pylori*) agents per year. Any subsequent prescriptions for *H. pylori* agents require a prior authorization. The Division of Medicaid is seeking the DUR Board's input as to whether the current protocol is clinically appropriate.

Clinical Practice Guidelines for *H. pylori* Treatment:

Testing and treatment of *H. pylori* infection is indicated in patients with active peptic ulcer disease, gastric MALT lymphoma, after endoscopic resection of early gastric cancer, and uninvestigated dyspepsia. However, the benefits of treating *H. pylori* in patients with non-ulcer dyspepsia, gastroesophageal reflux disease (GERD), populations at a risk for gastric cancer, unexplained iron deficiency anemia, and in persons using non-steroidal anti-inflammatory drugs (NSAIDs) is controversial. The 2007 American College of Gastroenterology (ACG) clinical practice guidelines recommends a test-and-treat strategy for the management of *H. pylori* infection. It is also important to confirm the eradication of *H. pylori* infection after treatment. The following tests are available for the diagnosis of *H. pylori* infection:

- Non-endoscopic tests (serologic test, urea breath test, and fecal antigen test)
- Endoscopic tests (urease-based tests, histologic assessment, and culture)

Several regimens have been found to achieve agreeable eradication rates close to 90% for *H. pylori* infection. Typically, the *H. pylori* eradication consists of multiple drug therapy using antibiotics and acid suppressive agents like a proton pump inhibitor (PPI) or H2-antagonists (H2A) for 7-14 days. The 2007 American College of Gastroenterology (ACG) clinical practice guidelines recommends the use of treatment regimens that have achieved eradication rates of 70-90%. Triple or quadruple regimens were found to most effective in the treatment of *H. pylori* infections by maximizing the eradication rate and minimizing the risk of promoting antimicrobial resistance. ACG recommends the use of the following regimens for treatment of *H. pylori* infection:¹⁸

- PPI, clarithromycin, and either amoxicillin or metronidazole for 10-14 days. This regimen offers the greatest chance of eradication and is the primary recommended therapy.
- Bismuth subsalicylate, metronidazole, tetracycline, and either ranitidine or PPI for 10-14 days. This is also considered a first line treatment and is usually recommended for

¹⁸ Chey, WD, Wong, BCY, and the Practice Parameters Committee of the American College of Gastroenterology. American College of Gastroenterology Guideline on the Management of *Helicobacter pylori* Infection. *Am J Gastroenterol*. 2007; 102:1808-1825.

*Dollar figures represent reimbursement to pharmacies and are not representative of overall Medicaid costs.

patients resistant to amoxicillin, or clarithromycin or when there is a possibility of bacterial resistance.

- PPI and amoxicillin for 5 days, followed by PPI, clarithromycin, and tinidazole for 5 days.

Shorter courses of therapy are available; however, the ACG recommends a 14-day clarithromycin based therapy. The ACG guidelines mention that the first course of therapy offers the greatest likelihood of *H. pylori* eradication, further suggesting that subsequent treatment trials are less likely to be successful, particularly if the same antibiotics are utilized.

A list of FDA approved medication regimens for treatment of *H. pylori* is provided in Table 1. In an effort to improve compliance with therapy, three combination *H. pylori* eradication therapies are marketed in the United States. Components of Helidac® and Prevpac® are packaged together, whereas the ingredients of Pylera® are combined in one capsule. However, physicians could still prescribe the medications in these brand name agents separately, based on factors like prior authorization, prescription limits and generic availability.

Table 1: FDA Approved Treatments

Brand Name	Components	Additional Medications required	Duration (days)	Eradication Rates (%)
Helidac PDL	Bismuth subsalicylate 262.4mg chewable tabs, metronidazole 250-mg tabs, and tetracycline 500-mg caps	H2A	14	77-82
Prevpac PDL	Prevacid 30-mg caps, Trimox 500-mg caps, and Biaxin 500-mg tabs	-	10-14	80-95
Pylera	Caps containing 140-mg bismuth subcitrate potassium, 125-mg metronidazole, and 125-mg tetracycline hydrochloride	Omeprazole 20-mg twice a day	10	88
Nexium/esomeprazole	Esomeprazole 40-mg	clarithromycin 500-mg, amoxicillin 1000-mg, twice a day	10	84-85
Prevacid/lansoprazole	lansoprazole 30 mg twice a day	clarithromycin 500-mg, amoxicillin 1000-mg, twice a day	10-14	80-95
	lansoprazole 30 mg three times a day	amoxicillin 1000-mg three times a day	14	77
Prilosec/omeprazole	omeprazole 20 mg twice a day	clarithromycin 500-mg, amoxicillin 1000-mg, twice a day	10-14	69-90
	omeprazole 40 mg daily	clarithromycin 500-mg three times a day	14	77-95
Aciphex/rabeprazole	rabeprazole 20 mg twice a day	clarithromycin 500-mg, amoxicillin 1000-mg, twice a day	7	77-84

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***H. pylori* Treatment among Mississippi Medicaid Beneficiaries:**

A retrospective analysis of Mississippi Medicaid claims data for the year 2010 was conducted. Medication utilization was ascertained using the beneficiary's pharmacy claims. NDC codes were used to identify medications indicated for *H. pylori* infection treatment. Simultaneous use of drugs is defined as filling all prescriptions related to combination therapy on the same day or next day. Beneficiaries without medications listed in Table 1 will be further explored for their PPI/H2Antagonist use.

A summary of *H. pylori* drug utilization is provided in the following table. A total of 1,091 beneficiaries filled one of the two combination packs available to treat *H. pylori* infections. A total of 2,404 beneficiaries utilized combination therapies with an antibiotic and a PPI/H2A. However, beneficiaries using the various triple and dual therapies may or may not have *H. pylori* infection. There was no utilization of Pylera during the analysis period.

Table 2

Medication therapy used	Number of Benes
<i>Combo Packs</i>	
Prevpac	937
Helidac	154
<i>Other triple therapies</i>	
Multiple antibiotics + PPI/H2A	267
<i>Other dual therapies</i>	
Antibiotics+PPI/H2A	2137
List of antibiotics	Clarithromycin, amoxicillin, metronidazole, tetracycline, amoxicillin/clavulanate
List of PPIs	Omeprazole, lansoprazole, esomeprazole, rabeprazole, pantoprazole
List of H2As	Ranitidine, cimetidine, famotidine, nizatidine

Recommendations

The ACG guidelines note that subsequent treatment trials of *H. pylori* agents are less likely to be successful if the same antibiotics are utilized as the first trial. MS-DUR recommends that the one prescription limit be relaxed to allow for two *H. pylori* agents to be utilized within the same year before requiring a prior authorization, provided that the second course of therapy is different from the first course.

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Appendix

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Prepared by the Evidence-Based DUR Initiative, MS-DUR

MS Medicaid Covered Over-the-Counter (OTC) Drugs

Effective July 1, 2010

Medicaid covers these over-the-counter (OTC) drugs pursuant to a written/verbal/electronic prescription.

Covered OTC products must be manufactured by pharmaceutical companies participating in the Federal Drug Rebate Program.

Nonrebated OTCs & OTC products not listed *may* be covered for beneficiaries under 21 with a 'Children's Medical Necessity' Prior Authorization.

OTC prescriptions are included in the monthly drug benefit limit but all count as generics.

Generic Name	Strength	Common Brand Name	Dosage Form
Acetaminophen	100mg/ml	Tylenol Drops	Drops
Acetaminophen	120,160, 167, 500mg/5ml	Tylenol	Elixir, Liquid
Acetaminophen	80,120,325,650mg	Feverall Suppository	Suppository
Acetaminophen	325, 500 mg	Tylenol	Tablet
Al & Mg Hydroxide		Maalox	Tablet/Suspension
Al & Mg Hydroxide/Simethicone		Maalox , Mylanta	Tablet/Suspension
Ammonium Lactate 12%		Amlactin 12% Cream	Cream, Lotion
Artificial Tears Ophthalmic		Refresh,Refresh Plus, Refresh PM	Drops, Ointment
Aspirin	81, 325 mg	Various	Buff/Chew/E.C.
Bacitracin Topical	500U/Gm	Various	Ointment
Bacitracin/Polymyxin		Polysporin Ointment	Ointment
Benzoyl Peroxide *	2.5%, 5%, 10%	Acneclear, Panoxyl	Bar, Cream, Gel, Lotion, Wash
Brompheniramine/Phenylephrine	1-2.5mg/5ml	Dimetapp Cold & Allergy Elixir	Liquid
Brompheniramine/Phenylephrine/Dextro- methorphan	1-2.5-5mg/5ml	Dimetapp DM Cold & Cough Elixir	Liquid
Brompheniramine/Pseudoephedrine***	1-15mg/5ml	Q-Tapp	Liquid
Brompheniramine/Pseudoephedrine/DM***	1-15-5mg/5ml	Q-Tapp DM	Liquid
Bulk Laxatives *		fructan, guar gum, malt soup extract, methylcellulose, polycarbophil,psyllium	Capsule,Powder,Tablet
Calcium Carbonate **			Powder
Calcium Carbonate **	500mg		Tablet

Carboxymethylcellulose Sodium Eye Drops	1%	Celluvisc Eye Drops	Ophthalmic Drops
Cetirizine	1mg/ml, 5 mg, 10 mg	Zyrtec	Chewable Tablet, Tablet, Syrup
Cetirizine/Pseudoephedrine***	5mg/120mg	Zyrtec-D 12 Hour	Extended Release Tablet
Chlorpheniramine	2mg/5ml, 4 mg	Aller-Chlor Syrup, Tabs	Syrup, Tablet
Clemastine Fumarate	1.34mg	Tavist	Tablet
Clotrimazole Topical	1%	Lotrimin AF, Mycelex Solution	Cream, Solution
Clotrimazole Vaginal	1%, 2%	Gyne-Lotrimin, Mycelex 7	Cream
Dextromethorphan HBr	7.5mg/5ml, 15mg/5ml	Robitussin Pediatric Cough, Tussin Liquid	Liquid
Dextromethorphan HBr /Phenylephrine	5-2.5 mg/5ml	Triaminic Cold & Cough Liquid	Liquid
Dextromethorphan HBr /Pseudoephedrine***	7.5-15mg/5ml	Triaminic Cough-Nasal Congestion	Syrup
Dextromethorphan Polystyrex	30mg/5ml	Delsym	Suspension
Diphenhydramine	12.5mg/5ml, 25 mg, 50 mg	Benadryl	Capsule, Elixir, Liquid, Solution
Docusate *	50mg/5ml, 50mg/15ml, 60mg/15ml, 50 mg, 100 mg	Colace	Capsule, Liquid, Syrup, Table
Ferrous Sulfate	75mg/0.6ml	Fer-In-Sol	Drops
Ferrous Sulfate	220mg/5ml, 300mg/5ml	Feosol	Elixir, Liquid
Ferrous Sulfate	325mg	Iron	Tablet
Ferrous Sulfate Slow Release Tab	160mg	Slow Fe	Tablet
Guaifenesin Plain	100mg/5ml, 200mg/5ml	Robitussin Plain ,Diabetic Tussin Mucous Relief	Liquid
Guaifenesin/Codeine	100mg/10mg/5ml	Guaifenesin AC Cough Syrup	Liquid
Guaifenesin/Dextromethorphan	100-10mg, 200-10mg/5ml	Robitussin DM, Robitussin DM Max	Liquid
Guaifenesin/Phenylephrine	50-2.5, 100-5mg/5ml	Rescon GG, Triaminic Chest Nasal Congestion	Liquid
Guaifenesin/Pseudoephedrine/Codeine***	100/30/10mg/5ml	Cheratussin DAC Syrup	Liquid
Hydrocortisone Topical	0.5%, 1%	Cortaid	Cream, Lotion, Ointment

Ibuprofen	100mg/5ml	Motrin	Suspension
Insulin (ALL OTC)			See Preferred Drug List for preferred products
Ketotifen Fumarate 0.025% Eye Drop	0.03%	Eye Itch Relief, Zaditor	Solution
Loperamide	1mg/5ml, 2mg	Imodium A-D	Liquid, Tablet
Loratadine	5 mg/5ml, 5 mg, 10 mg	Claritin	Chewable Tablet, Syrup, Reditab, Tablet
Loratadine/Pseudoephedrine***	5-120mg, 10-240mg	Claritin D 12 & 24 Hour	Extended Release Tablet
Magnesium Chloride SR	64mg	Slow-Mag 64	Tablet
Magnesium Gluconate	500mg	Magtrate	Tablet
Miconazole Topical	2%	Micatin 2% Cream	Cream
Miconazole Vaginal	2%	Monistat	Cream
Multivitamin and Mineral Supplement *		Various	Chew. Tablet, Drops, Liquid, Tablet
Nicotine	All Strengths	Commit Lozenge, Nicorette	Gum, Lozenge, Patch
Oral Electrolyte Replacement Mixtures		Oralyte, Pedialyte	Freezer Pops, Solution
Permethrin Lotion	1%	Nix Cream Rinse	Rinse
Phenylephrine	2.5 mg/5ml, 10 mg	Children's Sudafed PE, Contac D Cold	Liquid, Tablet
Piperonyl/Pyrethrins		Lice Treatment, Various	Topical
Pseudoephedrine***	15mg/5ml, 30mg/5ml, 30 mg	Children's Sudafed Syrup, Sudagest, Sudafed	Syrup, Tablet
Pyrantel Pamoate Suspension	144mg/ml	Pin X	Suspension
Renal Vitamins (Dialysis Pts Only)**		Allbee Plus Vitamin C	Tablet
Terbinafine Topical	1%	Lamisil AT	Cream, Gel, Spray Solution
Tolnaftate	1%	Tinactin	Cream, Powder
Triple Antibiotic Ointment		Neosporin	Ointment
Triprolidine/Pseudoephedrine***	1.25-30mg /5ml, 2.5-60mg	Aprodine	Syrup, Tablet
Zinc Oxide Ointment *		Desitin	Ointment

* Limited to beneficiaries up to the age of 21 only

** Limited to dialysis beneficiaries only, document "For Dialysis Pt" on the front of the Rx

*** Effective 7-1-10, Classified as a Schedule III controlled substance in MS. Federally classified as an OTC product & remains covered, pursuant to a prescription, for MS Medicaid beneficiaries.

List Subject to Revision



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Drugs

Unapproved Prescription Cough, Cold, and Allergy Products

The drug products on this list were obtained from the Drug Registration and Listing System (DRLS) in December 2010. For more [DRLS Information](#)¹.

Domestic and foreign establishments that manufacture, repack, or re-label drug products in the United States are required to register and list all of their commercially marketed drug products with the FDA (21 U.S.C. § 360 and 21 CFR 207). Many drug firms do not update their drug listing information with FDA as required by law; consequently, the information in DRLS is both over- and under-inclusive. Therefore, the list below of unapproved prescription cough/cold/allergy drug products may include drugs that are no longer being marketed and/or may not include prescription cough/cold/allergy drug products that are currently being marketed if the drug firm has not listed or updated their information with DRLS. Any unapproved prescription oral cough/cold/allergy drugs that are not on this list are not entitled to any grace period and are subject to immediate enforcement action.

** Incomplete information was submitted to FDA's Drug Registration and Listing system

NAME OF DRUG	INGREDIENTS	STRENGTH	NDC LABELER CODE	NDC PRODUCT CODE
A TAN 12X SUSPENSION	PYRILAMINE TANNATE	30 MG	65162	0530
	PHENYLEPHRINE TANNATE	5 MG		
	GUAIFENESIN	50 MG		
ACCUHIST DM	DEXTROMETHORPHAN	5 MG	66346	0111
	PSEUDOEPHEDRINE	30 MG		
	BROMPHENIRAMINE	2 MG		
	CHLORPHENIRAMINE MALEATE	0.8 MG		
ACCUHIST DROPS CHERRY FLAVOR	PSEUDOEPHEDRINE HYDROCHLORIDE	9 MG	23589	0004
AEROHIST CAPLETS EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE	8 MG	038739	*082
	METHSCOPOLAMINE NITRATE	2.5 MG		
AEROHIST EXTENDED RELEASE TABLETS	CHLORPHENIRAMINE	8 MG	66440	0082
	METHSCOPOLAMINE NITRATE	2.5 MG		
AEROHIST PLUS EXTENDED RELEASE CAPLETS	CHLORPHENIRAMINE MALEATE	8 MG	066440	2376
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
AH CHEW SUSPENSION	CHLORPHENIRAMINE TANNATE	35 MG	59196	0015
	PHENYLEPHRINE TANNATE	25 MG		
AH CHEW ULTRA CHEWABLE TABLET	CHLORPHENIRAMINE TANNATE	10 MG	59196	0115
	PHENYLEPHRINE TANNATE	2 MG		
	PHENYLEPHRINE	2 MG/5ML		
AH-CHEW ULTRA	CHLORPHENIRAMINE	10 MG/5ML	59196	0118
	METHSCOPOLAMINE	1.5 MG/5ML		
	DIPHENHYDRAMINE HYDROCHLORIDE	25 MG		

ALAHIST LQ LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	50991	0607
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG		
ALBATUSIN NN ALCOHOL FREE	PYRILAMINE MALEATE	8.85 MG	49326	0289
	POTASSIUM GUAIACOLSULFONATE	75 MG		
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
ALDEX D TANNATE FOR ORAL SUSPENSION	PHENYLEPHRINE HYDROCHLORIDE	5 MG	65224	0550
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
ALDEX DM FOR ORAL SUSPENSION	PYRILAMINE MALEATE	16 MG	65224	0555
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
ALDEX DM FOR ORAL SUSPENSION	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	65224	0555
ALDEX TABLETS	GUAIFENESIN	650 MG		
	PHENYLEPHRINE	25 MG	65224	0650
ALLERGY DN II	CHLORPHENIRAMINE	4 MG		
	METHSCOPOLAMINE NITRATE	2.5 MG	51991	0534
	METHSCOPOLAMINE NITRATE	2.5 MG		
ALLERX 10 DAY DOSEPACK TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	10122	0650
	METHSCOPOLAMINE NITRATE	2.5 MG		
ALLERX D TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	10122	*702
ALLERX DOSE PACK DF 30 TABLETS	CHLORPHENIRAMINE MALEATE	4 MG		
	METHSCOPOLAMINE NITRATE	2.5 MG	10122	0704
ALLERX DOSE PACK PE 30 TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE HYDROCHLORIDE	40 MG	10122	*705
	CHLORPHENIRAMINE MALEATE	8 MG		
ALLERX DOSEPACK TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	54868	5198
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
ALLFEN DM	GUAIFENESIN	400 MG		
	DEXTROMETHORPHAN	20 MG	58605	0401
ALLRES G TANNATE SUSPENSION	GUAIFENESIN	200 MG		
	CARBETAPENTANE CITRATE	7.5 MG	028595	0602
	GUAIFENESIN	400 MG		
AMBIFED	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	58605	0414
	GUAIFENESIN	400 MG		
AMBIFED DM	DEXTROMETHORPHAN	20 MG	58605	0415
	PSEUDOEPHEDRINE	30 MG		
	DEXTROMETHORPHAN	60 MG		
AQUATAB C	GUAIFENESIN	1200 MG	63824	0063
	PHENYLEPHRINE	75 MG		
AQUATAB C 12 HOUR TIME RELEASE TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	25 MG		
	GUAIFENESIN	600 MG	16881	*120
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
AQUATAB DM TABLETS EXTENDED RELEASE	DEXTROMETHORPHAN HYDROBROMIDE	60 MG	063824	*002
	GUAIFENESIN	1200 MG		

B VEX D SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	68308	0926
	PHENYLEPHRINE TANNATE	20 MG		
B VEX SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	68308	0922
BEN TANN SUSPENSION	DIPHENHYDRAMINE TANNATE	25 MG	68308	0122
	CARBETAPENTANE TANNATE	30 MG		
BETATAN SUSPENSION	BROMPHENIRAMINE TANNATE	4 MG	66992	0125
	PHENYLEPHRINE TANNATE	7.5 MG		
BIODEC DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE	4 MG	59741	0134
	PSEUDOEPHEDRINE HYDROCHLORIDE	25 MG		
BIOTUSS	GUAIFENESIN	300 MG	58552	0113
	DEXTROMETHORPHAN	15 MG		
BP 8	PHENYLEPHRINE	10 MG	42192	0507
	GUAIFENESIN	175 MG		
BPM PE DM SYRUP	DEXTROMETHORPHAN	15 MG	64376	73
	PSEUDOEPHEDRINE	30 MG		
BPM PSEUDOEPHERINE EXTENDED RELEASE TABLET	BROMPHENIRAMINE MALEATE	2 MG	064376	*544
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
BPM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	10 MG	064376	*543
BROFED ELIXIR	BROMPHENIRAMINE MALEATE	6 MG		
BROMAAPHEDRINE D SUSPENSION	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	00682	7777
	BROMPHENIRAMINE MALEATE	4 MG		
BROMFED CAPSULES	PHENYLEPHRINE TANNATE	20 MG	68032	0157
	BROMPHENIRAMINE TANNATE	12 MG		
BROMFED CAPSULES	BROMPHENIRAMINE MALEATE	12 MG	054868	1211
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
BROMFED CAPSULES	PHENYLEPHRINE	15 MG	67000	0200
	BROMPHENIRAMINE	12 MG		
BROMHIST DM PEDIATRIC SYRUP	BROMPHENIRAMINE MALEATE	2 MG	60258	0446
	GUAIFENESIN	50 MG		
BROMPHENIRAMINE MALEATE DROPS	DEXTROMETHORPHAN HYDROBROMIDE	5 MG	68032	0324
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
BROMPHENIRAMINE MALEATE PSEUDOEPHEDRINE HCL DROPS	BROMPHENIRAMINE MALEATE	1 MG	68032	0325
	PSEUDOEPHEDRINE HYDROCHLORIDE	7.5 MG		
BROMPHENIRAMINE PHENYLEPHRINE TANNATE SUSPENSION	DEXBROMPHENIRAMINE MALEATE	1 MG	62559	6331
	BROMPHENIRAMINE	6 MG		
BROMPHENIRAMINE TANNATE CHEWABLE TABLETS	PHENYLEPHRINE HYDROCHLORIDE	10 MG	68013	0007
	BROMPHENIRAMINE TANNATE	12 MG		

BROMPHENIRAMINE TANNATE SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	62559	6291
BROMPHENIRAMINE TANNATE TABLETS	BROMPHENIRAMINE	12 MG	062559	6293
BROMSPIRO LIQUID	DOXYLAMINE SUCCINATE	2.5 MG	23359	0010
	BROMPHENIRAMINE MALEATE	2 MG		
BROMTUSS DM LIQUID FORMULA	DEXTROMETHORPHAN	15 MG	51991	0443
	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG		
BROMUPHED CAPSULES TIME RELEASE	BROMPHENIRAMINE MALEATE	12 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00603	2505
BROMUPHED PD CAPSULES TIME RELEASE	BROMPHENIRAMINE MALEATE	6 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	00603	2506
	PHENYLEPHRINE HYDROCHLORIDE	1.5 MG		
BRONKIDS LIQUID	CHLORPHENIRAMINE MALEATE	0.6 MG	49963	0118
	DEXTROMETHORPHAN HYDROBROMIDE	2.75 MG		
BRONTUSS SF	GUAIFENESIN	350 MG		
	DEXTROMETHORPHAN	15 MG	49963	0813
	PHENYLEPHRINE	10 MG		
BROVEX ADT SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	58605	0274
	PHENYLEPHRINE TANNATE	10 MG		
BROVEX CT	BROMPHENIRAMINE TANNATE	12 MG	66813	0273
BROVEX D SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	66813	0274
	PHENYLEPHRINE TANNATE	20 MG		
BROVEX PD SUSPENSION	BROMPHENIRAMINE TANNATE	6 MG	58605	0277
	PSEUDOEPHEDRINE TANNATE	30 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
BROVEX PEB DM LIQUID	BROMPHENIRAMINE MALEATE	4 MG	58605	0153
	DEXTROMETHORPHAN HYDROBROMIDE	20 MG		
BROVEX PEB LIQUID	PHENYLEPHRINE HYDROCHLORIDE	10 MG	58605	0152
	BROMPHENIRAMINE MALEATE	4 MG		
	BROMPHENIRAMINE MALEATE	4 MG		
BROVEX PSB DM LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	58605	0151
	PSEUDOEPHEDRINE HYDROCHLORIDE	20 MG		
BROVEX PSB LIQUID	BROMPHENIRAMINE MALEATE	4 MG	58605	0150
	PSEUDOEPHEDRINE HYDROCHLORIDE	20 MG		
BROVEX SR CAPSULES	BROMPHENIRAMINE MALEATE	9 MG	66813	*271
	PSEUDOEPHEDRINE HYDROCHLORIDE	90 MG		
	CHLORPHENIRAMINE MALEATE	1 MG		
C PHEN DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE	3 MG	21695	0625
	PHENYLEPHRINE HYDROCHLORIDE	3.5 MG		
	CHLORPHENIRAMINE MALEATE	1 MG		
C PHEN DM DROPS	PHENYLEPHRINE HYDROCHLORIDE	3.5 MG	64376	0726
	DEXTROMETHORPHAN HYDROBROMIDE	3 MG		

C PHEN DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 15 MG		
	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG	64376	0727
C PHEN DROPS	CHLORPHENIRAMINE MALEATE 4 MG		
	CHLORPHENIRAMINE MALEATE 1 MG	64376	0728
C PHEN SYRUP	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG		
	CHLORPHENIRAMINE MALEATE 4 MG	64376	0729
C TAN D PLUS SUSPENSION	BROMPHENIRAMINE TANNATE 5 MG		
	PHENYLEPHRINE TANNATE 5 MG	23359	0007
C TAN D SUSPENSION	BROMPHENIRAMINE TANNATE 4 MG		
	PHENYLEPHRINE TANNATE 5 MG	23359	0006
C TANNA 12D SUSPENSION	PHENYLEPHRINE TANNATE 5 MG		
	PYRILAMINE TANNATE 30 MG	66993	0553
CARBA XP SYRUP	CARBETAPENTANE TANNATE 30 MG		
	CARBETAPENTANE CITRATE 20 MG	58809	0303
CARBATAB 12 TABLETS	GUAIFENESIN 100 MG		
	CARBETAPENTANE CITRATE 60 MG	58809	*615
CARBATUSS CL LIQUID RASPBERRY MINT FLAVOR	GUAIFENESIN 600 MG		
	PHENYLEPHRINE HYDROCHLORIDE 15 MG		
CARBATUSS SYRUP	CARBETAPENTANE CITRATE 20 MG		
	PHENYLEPHRINE HYDROCHLORIDE 10 MG	58809	0707
CARBATUSS SYRUP	POTASSIUM GUAIACOLSULFONATE 100 MG		
	CARBETAPENTANE CITRATE 20 MG	58809	0536
CARBODEX DM DROPS	GUAIFENESIN 100 MG		
	PHENYLEPHRINE HYDROCHLORIDE 10 MG		
CARBODEX DM DROPS PEDIATRIC	PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG	55654	0028
	DEXTROMETHORPHAN HYDROBROMIDE 4 MG		
CARBODEX DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 4 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE 25 MG	55654	0015
CARBOFED DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE 15 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG	55654	0016
CARBOFED DM ORAL DROPS	PSEUDOEPHEDRINE HYDROCHLORIDE 25 MG		
	DEXTROMETHORPHAN HYDROBROMIDE 4 MG	50383	0750
CARBOFED DM SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG		
	DEXTROMETHORPHAN HYDROBROMIDE 4 MG	50383	0576
CARBOFED DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 15 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG	50383	0751
CARBOFED DM SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE 25 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE 25 MG		

CARDEC DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE 4 MG	00603	1060
CARDEC DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE 4 MG PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG	00603	1064
CARDEC DM ORAL DROPS	DEXTROMETHORPHAN HYDROBROMIDE 3 MG PHENYLEPHRINE HYDROCHLORIDE 3.5 MG CHLORPHENIRAMINE MALEATE 1 MG	00603	1068
CARDEC DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 15 MG PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG	00603	1061
CARDEC DM SYRUP	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG CHLORPHENIRAMINE MALEATE 4 MG	00603	1069
CARDEC ORAL DROPS	DEXTROMETHORPHAN HYDROBROMIDE 15 MG PHENYLEPHRINE HYDROCHLORIDE 3.5 MG CHLORPHENIRAMINE MALEATE 1 MG BROMPHENIRAMINE MALEATE 4 MG	00603	1066
CARDEC SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE 45 MG	00603	1063
CARDEC SYRUP	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG CHLORPHENIRAMINE MALEATE 4 MG CHLORPHENIRAMINE MALEATE 1 MG	00603	1067
CENTERGY DM PEDIATRIC DROPS	PHENYLEPHRINE HYDROCHLORIDE 2 MG DEXTROMETHORPHAN HYDROBROMIDE 3 MG	23359	0015
CENTERGY PEDIATRIC DROPS	PHENYLEPHRINE HYDROCHLORIDE 2 MG CHLORPHENIRAMINE MALEATE 1 MG CHLORPHENIRAMINE MALEATE 4 MG	23359	0014
CERON DM SYRUP	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG DEXTROMETHORPHAN HYDROBROMIDE 15 MG	60258	0415
CERON SYRUP	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG CHLORPHENIRAMINE MALEATE 4 MG	60258	0414
CERTUSS D SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN HYDROBROMIDE 60 MG GUAIFENESIN 600 MG PHENYLEPHRINE HYDROCHLORIDE 40 MG	64543	*175
CERTUSS MULTILAYER EXTENDED RELEASE TABLET	CARBETAPENTANE CITRATE 60 MG GUAIFENESIN 1200 MG METHSCOPOLAMINE NITRATE 0.625 MG	64543	*180
CHLOR MES D LIQUID	PHENYLEPHRINE HYDROCHLORIDE 10 MG CHLORPHENIRAMINE MALEATE 2 MG	60258	0221
CHLOR PSEUDO CAPSULES EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE 8 MG PSEUDOEPHEDRINE HYDROCHLORIDE 120 MG CHLORPHENIRAMINE MALEATE 2 MG	00440	8255

CHLORDEX GP SYRUP	GUAIFENESIN	100 MG	60258	0246
	DEXTROMETHORPHAN HYDROBROMIDE	7.5 MG		
CHLORFED A SR CAPSULES	PHENYLEPHRINE HYDROCHLORIDE	10 MG	55289	*284
	CHLORPHENIRAMINE MALEATE	8 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
CHLORPHENIRAMINE MALEATE AND PSEUDOEPHEDRINE HYDROCHLORIDE CAPSULES EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE	8 MG	00185	1304
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
CHLORPHENIRAMINE MALEATE CAPSULES EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE	8 MG	00603	2784
CHLORPHENIRAMINE MALEATE CAPSULES EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE	12 MG	00603	2785
CHLORPHENIRAMINE PHENYLEPHRINE DM SYRUP	PHENYLEPHRINE HYDROCHLORIDE	12.5 MG	54569	5803
	CHLORPHENIRAMINE MALEATE	4 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
COLDAMINE TABLETS	CHLORPHENIRAMINE MALEATE	8 MG	10149	*229
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	90 MG		
COLDMIST DM TABLETS EXTENDED RELEASE	DEXTROMETHORPHAN HYDROBROMIDE	32 MG	51991	*146
	GUAIFENESIN	595 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	48 MG		
COLDMIST LA EXTENDED RELEASE TABLETS	GUAIFENESIN	795 MG	51991	*367
	PSEUDOEPHEDRINE HYDROCHLORIDE	85 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
COLFED A CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	51991	*145
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
CORFEN DM LIQUID	CHLORPHENIRAMINE MALEATE	4 MG	60258	0238
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	DEXCHLORPHENIRAMINE MALEATE	3.5 MG		
CORYZA D TABLETS	PSEUDOEPHEDRINE	45 MG	68047	*271
	METHSCOPOLAMINE NITRATE	1 MG		
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
CORYZA DM SYRUP	DEXCHLORPHENIRAMINE MALEATE	1.25 MG	68047	0270
	DEXTROMETHORPHAN HYDROBROMIDE	5 MG		
	PYRILAMINE MALEATE	5 MG		
CORZALL LIQUID	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	63717	0552
	CARBETAPENTANE CITRATE	20 MG		
	CHLORPHENIRAMINE MALEATE	1 MG		
CP DEC DM ORAL DROPS	PHENYLEPHRINE HYDROCHLORIDE	3.5 MG	50383	0873

	DEXTROMETHORPHAN HYDROBROMIDE	3 MG		
	CHLORPHENIRAMINE MALEATE	4 MG		
CP DEC DM SYRUP	PHENYLEPHRINE HYDROCHLORIDE	12.5 MG	50383	0872
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	CHLORPHENIRAMINE MALEATE	1 MG		
CP DEC ORAL DROPS	PHENYLEPHRINE HYDROCHLORIDE	3.5 MG	50383	0871
	DEXTROMETHORPHAN HYDROBROMIDE	3 MG		
C-PHEN DM	PHENYLEPHRINE	3 MG	23490	7848
	CHLORPHENIRAMINE MALEATE	1 MG		
CPM PSE SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	64376	0714
	CHLORPHENIRAMINE MALEATE	2 MG		
CYPROHEPTADINE HCL	CYPROHEPTADINE HCL	4 MG	00440	7360
D TAB SUSTAINED RELEASE TABLETS	GUAIFENESIN	1200 MG	24518	*001
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
	METHSCOPOLAMINE NITRATE	1.25 MG		
DA CHEWABLE TABLETS	CHLORPHENIRAMINE MALEATE	2 MG	64455	0013
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	CHLORPHENIRAMINE	12 MG		
DALLERGY CAPLETS	PHENYLEPHRINE	20 MG	00277	0182
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
DALLERGY DROPS	CHLORPHENIRAMINE MALEATE	1 MG	16477	0120
	PHENYLEPHRINE	20 MG		
DALLERGY JR CAPSULES	CHLORPHENIRAMINE	4 MG	00277	0183
	CHLORPHENIRAMINE MALEATE	2 MG		
DALLERGY PE SYRUP	METHSCOPOLAMINE NITRATE	0.75 MG	16477	0821
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	PSEUDOEPHEDRINE	60 MG		
DALLERGY PSE ER TABLETS	CHLORPHENIRAMINE	4 MG	16477	0146
	METHSCOPOLAMINE NITRATE	1.25 MG		
	METHSCOPOLAMINE NITRATE	0.75 MG		
DALLERGY SYRUP	PHENYLEPHRINE HYDROCHLORIDE	8 MG	16477	0819
	CHLORPHENIRAMINE MALEATE	2 MG		
	METHSCOPOLAMINE NITRATE	1.25 MG		
DALLERGY TABLETS	PHENYLEPHRINE HYDROCHLORIDE	10 MG	00277	0160
	CHLORPHENIRAMINE MALEATE	4 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
DE CHLOR DM LIQUID	CHLORPHENIRAMINE MALEATE	2 MG	60258	0239
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
DE CHLOR DR LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	60258	0240
	PHENYLEPHRINE HYDROCHLORIDE	6 MG		
	CHLORPHENIRAMINE	8 MG		
DE CONGESTINE SUSTAINED RELEASE CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00603	3143

DECON E LIQUID	GUAIFENESIN	100 MG	51724	0014
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
	GUAIFENESIN	40 MG		
DECON G DROPS	PHENYLEPHRINE HYDROCHLORIDE	2 MG	51724	0214
	BROMPHENIRAMINE MALEATE	1 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
DECONAMINE SR CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	54868	1014
	CHLORPHENIRAMINE MALEATE	8 MG		
DECONAMINE SR CAPSULES SUSTAINED RELEASE	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00482	0181
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
DECONAMINE SYRUP	CHLORPHENIRAMINE MALEATE	2 MG	00482	0185
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
DECONAMINE TABLETS	CHLORPHENIRAMINE MALEATE	4 MG	00482	0184
	GUAIFENESIN	900 MG		
DECONEX TABLETS	PHENYLEPHRINE HYDROCHLORIDE	30 MG	50991	*306
	GUAIFENESIN	600 MG		
DECONGEST II TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	00603	3116
	CHLORPHENIRAMINE MALEATE	8 MG		
DECONOMED SR CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	61646	*300
	GUAIFENESIN	600 MG		
DEFEN LA TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	59630	*110
	PHENYLEPHRINE HYDROCHLORIDE	6 MG		
DEX PC SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	64376	0711
	CHLORPHENIRAMINE MALEATE	2 MG		
DEXCHLORPHENIRAMINE MALEATE TABLETS	DEXCHLORPHENIRAMINE MALEATE	4 MG	00591	4008
DEXCHLORPHENIRAMINE MALEATE TABLETS	DEXCHLORPHENIRAMINE MALEATE	4 MG	00603	3198
DEXCHLORPHENIRAMINE MALEATE TABLETS	DEXCHLORPHENIRAMINE MALEATE	6 MG	00603	3199
DEXODRYL CHEWABLE TABLET	CHLORPHENIRAMINE TANNATE	2 MG	59196	0117
DEXODRYL SUSPENSION	CHLORPHENIRAMINE TANNATE	2 MG	59196	0116
	METHSCOPOLAMINE NITRATE	1.25 MG		
DEXPHEN M ORAL SOLUTION	DEXCHLORPHENIRAMINE MALEATE	1 MG	64376	0737
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
DEXTRO PHENYL PYRIL LIQUID	PHENYLEPHRINE	15.5 MG	68032	0327
	PYRILAMINE	15.5 MG		
DEXTROMETHORPHAN HBR CHLORPHENIRAMINE MALEATE PHENYLEPHRINE HCL LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	68032	0168
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
DEXTROMETHORPHAN TANNATE PHENYLEPHRINE TANNATE	CHLORPHENIRAMINE MALEATE	4 MG	68032	0307
	DEXTROMETHORPHAN	30 MG		
	PHENYLEPHRINE	20 MG		

DEXCHLORPHENIRAMINE TANNATE	DEXCHLORPHENIRAMINE	2 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
DHISTINE SYRUP	CHLORPHENIRAMINE MALEATE	2 MG	60258	0220
	METHSCOPOLAMINE NITRATE	1.25 MG		
DIPHENMAX TABLETS CHEWABLE	DIPHENHYDRAMINE TANNATE	25 MG	68032	0189
	PHENYLEPHRINE HYDROCHLORIDE	1.5 MG		
DONATUSSIN DM DROPS	DEXTROMETHORPHAN HYDROBROMIDE	3 MG	16477	0811
	CHLORPHENIRAMINE MALEATE	1 MG		
	DEXTROMETHORPHAN TANNATE	30 MG		
DONATUSSIN DM SUSPENSION	PHENYLEPHRINE TANNATE	20 MG	16477	0130
	DEXCHLORPHENIRAMINE TANNATE	2 MG		
DONATUSSIN DROPS	GUAIFENESIN	20 MG		
	PHENYLEPHRINE HYDROCHLORIDE	1.5 MG	16477	0106
	GUAIFENESIN	150 MG		
DONTATUSSIN DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	16477	0132
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
DOXYTEX SYRUP	DOXYLAMINE SUCCINATE	2.5 MG	23359	0011
	CHLORPHENIRAMINE MALEATE	8 MG		
DRIHIST SR TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	066993	*110
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	GUAIFENESIN	200 MG		
DRITUSS DM ELIXIR	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	00603	1181
	GUAIFENESIN	1200 MG		
DRITUSS GF TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00603	3504
	CHLORPHENIRAMINE MALEATE	8 MG		
DRYSEC TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	12539	*727
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
DURA VENT DA TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	64455	*008
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	METHSCOPOLAMINE NITRATE	1.25 MG		
DURADRYL CHEWABLE TABLETS	CHLORPHENIRAMINE MALEATE	2 MG	51991	0591
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
DURAVENT DA TABLETS EXTENDED RELEASE	CHLORPHENIRAMINE MALEATE	8 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG	33753	*101
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
DURAVENT DPB SYRUP	BROMPHENIRAMINE MALEATE	2 MG	33753	0105
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG		
DYNAHIST ER CAPSULES PEDIATRIC	CHLORPHENIRAMINE MALEATE	4 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	51991	*217
DYNATUSS-EX	GUAIFENESIN	200 MG		
	DEXTROMETHORPHAN	30 MG	51991	0211
	PHENYLEPHRIN	10 MG		

DYNEX 12 SUSPENSION	CARBETAPENTANE TANNATE	22.5 MG	66813	0038
	PHENYLEPHRINE TANNATE	9 MG		
	GUAIFENESIN	1200 MG		
DYNEX TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	90 MG	66813	*033
	CHLORPHENIRAMINE MALEATE	4 MG		
ED A HIST DM LIQUID BANANA FLAVOR	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	00485	0071
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
ED A HIST LIQUID	CHLORPHENIRAMINE MALEATE	4 MG	00485	0055
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
ED A-HIST TABLETS	CHLORPHENIRAMINE MALEATE	8 MG	00485	0054
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
ED CHLOR TAN CAPLETS	CHLORPHENIRAMINE TANNATE	8 MG	00485	0072
ED CHLORPED FOR SUSPENSION	CHLORPHENIRAMINE TANNATE	2 MG	00485	0074
ENDACON DM EXTENDED RELEASE TABLET	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	28595	*100
	GUAIFENESIN	600 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
ENDAL HD SYRUP CHERRY FLAVOR	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	23589	*008
	DIPHENHYDRAMINE HYDROCHLORIDE	12.5 MG		
ENTEX LA EXTENDED RELEASE TABLET	GUAIFENESIN	800 MG	66813	*535
	PHENYLEPHRINE HYDROCHLORIDE	30 MG		
ENTEX PSE EXTENDED RELEASE TABLET	GUAIFENESIN	525 MG	66813	*525
	PSEUDOEPHEDRINE HYDROCHLORIDE	50 MG		
ENTEX SUSPENSION	PSEUDOEPHEDRINE TANNATE	22.5 MG	66813	0555
	GUAIFENESIN	100 MG		
EXALL D LIQUID	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	63717	0555
EXALL PLUS LIQUID	CARBETAPENTANE CITRATE	10 MG	63717	0554
	GUAIFENESIN	100 MG		
	CARBETAPENTANE CITRATE	10 MG		
EXECOF TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	60 MG	68047	*170
	GUAIFENESIN	1000 MG		
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
EXEFEN DM SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	55 MG	68047	*151
	GUAIFENESIN	1000 MG		
EXEFEN EXTENDED RELEASE TABLET	DEXTROMETHORPHAN HYDROBROMIDE	40 MG	68047	*153
	GUAIFENESIN	780 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	80 MG		
EXEFEN IR TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	68047	0154
	GUAIFENESIN	400 MG		
EXEFEN PD EXTENDED RELEASE TABLETS	GUAIFENESIN	600 MG	68047	*150
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		

EXETUSS DM EXTENDED RELEASE TABLET	DEXTROMETHORPHAN HYDROBROMIDE	25 MG	68047	*183
	GUAIFENESIN	600 MG		
EXPECTUSS LIQUID	PHENYLEPHRINE HYDROCHLORIDE	20 MG	23359	0003
	CARBETAPENTANE CITRATE	20 MG		
	GUAIFENESIN	75 MG		
EXTENDRYL CHEWABLE TABLETS	METHSCOPOLAMINE NITRATE	1.25 MG	14629	0103
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
	GUAIFENESIN	100 MG		
EXTENDRYL GCP ORAL SOLUTION	PHENYLEPHRINE HYDROCHLORIDE	5 MG	14629	0105
	CARBETAPENTANE CITRATE	15 MG		
	CHLORPHENIRAMINE MALEATE	4 MG		
EXTENDRYL JR CAPSULES	METHSCOPOLAMINE NITRATE	1.25 MG	14629	*102
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	DEXCHLORPHENIRAMINE MALEATE	1 MG		
EXTENDRYL SYRUP	METHSCOPOLAMINE NITRATE	1.25 MG	14629	0114
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
EXTENDRYL TABLETS SUSTAINED RELEASE	METHSCOPOLAMINE NITRATE	2.5 MG	14629	*101
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
FENESIN DM TABLETS	GUAIFENESIN	600 MG	64455	*014
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG		
GANI TUSS DM NR LIQUID	GUAIFENESIN	100 MG	60258	0262
	GUAIFENESIN	100 MG		
GANIDIN NR LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	60 MG	064376	*542
	GUAIFENESIN	1200 MG		
	GUAIFENESIN	300 MG		
GENETUSS 2 SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	65615	0426
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	CARBETAPENTANE CITRATE	30 MG		
	GUAIFENESIN	200 MG		
GENTEX 30 LIQUID	PHENYLEPHRINE HYDROCHLORIDE	8 MG	15014	0888
	GUAIFENESIN	650 MG		
	PHENYLEPHRINE HYDROCHLORIDE	23.75 MG		
GENTEX LA TABLETS SUSTAINED RELEASE	PHENYLEPHRINE HYDROCHLORIDE	10 MG	15014	*002
	CARBETAPENTANE CITRATE	20 MG		
	GUAIFENESIN	100 MG		
	GUAIFENESIN	580 MG		
GENTEX LQ SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	58605	0614
	GUAIFENESIN	800 MG		
	DEXTROMETHORPHAN	30 MG		
GFN 580 PSEH 60 00 EXTENDED RELEASE TABLETS	GUAIFENESIN	300 MG	60258	0292
	DEXTROMETHORPHAN	30 MG		
GFN AND DM TABLETS	GUAIFENESIN	300 MG	60258	0292
	DEXTROMETHORPHAN	30 MG		

GILTUSS	DEXTROMETHORPHAN	15 MG	58552	0108
	PHENYLEPHRINE	10 MG		
	GUAIFENESIN	50 MG/1ML		
GILTUSS PEDIATRIC	DEXTROMETHORPHAN	5 MG/ML	58552	0107
	PHENYLEPHRINE	2.5 MG/ML		
	GUAIFENESIN	288 MG		
GILTUSS TR	DEXTROMETHORPHAN	14 MG	58552	0312
	PHENYLEPHRINE	7 MG		
	GUAIFENESIN	250 MG		
G-PHED TIME RELEASE CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	59743	0002
	CHLORPHENIRAMINE MALEATE	8 MG		
GUAIDEX TR TABLETS EXTENDED RELEASE	DEXTROMETHORPHAN HYDROBROMIDE	60 MG		
	GUAIFENESIN	1000 MG	66177	*817
	METHSCOPOLAMINE NITRATE	1.25 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
GUAIFEN PSE EXTENDED RELEASE TABLETS	GUAIFENESIN	600 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00603	3767
GUAIFEN PSE TABLETS	GUAIFENESIN	600 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00603	5668
GUAIFENESIN AND PHENYLEPHRINE HCL SYRUP	PHENYLEPHRINE HYDROCHLORIDE	5 MG	68032	0276
	GUAIFENESIN	200 MG		
GUAIFENESIN DM NR LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	10 MG	54838	0124
	GUAIFENESIN	100 MG		
GUAIFENESIN DM NR LIQUID	GUAIFENESIN	100 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG	62305	0400
GUAIFENESIN DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	60 MG	66993	*312
	GUAIFENESIN	1000 MG		
GUAIFENESIN DM TABLETS SUSTAINED RELEASE	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	51285	*420
	GUAIFENESIN	600 MG		
GUAIFENESIN LA CAPLETS	GUAIFENESIN	600 MG	00904	7759
GUAIFENESIN LA TABLETS	GUAIFENESIN	600 MG	64376	*501
GUAIFENESIN LA TABLETS	GUAIFENESIN	600 MG	51655	0948
GUAIFENESIN NR LIQUID	GUAIFENESIN	100 MG	54838	0123
GUAIFENESIN NR LIQUID	GUAIFENESIN	100 MG	62305	0401
GUAIFENESIN SUSTAINED RELEASE TABLETS	GUAIFENESIN	1200 MG	00603	3773
GUAIFENESIN SYRUP ALCOHOL FREE AND SUGAR FREE	GUAIFENESIN	100 MG	60432	0079
GUAIFENESIN TABLETS	GUAIFENESIN	200 MG	00904	5154
GUAIFENESIN TABLETS	GUAIFENESIN	1000 MG	66993	*320
GUAIFENESIN TABLETS SUSTAINED				

RELEASE	GUAIFENESIN	600 MG	51285	*417
GUAIFENESIN TR TABLETS	GUAIFENESIN	600 MG	61646	*125
GUAIFENSIN LA TABLETS	GUAIFENESIN	600 MG	57664	*152
GUAIPHEN-D TR TABLETS	GUAIFENESIN	600 MG	64376	*540
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
GUAPHEN II DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	68032	*134
EXTENDED RELEASE	GUAIFENESIN	800 MG		
GUIADEX DM LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	51991	0087
	POTASSIUM GUAIACOLSULFONATE	300 MG		
GUIADEX PD EXTENDED RELEASE	GUAIFENESIN	600 MG	51991	*090
TABLETS	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	GUAIFENESIN	225 MG		
GUIADRINE DX LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	25 MG	51991	0633
	GUAIFENESIN	1200 MG		
GUIADRINE GP TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	51991	*058
	GUAIFENESIN	200 MG	51991	0597
GUIATEX PE SYRUP	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
	DEXCHLORPHENIRAMINE MALEATE	4 MG		
HEXAFED TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	68220	*027
	GUAIFENESIN	50 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	51991	0163
HISTACOL DM PEDIATRIC SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	5 MG		
	BROMPHENIRAMINE MALEATE	2 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
HISTEX LIQUID	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	23589	0002
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	67336	0275
HISTEX LIQUID	CHLORPHENIRAMINE MALEATE	2 MG		
	BROMPHENIRAMINE MALEATE	10 MG		
HISTEX SR CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	67336	*089
	GUAIFENESIN	200 MG		
HT TUSS DM ELIXIR	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	50383	0135
	GUAIFENESIN	600 MG	52959	0129
HUMIBID DM TABLETS	DEXTROMETHORPHAN	30 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
HYDRO PRO DM SR TABLETS	GUAIFENESIN	600 MG	51991	*243
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	61646	*112
IOBID DM TABLETS	GUAIFENESIN	600 MG		

IOPHEN DM NR LIQUID	GUAIFENESIN	100 MG	00254	9232
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG		
IOPHEN DM NR LIQUID	GUAIFENESIN	100 MG	00603	1330
	DEXTROMETHORPHAN HYDROBROMIDE	10 MG		
IOPHEN NR LIQUID	GUAIFENESIN	100 MG	00603	1328
J MAX SYRUP	PHENYLEPHRINE HYDROCHLORIDE	5 MG	64661	0011
	GUAIFENESIN	200 MG		
J MAX TABLETS	GUAIFENESIN	1200 MG	64661	*010
	PHENYLEPHRINE HYDROCHLORIDE	35 MG		
	BROMPHENIRAMINE MALEATE	1 MG		
J TAN D PD ORAL DROPS	PSEUDOEPHEDRINE HYDROCHLORIDE	7.5 MG	64661	0032
	BROMPHENIRAMINE MALEATE	6 MG		
J TAN D SR TABLETS	PHENYLEPHRINE HYDROCHLORIDE	30 MG	64661	*050
	PHENYLEPHRINE TANNATE	5 MG		
J TAN D SUSPENSION	BROMPHENIRAMINE TANNATE	4 MG	64661	0022
	PHENYLEPHRINE TANNATE	** **		
J TAN D TABLETS CHEWABLE	BROMPHENIRAMINE TANNATE	** **	64661	0021
	BROMPHENIRAMINE MALEATE	1 MG		
J TAN PD ORAL DROPS	BROMPHENIRAMINE TANNATE	4 MG	64661	0020
	GUAIFENESIN	** **		
J TAN SUSPENSION	DEXTROMETHORPHAN	** **	58173	0037
	PHENYLEPHRINE	** **		
	GUAIFENESIN	400 MG		
LEV PSE AND GG EXTENDED RELEASE CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	90 MG	67537	*035
	PHENYLEPHRINE TANNATE	25 MG		
LEVALL 12 ORAL SUSPENSION	CARBETAPENTANE TANNATE	30 MG	14629	0304
	CARBETAPENTANE TANNATE	30 MG		
LEVALL 12 SUSPENSION	PHENYLEPHRINE TANNATE	30 MG	66813	0180
	PHENYLEPHRINE TANNATE	30 MG		
LEVALL 12 SUSPENSION	CARBETAPENTANE TANNATE	30 MG	67537	0180
	PHENYLEPHRINE HYDROCHLORIDE	15 MG		
LEVALL LIQUID	GUAIFENESIN	100 MG	66813	0179
	CARBETAPENTANE CITRATE	20 MG		
LIQUIBID PD TABLETS	GUAIFENESIN	275 MG	64543	*146
	PHENYLEPHRINE HYDROCHLORIDE	25 MG		
LIQUICOUGH DM LIQUID	PSEUDOEPHEDRINE HYDROCHLORIDE	32 MG	51991	0646
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	GUAIFENESIN	175 MG		
LODRANE 12 D TABLETS	BROMPHENIRAMINE MALEATE	6 MG	00095	0645
	PSEUDOEPHEDRINE HYDROCHLORIDE	45 MG		
LODRANE 12 HOUR TABLETS EXTENDED RELEASE	BROMPHENIRAMINE MALEATE	6 MG	00095	0006
	BROMPHENIRAMINE MALEATE	12 MG		
LODRANE 24 HOUR EXTENDED RELEASE CAPSULES	BROMPHENIRAMINE MALEATE	12 MG	00095	1200

LODRANE 24D CAPSULES EXTENDED RELEASE	BROMPHENIRAMINE MALEATE	12 MG	00095	1290
	PSEUDOEPHEDRINE HYDROCHLORIDE	90 MG		
LODRANE D SUSPENSION	PSEUDOEPHEDRINE TANNATE	90 MG	00095	9008
LOHIST 12D TABLETS EXTENDED RELEASE	BROMPHENIRAMINE MALEATE	6 MG	68047	*122
	PSEUDOEPHEDRINE HYDROCHLORIDE	45 MG		
LOHIST DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	10 MG	68047	0129
	BROMPHENIRAMINE MALEATE	2 MG		
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
LOHIST PD PEDIATRIC DROPS	PSEUDOEPHEDRINE HYDROCHLORIDE	12.5 MG	68047	0011
	BROMPHENIRAMINE MALEATE	1 MG		
LUSONAL LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	66992	0146
LUSONEX TABLETS	GUAIFENESIN	800 MG	66992	*140
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
MAXIPHEN	GUAIFENESIN	400 MG	58605	0422
	PHENYLEPHRINE	10 MG		
MAXIPHEN ADT TABLETS	CHLORPHENIRAMINE TANNATE	2 MG	66870	0030
	DEXTROMETHORPHAN TANNATE	30 MG		
	PHENYLEPHRINE TANNATE	20 MG		
MAXIPHEN DM	GUAIFENESIN	400 MG	58605	0423
	DEXTROMETHORPHAN	20 MG		
	PHENYLEPHRINE	10 MG		
MAXI-TUSS DM	GUAIFENESIN	200 MG	58605	0522
	DEXTROMETHORPHAN HYDROBROMIDE	20 MG		
MEDENT DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	45985	*641
	GUAIFENESIN	800 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
MEDENT LD TABLETS	GUAIFENESIN	800 MG	45985	*642
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
MINTEX	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG/5ML	51991	0226
	CHLORPHENIRAMINE MALEATE	2 MG/5ML		
	DEXCHLORPHENIRAMINE MALEATE	2 MG		
MINTUSS DR LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	51991	0286
MONTEPHEN TABLETS	PHENYLEPHRINE HYDROCHLORIDE	6 MG	12162	*701
	GUAIFENESIN	600 MG		
	PHENYLEPHRINE HYDROCHLORIDE	25 MG		
MUCO FEN DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	60 MG	59310	*119
	GUAIFENESIN	1000 MG		
	PYRILAMINE MALEATE	12.5 MG		
MYHIST DM LIQUID	DEXTROMETHORPHAN HYDRIODIDE	15 MG	68047	0230

NALDEX TABLETS	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG 18.5 MG	51674	0307
	DEXCHLORPHENIRAMINE MALEATE	3.5 MG		
	GUAIFENESIN	300 MG		
NALEX JR CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG	051674	0003
	GUAIFENESIN	500 MG		
NASATAB LA TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	00095	0225
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
NASOHIST DM PEDIATRIC DROPS	CHLORPHENIRAMINE MALEATE	1 MG	63717	0291
	DEXTROMETHORPHAN HYDROBROMIDE	3 MG		
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
NASOHIST PEDIATRIC DROPS	CHLORPHENIRAMINE MALEATE	1 MG	63717	0290
	CHLORPHENIRAMINE MALEATE	0.75 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	2.75 MG		
NEO DM DROPS	PHENYLEPHRINE HYDROCHLORIDE	1.75 MG	16477	0620
	PSEUDOEPHEDRINE HYDROCHLORIDE	9 MG		
NEUTRAHIST DROPS	CHLORPHENIRAMINE MALEATE	0.8 MG	60258	0395
	CHLORPHENIRAMINE MALEATE	2 MG		
NO HIST CHEWABLE TABLETS	METHSCOPOLAMINE NITRATE	1.25 MG	68047	0166
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
NOHIST CAPLETS	CHLORPHENIRAMINE MALEATE	8 MG	68047	*160
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
NOHIST DMX SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	68047	*167
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
NOHIST EXT EXTENDED RELEASE CAPLET	CHLORPHENIRAMINE MALEATE	8 MG	68047	*161
	METHSCOPOLAMINE NITRATE	2.5 MG		
	CHLORPHENIRAMINE MALEATE	4 MG		
NOHIST PLUS JR TABLETS	METHSCOPOLAMINE NITRATE	1.25 MG	68047	*165
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
NOHIST PLUS TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	68047	*163
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
NOREL EX TABLETS	GUAIFENESIN	800 MG	52747	*440
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
NOREL LA ANTIHISTAMINE & DECONGESTANT TABLETS	CARBINOXAMINE MALEATE	8 MG	52747	*435
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
NORTUSS EX LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	40 MG	51724	0220
	GUAIFENESIN	400 MG		
OMNIHIST II LA TABLETS	CHLORPHENIRAMINE MALEATE	8 MG	59196	*032
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	GUAIFENESIN	600 MG		

ORATUSS 12 TABLETS	CARBETAPENTANE CITRATE	60 MG	067204	*273
	PHENYLEPHRINE HYDROCHLORIDE	15 MG		
ORATUSS LIQUID	CARBETAPENTANE CITRATE	20 MG	67204	0210
ORGAN I NR TABLETS	GUAIFENESIN	200 MG	00603	4886
ORGANIDIN NR LIQUID	GUAIFENESIN	100 MG	00037	4214
ORGANIDIN NR TABLETS	GUAIFENESIN	200 MG	00037	4312
P CHLOR GG DROPS NASAL DECONGESTANT	CHLORPHENIRAMINE MALEATE	1 MG		
	GUAIFENESIN	20 MG	64376	0707
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
	CHLORPHENIRAMINE MALEATE	12 MG		
PCM ALLERGY TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	64376	*036
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	METHSCOPOLAMINE NITRATE	1.25 MG		
PCM CHEWABLE TABLETS	PHENYLEPHRINE HYDROCHLORIDE	10 MG	64376	0530
	CHLORPHENIRAMINE MALEATE	2 MG		
	GUAIFENESIN	200 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 MG	64376	0710
PDM GG SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	68047	0320
	CHLORPHENIRAMINE MALEATE	2 MG		
PE HIST DM SYRUP	BROMPHENIRAMINE MALEATE	2 MG		
	GUAIFENESIN	50 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	5 MG	64376	0723
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
P-EPHEDRINE-GUAIFEN-DM	GUAIFENESIN	100 MG		
	DEXTROMETHOPHAN HYDROBROMIDE	15 MG	00677	1800
	PHENYLEPHRINE HYDROCHLORIDE	45 MG		
	PHENYLEPHRINE TANNATE	7.5 MG	58809	0912
PHENA S 12 SUSPENSION	PYRILAMINE TANNATE	10 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG	58552	*305
PHENABID	DEXTROMETHORPHAN	30 MG		
	PHENYLEPHRINE	20 MG	58552	0306
	CHLORPHENIRAMINE	8 MG		
PHENABID DM	CARBETAPENTANE CITRATE	20 MG		
	GUAIFENESIN	100 MG	64376	0537
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	GUAIFENESIN	200 MG		
PHENCARB GG SYRUP	PYRILAMINE MALEATE	8.35 MG	59936	0005
	DEXTROMETHORPHAN HYDROBROMIDE	20 MG		
	PHENYLEPHRINE TANNATE	7.5 MG	64376	0437
PHENYL T SUSPENSION	CHLORPHENIRAMINE MALEATE	8 MG		
	METHSCOPOLAMINE NITRATE	2.5 MG	64376	*546

PHENYLEPHRINE HYDROCHLORIDE AND GUAIFENESIN TABLETS	PHENYLEPHRINE HYDROCHLORIDE	40 MG	66993	0326
	GUAIFENESIN	900 MG		
	PHENYLEPHRINE	25 MG		
POLY HIST DM LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	50991	0126
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	PYRILAMINE MALEATE	12.5 MG		
POLY TUSSIN DM COUGH SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	50991	0320
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
	GUAIFENESIN	650 MG		
POLY VENT JR CAPLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	45 MG	50991	*907
	DEXBROMPHENIRAMINE TANNATE	4 MG		
POLYTAN D SUSPENSION	PHENYLEPHRINE TANNATE	2.5 MG	50991	0817
	DEXBROMPHENIRAMINE TANNATE	4 MG		
POLYTAN DM SUSPENSION	PHENYLEPHRINE TANNATE	25 MG	50991	0710
	DEXTROMETHORPHAN TANNATE	30 MG		
POLYTAN SUSPENSION	DEXBROMPHENIRAMINE TANNATE	4 MG	50991	0412
	GUAIFENESIN	650 MG		
POLYVENT CAPLETS	PSEUDOEPHEDRINE	90 MG	50991	0408
	CHLORPHENIRAMINE MALEATE	8 MG		
PRE HIST D TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	00682	0100
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	POTASSIUM GUAIACOLSULFONATE	300 MG		
PROLEX DM LIQUID	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	51674	0019
	GUAIFENESIN	600 MG		
PROLEX PD TABLETS	PHENYLEPHRINE	10 MG	51674	0126
	GUAIFENESIN	600 MG		
PROSET D TABLETS	PHENYLEPHRINE	20 MG	51674	0127
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
PSE BPM LIQUID	BROMPHENIRAMINE MALEATE	4 MG	64376	0721
	PSEUDOEPHEDRINE HYDROCHLORIDE	15 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
PSE CPM CHEWABLE TABLETS	CHLORPHENIRAMINE MALEATE	8 MG	64376	0532
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
PSEUDO CHLOR SR CAPSULES	CHLORPHENIRAMINE MALEATE	8 MG	57866	0323
	METHSCOPOLAMINE NITRATE	2.5 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
PSEUDO CMTR TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	64376	*032
	GUAIFENESIN	175 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	32 MG		
PSEUDO COUGH SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	40 MG	64376	0733

PSEUDO DM GG SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	64376	0712
	GUAIFENESIN	100 MG		
PSEUDO GG TR EXTENDED RELEASE TABLET	GUAIFENESIN	595 MG	64376	*033
	PSEUDOEPHEDRINE HYDROCHLORIDE	48 MG		
PSEUDO MAX DMX TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	40 MG		
	GUAIFENESIN	700 MG	64376	*533
PSEUDO MAX TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	80 MG		
	GUAIFENESIN	700 MG	64376	*538
PSEUDO/BROMPHEN MALEATE TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	80 MG		
	BROMPHENIRAMINE MALEATE	6 MG	54868	5491
PSEUDOEPHEDRINE GG SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	45 MG		
	GUAIFENESIN	200 MG	64376	0716
PSEUDOEPHEDRINE HYDROCHLORIDE AND GUAIFENESIN EXTENDED RELEASE TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	40 MG		
	GUAIFENESIN	1200 MG	66993	*332
P-TEX	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
PULMARI GP SYRUP	BROMPHENIRAMINE TANNATE	10 MG/5ML	50991	0927
	GUAIFENESIN	100 MG	60258	0425
PYRLEX CB SUSPENSION	CARBETAPENTANE CITRATE	20 MG		
	PYRILAMINE TANNATE	12 MG	66813	162
PYRLEX PD SUSPENSION	CHLORPHENIRAMINE TANNATE	23 MG		
	PHENYLEPHRINE TANNATE	9 MG	66813	0163
Q BID DM TABLETS	PYRILAMINE TANNATE	12 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	00603	5541
Q BID DM TABLETS EXTENDED RELEASE	GUAIFENESIN	600 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	00603	5542
Q-BID LA TABLETS	GUAIFENESIN	600 MG		
	GUAIFENESIN	600 MG	00603	5543
QIUNTEX LIQUID	GUAIFENESIN	100 MG	00603	1635
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
QUARTUSS DM DROPS ANTITUSSIVE NASAL DECONGESTANT ANTIHISTAMINE	PHENYLEPHRINE HYDROCHLORIDE	1.5 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	3 MG	51991	0537
QUARTUSS SYRUP	CHLORPHENIRAMINE MALEATE	1 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	GUAIFENESIN	100 MG	51991	0513
	CHLORPHENIRAMINE MALEATE	2 MG		
	PENYLEPHRINE HYDROCHLORIDE	10 MG		
	CHLORPHENIRAMINE MALEATE	4 MG		

RE DRYLEX JR EXTENDED RELEASE TABLET	METHSCOPOLAMINE NITRATE	1.25 MG	68032	*212
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	DEXCHLORPHENIRAMINE MALEATE	1 MG		
RE DRYLEX SYRUP	PHENYLEPHRINE HYDROCHLORIDE	10 MG	68032	0211
	METHSCOPOLAMINE NITRATE	1.25 MG		
RE PHENYLEPHRINE GUAIFENESIN LIQUID	GUAIFENESIN	20 MG	68032	0368
	PHENYLEPHRINE	1.5 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
RE ALLERGY AM/PM	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	68032	0139
REDUR PCM SUSPENSION	METHSCOPOLAMINE NITRATE	2.5 MG		
	PHENYLEPHRINE TANNATE	25 MG	68032	0207
	CHLORPHENIRAMINE TANNATE	35 MG		
RELCOF CPM TABLETS	CHLORPHENIRAMINE MALEATE	8 MG	35573	*004
	METHSCOPOLAMINE NITRATE	2.5 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
RELCOF PE TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	35573	*003
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
RELCOF PSE TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	35573	*002
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
REME HIST DM	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	68032	0192
	PYRILAMINE MALEATE	12.5 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
REME TUSSIN DM COUGH SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	68032	0191
	PHENYLEPHRINE HYDROCHLORIDE	5 MG		
RESCON BIPHASIC SUSTAINED RELEASE TABLETS	CHLORPHENIRAMINE MALEATE	12 MG		
	METHSCOPOLAMINE NITRATE	1.25 MG	64543	*096
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
RESCON JR SUSTAINED RELEASE TABLETS	CHLORPHENIRAMINE MALEATE	4 MG	64543	*085
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
RESCON MX SUSTAINED RELEASE TABLETS	CHLORPHENIRAMINE MALEATE	8 MG		
	METHSCOPOLAMINE NITRATE	2.5 MG	64543	*090
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
RESCON MX TABLETS SUSTAINED RELEASE RESCON-ED CAPSULES	DEXCHLORPHENIRAMINE MALEATE	6 MG	64543	*091
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
	CHLORPHENIRAMINE MALEATE	8 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	11808	*089
RESPA 1ST TABLETS	GUAIFENESIN	600 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	58 MG	60575	*087
RESPA BR TABLETS EXTENDED	BROMPHENIRAMINE MALEATE	11 MG	60575	*786

RESPA DM TABLETS EXTENDED RELEASE	RELEASE	DEXTROMETHORPHAN HYDROBROMIDE 28 MG	60575	*078
		GUAIFENESIN 600 MG		
RESPA PE SUSTAINED RELEASE TABLETS		GUAIFENESIN 600 MG	60575	*787
		PHENYLEPHRINE HYDROCHLORIDE 18 MG		
RESPAHIST II EXTENDED RELEASE TABLET		BROMPHENIRAMINE MALEATE 6 MG	60575	*619
		PHENYLEPHRINE HYDROCHLORIDE 19 MG		
		GUAIFENESIN 200 MG		
RESPAIRE 60 CAPSULE		PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG	00277	0174
RESPAIRE CAPSULES		PSEUDOEPHEDRINE HYDROCHLORIDE 30 MG	16477	0306
		GUAIFENESIN 150 MG		
RESPI TANN G SUSPENSION		GUAIFENESIN 200 MG	67336	0188
		CARBETAPENTANE CITRATE 7.5 MG		
		METHSCOPOLAMINE NITRATE 2.5 MG		
RESPIVENT D TABLETS RESPIVENT DOSE PACK DF		PSEUDOEPHEDRINE HYDROCHLORIDE 120 MG	24486	*702
		CHLORPHENIRAMINE MALEATE 8 MG	24486	0704
		METHSCOPOLAMINE NITRATE 2.5 MG		
RHINABID CAPSULES		PHENYLEPHRINE 15 MG	51991	0092
		BROMPHENIRAMINE 12 MG		
RONDAMINE DM DROPS		DEXTROMETHORPHAN HYDROBROMIDE 4 MG	00904	5573
		PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG		
RONDEC DM ORAL DROPS		DEXTROMETHORPHAN HYDROBROMIDE 4 MG	64455	0050
		PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG		
RONDEC DM SYRUP		DEXTROMETHORPHAN HYDROBROMIDE 15 MG	64455	0024
		PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG		
RONDEC SYRUP		BROMPHENIRAMINE MALEATE 4 MG	64455	0061
		PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG		
RONDEC-DM		DEXTROMETHORPHAN 4 MG/ML	64455	0023
		PSEUDOEPHEDRINE 25 MG/ML		
		CARBINOXAMINE 2 MG/ML		
RONDEC-DM		DEXTROMETHORPHAN 4 MG/ML	64455	0070
		PSEUDOEPHEDRINE 15 MG/ML		
		CARBINOXAMINE 1 MG/ML		
RU TUSS DM SYRUP		DEXTROMETHORPHAN HYDROBROMIDE 15 MG	15370	0006
		PSEUDOEPHEDRINE HYDROCHLORIDE 45 MG		
		GUAIFENESIN 100 MG		
RU TUSS DM SYRUP		PSEUDOEPHEDRINE HYDROCHLORIDE 45 MG	59243	0006
		GUAIFENESIN 100 MG		

	DEXTROMETHORPHAN HYDROBROMIDE 15 MG			
RU TUSS DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE 60 MG	59243	*012	
	GUAIFENESIN 800 MG			
	GUAIFENESIN 600 MG			
RU TUSS JR TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE 45 MG	59243	*017	
RY T 12 SUSPENSION SYRUP	PHENYLEPHRINE TANNATE 5 MG	50383	0864	
	PYRILAMINE TANNATE 30 MG			
	PHENYLEPHRINE TANNATE 5 MG			
RYNA 12 SUSPENSION RYNA 12 TABLETS	PYRILAMINE TANNATE 30 MG	00037	0655	
	PHENYLEPHRINE TANNATE 8 MG	00037	0673	
	PYRILAMINE TANNATE 27 MG			
RYNA 12 X TABLETS	GUAIFENESIN 200 MG	00037	1708	
RYNA 12 X TABLETS	PHENYLEPHRINE TANNATE 25 MG	00037	1708	
	PYRILAMINE TANNATE 60 MG			
RYNEZE LIQUID GRAPE	CHLORPHENIRAMINE MALEATE 4 MG	24839	0346	
	METHSCOPOLAMINE NITRATE 1.25 MG			
	CHLORPHENIRAMINE MALEATE 8 MG			
SCOPOHIST PE TABLETS	METHSCOPOLAMINE NITRATE 1.25 MG	68047	*291	
	PHENYLEPHRINE HYDROCHLORIDE 20 MG			
	METHSCOPOLAMINE NITRATE 0.75 MG			
SCOPOHIST SYRUP	CHLORPHENIRAMINE MALEATE 2 MG	68047	0292	
	PHENYLEPHRINE HYDROCHLORIDE 8 MG			
	CHLORPHENIRAMINE MALEATE 8 MG			
SCOPOHIST TABLETS	METHSCOPOLAMINE NITRATE 1.25 MG	68047	*290	
	PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG			
SERADEX LA TABLETS	BROMPHENIRAMINE MALEATE 6 MG	28595	*110	
	PHENYLEPHRINE HYDROCHLORIDE 19 MG			
SILDEC DM LIQUID DROPS	DEXTROMETHORPHAN HYDROBROMIDE 4 MG	54838	0211	
	PSEUDOEPHEDRINE HYDROCHLORIDE 25 MG			
SILDEC DM ORAL DROPS	DEXTROMETHORPHAN HYDROBROMIDE 4 MG	54838	0530	
	PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG			
SILDEC DM ORAL DROPS	PSEUDOEPHEDRINE HYDROCHLORIDE 15 MG	54838	0537	
	DEXTROMETHORPHAN HYDROBROMIDE 4 MG			
SILDEC DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 15 MG	54838	0212	
	PSEUDOEPHEDRINE HYDROCHLORIDE 60 MG			
SILDEC PE DM SYRUP	DEXTROMETHORPHAN HYDROBROMIDE 15 MG	54838	0544	
	CHLORPHENIRAMINE MALEATE 4 MG			
	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG			
SILDEC PE SYRUP	CHLORPHENIRAMINE MALEATE 4 MG	54838	0542	
	PHENYLEPHRINE HYDROCHLORIDE 12.5 MG			

SIMUC DM ELIXIR	DEXTROMETHORPHAN HYDROBROMIDE	25 MG	60258	0426
	GUAIFENESIN	225 MG		
SINA 12X TABLETS	PHENYLEPHRINE TANNATE	25 MG	00037	6301
	PHENYLEPHRINE HYDROCHLORIDE	15 MG		
SINUTUSS DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	59196	0045
	GUAIFENESIN	600 MG		
SINUVENT PE OMNIHIST LA		** **	59196	0112
SINUVENT PE TABLETS	PHENYLEPHRINE HYDROCHLORIDE	15 MG	59196	0035
	GUAIFENESIN	600 MG		
SITREX PD LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	67204	0042
	GUAIFENESIN	75 MG		
SITREX TABLETS	GUAIFENESIN	1200 MG	67204	*064
	PHENYLEPHRINE HYDROCHLORIDE	30 MG		
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
SONAHIST DM PEDIATRIC DROPS	DEXTROMETHORPHAN HYDROBROMIDE	3 MG	68032	0320
	CHLORPHENIRAMINE MALEATE	1 MG		
SONAHIST PEDIATRIC DROPS	CHLORPHENIRAMINE MALEATE	1 MG	68032	0326
	PHENYLEPHRINE HYDROCHLORIDE	2 MG		
STAMOIST E EXTENDED RELEASE TABLETS	GUAIFENESIN	500 MG	58407	0375
	PSEUDOEPHEDRINE	120 MG		
	DEXTROMETHORPHAN	15 MG/5ML		
STATUSS DM	PHENYLEPHRINE	10 MG/5ML	58407	0721
	CHLORPHENIRAMINE	2 MG/5ML		
	CHLORPHENIRAMINE MALEATE	8 MG		
SUCLOR CAPSULES	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	62441	*200
	CHLORPHENIRAMINE MALEATE	12 MG		
SUDAHIST EXTENDED RELEASE TABLET	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	68047	*330
	PSEUDOEPHEDRINE HYDROCHLORIDE	40 MG		
SUDATEX DM TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	68047	0242
	GUAIFENESIN	400 MG		
SUDATEX LIQUID	PSEUDOEPHEDRINE HYDROCHLORIDE	40 MG	68047	0124
	GUAIFENESIN	200 MG		
	METHSCOPOLAMINE NITRATE	2.5 MG		
SUDATRATE TABLETS	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG	68047	*245
	CHLORPHENIRAMINE	2 MG		
SYMPAK PDX	PHENYLEPHRINE	10 MG	59196	0119
	METHSCOPOLAMINE	1.5 MG		
SYMPAK SINUTUSS AND OMNIHIST II	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
	PHENYLEPHRINE HYDROCHLORIDE	15 MG	59196	*120
	GUAIFENESIN	600 MG		
	PHENYLEPHRINE	5 MG/5ML		

TANA R-12	PYRILAMINE TANNATE	30 MG/5ML	66239	0180
TANABID CHEWABLE CAPLETS	BROMPHENIRAMINE	2.2 MG	49963	0610
	PHENYLEPHRINE	1.58 MG		
TANACOF XR ANTIHISTAMINE FOR SUSPENSION	BROMPHENIRAMINE TANNATE	12 MG	68047	0142
TANACOF XR ANTIHISTAMINE FOR SUSPENSION	BROMPHENIRAMINE TANNATE	8 MG	68047	0142
TANAHIST PD PEDIATRIC DROPS SUSPENSION	CHLORPHENIRAMINE TANNATE	2 MG	68047	0030
TANNATE 12D S	CARBETAPENTANE	30 MG/ML	50383	0841
	PHENYLEPHRINE	5 MG/ML		
	PYRILAMINE	30 MG/ML		
	GUAIFENESIN	200 MG		
TENAR DM SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	32 MG	11528	0120
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TENAR PSE LIQUID	GUAIFENESIN	200 MG	11528	0115
	PSEUDOEPHEDRINE HYDROCHLORIDE	40 MG		
	CHLORPHENIRAMINE MALEATE	6 MG		
TIME HIST QD TABLETS	METHSCOPOLAMINE NITRATE	2.5 MG	66870	*701
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
TOURO CC CAPLETS	GUAIFENESIN	575 MG	58869	*441
	PSEUDOEPHEDRINE HYDROCHLORIDE	60 MG		
TOURO CC LD CAPLEST	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	58869	*445
	GUAIFENESIN	575 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	25 MG		
TOURO DM TABLETS	DEXTROMETHORPHAN HYDRIODIDE	30 MG	58869	*411
	GUAIFENESIN	575 MG		
TOURO LA LD CAPLETS	GUAIFENESIN	525 MG	58869	*635
	PSEUDOEPHEDRINE HYDROCHLORIDE	50 MG		
TOURO LA TABLETS	GUAIFENESIN	525 MG	58869	*636
	PSEUDOEPHEDRINE HYDROCHLORIDE	120 MG		
TRIAL SYRUP	PHENYLEPHRINE HYDROCHLORIDE	8 MG	51991	0524
	CHLORPHENIRAMINE MALEATE	2 MG		
	METHSCOPOLAMINE NITRATE	0.75 MG		
TRIKOF D EXTENDED RELEASE TABLET	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	60575	*457
	GUAIFENESIN	600 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	50 MG		
TRIPLEX DM LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	51991	0493
	PYRILAMINE MALEATE	12.5 MG		

TRISPEC DMX LIQUID CHERRY	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	58238	0211
	GUAIFENESIN	25 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TRISPEC DMX PEDIATRIC DROPS CHERRY	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	58238	0212
	GUAIFENESIN	25 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TRISPEC PSE LIQUID GRAPE	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG	58238	0213
	GUAIFENESIN	25 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TRISPEC PSE PEDIATRIC DROPS GRAPE	GUAIFENESIN	25 MG	58238	0214
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TRITAL DM LIQUID	PHENYLEPHRINE HYDROCHLORIDE	10 MG	51991	0131
	CHLORPHENIRAMINE MALEATE	4 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		
TRITUSS ER CAPLETS	GUAIFENESIN	600 MG	00642	0661
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	25 MG		
TRITUSS SYRUP	GUAIFENESIN	175 MG	00642	0700
	PHENYLEPHRINE HYDROCHLORIDE	12.5 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TUSDEC DM LIQUID	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG	60258	0431
	BROMPHENIRAMINE MALEATE	2 MG		
	GUAIFENESIN	200 MG		
TUSNEL	DEXTROMETHORPHAN	15 MG	54859	0801
	BROMPHENIRAMINE	2 MG		
	GUAIFENESIN	50 MG		
TUSNEL PEDIATRIC COUGH SYRUP	PSEUDOEPHEDRINE HYDROCHLORIDE	15 MG	54859	0544
	DEXTROMETHORPHAN HYDROBROMIDE	5 MG		
	GUAIFENESIN	50 MG		
TUSNEL PEDIATRIC DROPS	PSEUDOEPHEDRINE HYDROCHLORIDE	5 MG	54859	0602
	GUAIFENESIN	200 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
TUSNEL SYRUP	BROMPHENIRAMINE MALEATE	2 MG	54859	0502
	GUAIFENESIN	25 MG/ML		
	DEXTROMETHORPHAN	5 MG/ML		
TUSNEL-DM	PSEUDOEPHEDRINE	5 MG/ML	54859	0603
	DEXTROMETHORPHAN HYDROBROMIDE	30 MG		

TUSSAFED EX LIQUID	GUAIFENESIN	200 MG	53879	0103
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
TUSSAFED EX SYRUP	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	00642	0765
	GUAIFENESIN	200 MG		
	GUAIFENESIN	600 MG		
TUSSAFED LA CAPLETS	DEXTROMETHORPHAN	30 MG	00642	0650
	PSEUDOEPHEDRINE	60 MG		
	GUAIFENESIN	400 MG		
TUSSBID CAPSULES	PHENYLEPHRINE	15 MG	51991	0088
	PHENYLEPHRINE TANNATE	10 MG		
	CARBETAPENTANE TANNATE	60 MG		
TUSSI 12 D TABLETS	PYRILAMINE TANNATE	40 MG	00037	0692
	PYRILAMINE TANNATE	30 MG		
	PHENYLEPHRINE TANNATE	5 MG		
TUSSI 12D S SUSPENSION	CARBETAPENTANE TANNATE	30 MG	00037	0693
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	GUAIFENESIN	200 MG		
TUSSI PRES SYRUP	PHENYLEPHRINE HYDROCHLORIDE	10 MG	52083	0233
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	GUAIFENESIN	200 MG		
TUSSIDEX LIQUID GRAPE FLAVOR	DEXTROMETHORPHAN HYDROBROMIDE	30 MG	64320	0729
	DEXTROMETHORPHAN HYDROBROMIDE	23 MG		
	GUAIFENESIN	600 MG		
TUSSO DM CAPLETS	PHENYLEPHRINE HYDROCHLORIDE	9 MG	00642	0630
	GUAIFENESIN	288 MG		
	DEXTROMETHORPHAN HYDROBROMIDE	7 MG		
TUSSO DMR CAPSULES	GUAIFENESIN	200 MG	00642	0647
	CARBETAPENTANE CITRATE	8 MG		
	CARBETAPENTANE CITRATE	7.5 MG		
TUSSO ZMR CAPSULES	GUAIFENESIN	150 MG	00642	0649
	DEXTROMETHORPHAN TANNATE	25 MG		
	PYRILAMINE TANNATE	30 MG		
V TAN DM GRAPE FLAVORED SUSPENSION	PHENYLEPHRINE TANNATE	12.5 MG	50383	0856
	PYRILAMINE TANNATE	30 MG		
	PHENYLEPHRINE TANNATE	25 MG		
V TANN TABLETS CHEWABLE	PHENYLEPHRINE	5 MG	58809	0817
	DEXCHLORPHENIRAMINE MALEATE	1 MG		
	PHENYLEPHRINE HYDROCHLORIDE	10 ML		
VANACOF CD	BROMPHENIRAMINE MALEATE	6 ML	66992	0230
	PHENYLEPHRINE HYDROCHLORIDE	7.5 MG		
	BROMPHENIRAMINE MALEATE	4 MG		
VAZOBID TANNATE SUSPENSION	PHENYLEPHRINE TANNATE	25 MG	66992	0136
	DEXTROMETHORPHAN TANNATE	25 MG		
	PYRILAMINE TANNATE	30 MG		
VAZOL D LIQUID	DEXTROMETHORPHAN TANNATE	25 MG	62559	5742
	PYRILAMINE TANNATE	30 MG		
	PYRILAMINE TANNATE	30 MG		

VIRATAN DM SUSPENSION	PYRILAMINE TANNATE	30 MG	62559	5741
	PHENYLEPHRINE TANNATE	12.5 MG		
	DEXTROMETHORPHAN TANNATE	25 MG		
VIRAVAN DM	DEXTROMETHORPHAN	25 MG	66346	0142
	PHENYLEPHRINE	25 MG		
	PYRILAMINE	30 MG		
VIRAVAN P TANNATE SUSPENSION CHERRY BUBBLEGUM FLAVORED	PSEUDOEPHEDRINE HYDROCHLORIDE	15 MG	23589	0011
	PYRILAMINE MALEATE	15 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	15 MG		
VIRAVAN PDM GRAPE FLAVORED TANNATE SUSPENSION	PYRILAMINE MALEATE	15 MG	23589	0013
	DEXTROMETHORPHAN HYDROBROMIDE	15 MG		
	PYRILAMINE TANNATE	30 MG		
VIRAVAN T GRAPE FLAVORED TABLETS	PHENYLEPHRINE TANNATE	25 MG	66346	0032
	GUAIFENESIN	900 MG		
	PHENYLEPHRINE	30 MG		
VISIONEX TABLETS SUSTAINED RELEASE	METHSCOPOLAMINE NITRATE	2.5 MG	68013	*009
	CHLORPHENIRAMINE MALEATE	8 MG		
	CHLORPHENIRAMINE MALEATE	2 MG		
VISRX DOSE PACK TABLETS	METHSCOPOLAMINE NITRATE	0.625 MG	59196	0070
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	GUAIFENESIN	1200 MG		
WE ALLERGY	PHENYLEPHRINE HYDROCHLORIDE	40 MG	66993	*316
	GUAIFENESIN	600 MG		
	PHENYLEPHRINE HYDROCHLORIDE	40 MG		
WELLBID D 1200 SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	15 MG	66993	*315
	GUAIFENESIN	175 MG		
	PSEUDOEPHEDRINE HYDROCHLORIDE	30 MG		
WELLBID D SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN	30 MG	65224	*105
	HYDROCHLORIDE	650 MG		
	GUAIFENESIN	30 MG		
Z COF 8DM	DEXTROMETHORPHAN	20 MG	13811	*003
	HYDROCHLORIDE	8 MG		
	PHENYLEPHRINE HYDROCHLORIDE	2.5 MG		
Z COF LA TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	3 MG	13811	0001
	GUAIFENESIN	35 MG		
	GUAIFENESIN	100 MG		
Z DEX 12D TABLETS	DEXTROMETHORPHAN HYDROBROMIDE	20 MG	13811	0002
	PHENYLEPHRINE HYDROCHLORIDE	10 MG		
	DEXTROMETHORPHAN TANNATE	2.5 MG		
Z DEX PEDIATRIC DROPS	PHENYLEPHRINE TANNATE	15.5 MG	68025	0024
	PYRILAMINE TANNATE	15.5 MG		
Z DEX SYRUP				
ZOTEX 12 SUSPENSION				

ZOTEX 12D SUSTAINED RELEASE TABLETS	DEXTROMETHORPHAN HYDROCHLORIDE	30 MG	68025	*033
	CHLORPHENIRAMINE HYDROCHLORIDE	8 MG		
	PHENYLEPHRINE HYDROCHLORIDE	20 MG		
ZOTEX GP CAPLETS	GUAIFENESIN	550 MG	68025	0005
	PHENYLEPHRINE HYDROCHLORIDE	8.5 MG		
	GUAIFENESIN	550 MG		
ZOTEX GPX CAPLETS EXPECTORANT	PHENYLEPHRINE HYDROCHLORIDE	8.5 MG	68025	*020
	DEXTROMETHORPHAN HYDROBROMIDE	25 MG		
	GUAIFENESIN	500 MG		
ZOTEX LA CAPLETS	PHENYLEPHRINE HYDROCHLORIDE	20 MG	68025	*002
	DEXTROMETHORPHAN HYDROBROMIDE	25 MG		
	GUAIFENESIN	550 MG		
ZOTEX LAX CAPLETS	PHENYLEPHRINE HYDROCHLORIDE	20 MG	68025	*018
	BROMPHENIRAMINE MALEATE	6 MG		
	PHENYLEPHRINE HYDROCHLORIDE	30 MG		
ZOTEX PE SUSTAINED RELEASE TABLETS	PHENYLEPHRINE HYDROCHLORIDE	2.5 MG	68025	*034
	DEXTROMETHORPHAN HYDROBROMIDE	3 MG		
	GUAIFENESIN	35 MG		
ZOTEX PEDIATRIC DROPS	PHENYLEPHRINE HYDROCHLORIDE	10 MG	68025	0003
	DEXTROMETHORPHAN HYDROBROMIDE	20 MG		
	GUAIFENESIN	100 MG		
ZOTEX SYRUP	PSEUDOEPHEDRINE TANNATE	45 MG	67204	0340
	TRIPROLIDINE TANNATE	2.5 MG		
	TRIPROLIDINE TANNATE	2.5 MG		
ZYMINE DRX SUSPENSION	TRIPROLIDINE TANNATE	2.5 MG	67204	0325

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