

**Assemblyman Greenwald:**

- Please provide statistical information on the services provided by the New Jersey Cancer Education and Early Detection Screening Program (NJCEED) and the location of these programs.

**Response:** Below is a list of the NJCEED screening sites throughout the State. In Attachment 1 are a number of charts outlining the testing that has been conducted over the past several fiscal years.

**NJCEED Screening Sites:**

- Shore Memorial Hospital – ATLANTIC
- Bergen County Health Dept. – BERGEN
- Virtua Health – BURLINGTON & CAMDEN
- Cooper hospital System – CAMDEN
- Cape May County Health Dept. – CAPE MAY
- South Jersey Regional Cancer Center – CUMBERLAND
- UMDNJ-NJ Medical School – ESSEX
- St. Michaels Medical Center – ESSEX
- Underwood Memorial Hospital – GLOUCESTER
- Hoboken Family Planning – HUDSON & UNION
- Hunterdon Regional Cancer Center –HUNTERDON
- Middlesex County Health Dept. – MIDDLESEX
- VNA of Central Jersey – MONMOUTH
- Morristown Memorial Hospital – MORRIS
- Community Medical Center Foundation – OCEAN
- St. Joseph's Hospital and Medical Center– PASSAIC
- Salem County Health Dept. – SALEM
- Women's Health & Counseling Center – SOMERSET
- St. Clare's Hospital – SUSSEX
- NORWESCAP - WARREN

**Assemblyman Countinho:**

- Please provide information about the financial status of New Jersey hospitals in general and for individual hospitals as of the end of 2010.

**Response:** The Department has never commented in public about the financial condition of individual hospitals due to the negative effect it may have on that facility.

Pursuant to NJAC 8:31B-3.3 hospitals are required to submit unaudited financial and utilization data to the Department.

The trends at an aggregate level are reflected in the table below:

	NJ Statewide Medians			
	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Operating Margin	(0.54)	0.05	0.51	0.99
Profit Margin	0.67	(0.97)	1.12	1.53
Days Cash	67	59	62	73
Days Payable	65	65	63	61
Days Receivable	47	46	43	42

**Assemblyman Johnson:**

- The Department indicated that even though funding for family planning services was eliminated, at least one agency in each county still provides these services. Please provide information as to which agencies continue to provide these services by county.

*Response:* See Attachment 2

**Assemblywoman Pou:**

- Please provide information as to the number of persons that received services from the five planning programs that have closed and what other health services were provided by these programs.

*Response:* The following includes the five agencies (six total sites) no longer receiving funding from the Department of Health and Senior Services (DHSS) for Title X Family Planning services (at the sites listed), as well as the numbers of patients served at those sites in CY 2010:

<u>Agency Site(s)</u>	<u>Patients</u>
Burlington County Health Department (Westampton/Brown Mills)	1,382
Bayonne Health Department (Bayonne)	1,370
UMDNJ - University Hospital (Newark)	2,837
Newark Beth Israel Medical Center (Newark)	1,655
Planned Parenthood of Southern NJ (Cherry Hill)	227
Total	<u>7,471</u>

Burlington County Health Department no longer provides family planning services at either the Westampton or Brown Mills locations. Bayonne Health Department closed its family planning clinic, but established a clinic to deliver services related to sexually transmitted disease/infection. Please note that although University Hospital and Newark Beth Israel Medical Center no longer receive funding for Title X family planning services, both hospitals continue to provide gynecology care including family planning through Women's Health Services clinics. Planned Parenthood of Southern NJ closed its Cherry Hill site and notified patients of the availability of services through its other sites, including two other sites in Camden County – Camden and Bellmawr.

The Family Planning League of New Jersey, which also historically received Title X funding that it disbursed to family planning agencies reduced funding to various agencies. Planned Parenthood of Greater Northern New Jersey closed its Dover site. Since the DHSS does not fund that site, it is unable to provide data on the number of patients served out of that location in CY 2010.

Family Planning services are designed to provide women with comprehensive reproductive health care including education, medical assessment, contraceptive counseling and methods to reduce the number of unintended pregnancies. Family Planning agencies provide services in cooperation with other DHSS initiatives including HIV/AIDS, sexually transmitted infections prevention and treatment, cancer screening, nutrition, preconception and interconception care, infertility and other services.

Medical services provided at family planning agencies include:

- Medical histories, physical exams and health screening
- Pelvic and breast exams.
- Contraceptive counseling is provided on all FDA-approved methods, their side effects, contraindications and effectiveness.
- Blood pressure and weight checks.

- Pregnancy testing and options counseling are provided.
- Emergency contraception is provided.

**Assemblyman Schaer:**

- Please provide information as to what categories of prescription drugs are not provided to persons with incomes between 300% - 500% of the federal poverty level under the Temporary AIDS Supplemental Rebate and Federal Assistance Program. (Please include the brand names of some of the drugs not covered.)

**Response:** Under the Temporary AIDS Supplemental Rebate and Federal Assistance Program, 33 Specific Therapeutic Classes (STC) are approved on the limited formulary representing 117 drug listings. Examples of approved drugs are as follows:

- Antiretroviral treatments that include things like nucleoside reverse transcriptase inhibitors (NRTIs), non-nucleic (NNRTIs), protease inhibitors, Integrase inhibitors and fusion inhibitors.
- Treatments for opportunistic infections treating conditions such as Bacterial Infections, Malignancies, Viral Infections, Fungal Infections, Protozoal Infections, Neurological Conditions and other conditions and complications such as aphthous ulcers, thrombocytopenia and wasting syndrome
- Treatments for Hepatitis

The following are some of the categories not covered under the Temporary program: drugs for diabetes, antihypertensives, gastrointestinal products, antihistamines, mental health drugs, pain medication, anti-inflammatories, sleep aids, cholesterol medications, thyroid medications, allergy medications.

Attachment 3 provides a list of drugs not covered by the Temporary program. The Temporary program does cover the more expensive antiretroviral treatments and treatments for opportunistic infections.

**Assemblyman Webber:**

- Please provide the following information regarding family planning services: (1) the number of agencies, and sites, in operation in New Jersey over the past several years, if available, and (2) a listing of state and federal streams that support the operations of family planning agencies.

**Response:** (1) Over the course of the last decade, the number of clinic sites has remained relatively stable. Minor fluctuations resulted from the closure and opening of clinic sites based on incidental reasons (loss of lease, expense of sites, re-location of site to better serve catchment area).

In 2004, there were 17 agencies receiving Title X funding. Atlantic City Medical Center chose to discontinue the Title X family planning services in late 2008. A competitive RFA was issued with Planned Parenthood of Southern New Jersey, an established Title X funded agency, was chosen as the new provider in Atlantic City in 2009.

As of January 1, 2011, there were 12 publicly supported agencies that provide family planning services under the Title X program in New Jersey (four agencies no longer receive any funding). The twelve agencies that still receive funds currently operate 49 clinic sites (down from 56 clinic sites at the end of calendar year 2010).

The State, through the Department of Health and Senior Services (DHSS) provides funding to family planning agencies in New Jersey. However, the DHSS is not the sole source of funding for these agencies. The following is a breakdown of State and federal funding for family planning services that the Department is aware of:

**SFY 2012 Proposed Budget**

<b><u>Funding Source</u></b>	<b><u>DHSS</u></b>	<b><u>NJFPL</u></b>	<b><u>Other</u></b>	<b><u>Total</u></b>
State FP	0	0	0	0
Projected Medicaid Claims	0	0	3,600,000	3,600,000
Title X *	\$3,758,018	\$5,749,220	0	9,507,238
Other Federal	0	0	1,870,000	1,870,000
Other State – match	\$400,000	\$630,000	0	1,030,000
<b>Total</b>	<b>4,158,018</b>	<b>6,379,220</b>	<b>5,470,000</b>	<b>\$16,007,238</b>

\* includes federal funding support for two (2) Title X agencies (FQHCs) in the State, the DHSS and the NJ Family Planning League (NJFPL).

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
DIGOXIN 125 MCG TABLET	MICARDIS HCT 80-25 MG TABLET
THEOPHYLLINE ER 200 MG TABLET	AVALIDE 300-25 MG TABLET
SPIRIVA 18 MCG CP-HANDHALER	DIOVAN HCT 320-25 MG TABLET
ATROVENT HFA INHALER	DIOVAN HCT 320-12.5 MG TAB
IPRATROPIUM BR 0.02% SOLN	QUINAPRIL-HCTZ 20-12.5 MG TAB
AMIODARONE HCL 200 MG TABLET	ENALAPRIL-HCTZ 10-25 MG TABLET
HYDRALAZINE 100 MG TABLET	ENALAPRIL-HCTZ 5-12.5 MG TAB
HYDRALAZINE 50 MG TABLET	LISINOPRIL-HCTZ 20-12.5 MG TAB
MINOXIDIL 2.5 MG TABLET	LISINOPRIL-HCTZ 20-25 MG TAB
CLONIDINE HCL 0.1 MG TABLET	LISINOPRIL-HCTZ 10-12.5 MG TAB
CLONIDINE HCL 0.2 MG TABLET	QUINAPRIL-HCTZ 20-25 MG TAB
CATAPRES-TTS 3 PATCH	AMLODIPINE-BENAZEPRIL 10-20 MG
CLONIDINE 0.3 MG/DAY PATCH	LOTREL 10-40 MG CAPSULE
GUANFACINE 2 MG TABLET	AMLODIPINE-BENAZEPRIL 5-20 MG
ENALAPRIL MALEATE 5 MG TABLET	AMLODIPINE-BENAZEPRIL 5-10 MG
ENALAPRIL MALEATE 10 MG TAB	TEKTURNA 300 MG TABLET
ENALAPRIL MALEATE 20 MG TAB	TEKTURNA 150 MG TABLET
ENALAPRIL MALEATE 2.5 MG TAB	NITRO-BID 2% OINTMENT
CAPTOPRIL 25 MG TABLET	NITROGLYCERIN 0.2 MG/HR PATCH
QUINAPRIL 10 MG TABLET	NITROGLYCERIN 0.4 MG TABLET SL
QUINAPRIL 20 MG TABLET	NITROSTAT 0.4 MG TABLET SL
QUINAPRIL 40 MG TABLET	ISOSORBIDE MN ER 60 MG TABLET
LISINOPRIL 5 MG TABLET	ISOSORBIDE MN ER 30 MG TABLET
LISINOPRIL 10 MG TABLET	NIFEDICAL XL 30 MG TABLET
LISINOPRIL 20 MG TABLET	NIFEDIPINE ER 30 MG TABLET
LISINOPRIL 40 MG TABLET	NIFEDICAL XL 60 MG TABLET
LISINOPRIL 2.5 MG TABLET	NIFEDIPINE ER 60 MG TABLET
LISINOPRIL 30 MG TABLET	NIFEDIPINE ER 90 MG TABLET
RAMIPRIL 2.5 MG CAPSULE	CARTIA XT 180 MG CAPSULE
RAMIPRIL 5 MG CAPSULE	DILT-CD 180 MG CAPSULE
RAMIPRIL 10 MG CAPSULE	DILTIAZEM 24HR ER 180 MG CAP
FOSINOPRIL SODIUM 40 MG TAB	DILT-CD 240 MG CAPSULE
AVAPRO 150 MG TABLET	DILTIAZEM 24HR CD 240 MG CAP
AVAPRO 300 MG TABLET	CARTIA XT 300 MG CAPSULE
DIOVAN 320 MG TABLET	DILTZAC ER 240 MG CAPSULE
DIOVAN 160 MG TABLET	FELODIPINE ER 5 MG TABLET
DIOVAN 80 MG TABLET	AMLODIPINE BESYLATE 10 MG TAB
COZAAR 50 MG TABLET	AMLODIPINE BESYLATE 5 MG TAB
LOSARTAN POTASSIUM 50 MG TAB	VERAPAMIL ER 240 MG TABLET
COZAAR 100 MG TABLET	VERAPAMIL ER 180 MG TABLET
LOSARTAN POTASSIUM 100 MG TAB	SULAR 8.5 MG TABLET
BENICAR 5 MG TABLET	ZOTEX-EX CAPLET
BENICAR 40 MG TABLET	DM-CHLORPHEN-METHSCOP TABLET
DIOVAN 40 MG TABLET	RENAGEL 800 MG TABLET
MICARDIS 40 MG TABLET	FOSRENOL 500 MG TABLET CHEW
ATACAND 32 MG TABLET	FOSRENOL 1,000 MG TABLET CHEW
EXFORGE 10-160 MG TABLET	RENVELA 2.4 GM POWDER PACKET
AZOR 5-40 MG TABLET	RENVELA 800 MG TABLET
DIOVAN HCT 80-12.5 MG TABLET	POTASSIUM CL ER 10 MEQ CAPSULE
DIOVAN HCT 160-12.5 MG TAB	POTASSIUM CL 10% (20 MEQ/15 ML
AVALIDE 150-12.5 MG TABLET	KLOR-CON 10 MEQ TABLET
HYZAAR 50-12.5 TABLET	KLOR-CON M10 TABLET
LOSARTAN-HCTZ 50-12.5 MG TAB	POTASSIUM CL ER 10 MEQ TABLET
HYZAAR 100-25 TABLET	KLOR-CON M20 TABLET
LOSARTAN-HCTZ 100-25 MG TAB	POTASSIUM CL ER 20 MEQ TABLET
DIOVAN HCT 160-25 MG TABLET	CALCIUM-FOLIC ACID PLUS D WFER
BENICAR HCT 20-12.5 MG TABLET	SE-VATE 21-7 TABLET
BENICAR HCT 40-25 MG TABLET	CORVITA 150 TABLET
ATACAND HCT 32-12.5 MG TAB	JANUMET 50-500 MG TABLET

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
JANUMET 50-1,000 MG TABLET	ALLOPURINOL 300 MG TABLET
HUMALOG 100 UNITS/ML VIAL	LEVOCARNITINE 330 MG TABLET
HUMULIN R 100 UNITS/ML VIAL	CHLORHEXIDINE 0.12% RINSE
NOVOLIN R 100 UNITS/ML VIAL	PERIOGARD 0.12% ORAL RINSE
HUMULIN N 100 UNITS/ML VIAL	TRIAMCINOLONE 0.1% PASTE
LANTUS 100 UNITS/ML VIAL	DENTA 5000 PLUS CREAM
NOVOLOG MIX 70-30 FLEXPEN SYRN	SF 5000 PLUS CREAM
LANTUS 100 UNITS/ML CARTRIDGE	DENTAGEL 1.1% GEL
NOVOLOG MIX 70-30 VIAL	SF 1.1% GEL
LEVEMIR FLEXPEN 100 UNITS/ML	PREVIDENT 5000 BOOSTER PASTE
HUMULIN 70-30 PEN	CARAFATE 1 GM/10 ML SUSP
LEVEMIR 100 UNITS/ML VIAL	SUCRALFATE 1 GM TABLET
APIDRA SOLOSTAR 100 UNITS/ML	MISOPROSTOL 200 MCG TABLET
HUMULIN 70-30 VIAL	PREVPAC PATIENT PACK
NOVOLIN 70-30 100 UNIT/ML VIAL	PYLERA CAPSULE
NOVOLIN 70-30 U100 CARTRIDGE	LANSOPRAZOLE DR 30 MG CAPSULE
NOVOLOG 100 UNIT/ML VIAL	PREVACID 30 MG CAPSULE DR
NOVOLOG FLEXPEN SYRINGE	OMEPRAZOLE DR 20 MG CAPSULE
HUMALOG 100 UNITS/ML KWIKPEN	PRILOSEC OTC 20 MG TABLET
LANTUS SOLOSTAR 100 UNITS/ML	NEXIUM 20 MG CAPSULE
SYMLINPEN 120 PEN INJECTOR	NEXIUM 40 MG CAPSULE
BYETTA 5 MCG DOSE PEN INJ	DEXILANT DR 60 MG CAPSULE
BYETTA 10 MCG DOSE PEN INJ	KAPIDEX DR 60 MG CAPSULE
JANUVIA 50 MG TABLET	PREVACID 30 MG SOLUTAB
JANUVIA 100 MG TABLET	ZEGERID 40 MG CAPSULE
GLYBURIDE 2.5 MG TABLET	PANTOPRAZOLE SOD DR 40 MG TAB
GLIMEPIRIDE 1 MG TABLET	PROTONIX DR 40 MG TABLET
GLIMEPIRIDE 2 MG TABLET	OMEPRAZOLE DR 10 MG CAPSULE
GLIMEPIRIDE 4 MG TABLET	OMEPRAZOLE DR 40 MG CAPSULE
GLIPIZIDE 5 MG TABLET	ACIPHEX EC 20 MG TABLET
GLIPIZIDE 10 MG TABLET	LOPERAMIDE 2 MG CAPSULE
GLIPIZIDE ER 10 MG TABLET	PAREGORIC LIQUID
GLIPIZIDE XL 10 MG TABLET	DIPHENOXYLATE-ATROPINE TABLET
GLIPIZIDE ER 5 MG TABLET	LONOX TABLET
GLIPIZIDE XL 5 MG TABLET	ASACOL EC 400 MG TABLET
PRANDIN 2 MG TABLET	KRISTALOSE 10 GM PACKET
METFORMIN HCL 500 MG TABLET	LACTULOSE 10 GM/15 ML SOLUTION
METFORMIN HCL 850 MG TABLET	GAVILYTE-N SOLUTION
METFORMIN HCL 1,000 MG TABLET	NULYTELY WITH FLAVOR PACKS SOL
METFORMIN HCL ER 750 MG TABLET	PEG-3350 WITH FLAVOR PACKS SOL
METFORMIN HCL ER 500 MG TABLET	TRILYTE WITH FLAVOR PACKETS
GLUMETZA ER 500 MG TABLET	HALFLYTELY BOWEL PREP KIT
GLUMETZA ER 1,000 MG TABLET	AMITIZA 24 MCG CAPSULES
ACTOPLUS MET 15 MG-500 MG TAB	POLYETHYLENE GLYCOL 3350 POWD
ACTOPLUS MET 15 MG-850 MG TAB	POLYETHYLENE GLYCOL 3350 POWD
ACTOS 15 MG TABLET	MOVIPREP POWDER KIT
ACTOS 30 MG TABLET	GOLYTELY SOLUTION
ACTOS 45 MG TABLET	COLYTE WITH FLAVOR PACKETS
AVANDIA 4 MG TABLET	GAVILYTE-C SOLUTION
AVANDIA 8 MG TABLET	PEG 3350 ELECTROLYTE SOLN
AVANDARYL 4 MG-2 MG TABLET	HALFLYTELY-BISACODYL BOWEL KIT
GLYBURIDE-METFORMIN 5-500 MG	URSODIOL 300 MG CAPSULE
FOLAST TABLET	URSO FORTE 500 MG TABLET
VITAMIN D 50,000 UNITS CAPSULE	URSODIOL 500 MG TABLET
CALCITRIOL 0.25 MCG CAPSULE	PREVALITE PACKET
SELECT-OB + DHA PACK	CHOLESTYRAMINE PACKET
CENTRUM SILVER TABLET	WELCHOL 625 MG TABLET
STROVITE ONE CAPLET	COLESTIPOL HCL 1 GM TABLET
ALLOPURINOL 100 MG TABLET	WELCHOL 3.75G PACKET

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
PANCRECARB MS-8 EC CAPSULE	ZALEPLON 5 MG CAPSULE
ULTRASE MT-18 EC CAPSULE	ZALEPLON 10 MG CAPSULE
ULTRASE MT-20 EC CAPSULE	LORAZEPAM 0.5 MG TABLET
VIOKASE 8 TABLET	LORAZEPAM 1 MG TABLET
CREON DR 6,000 UNITS CAPSULE	DIAZEPAM 10 MG TABLET
CREON DR 24,000 UNITS CAPSULE	DIAZEPAM 2 MG TABLET
PANCRELIPASE 5,000 DR CAPSULE	DIAZEPAM 5 MG TABLET
ENULOSE 10 GM/15 ML SOLUTION	ALPRAZOLAM 0.25 MG TABLET
LACTULOSE 10 GM/15 ML SOLUTION	ALPRAZOLAM 0.5 MG TABLET
DEPO-TESTOSTERONE 200 MG/ML	ALPRAZOLAM 1 MG TABLET
TESTOSTERONE CYP 200 MG/ML	BUSPIRONE HCL 5 MG TABLET
OXANDROLONE 2.5 MG TABLET	BUSPIRONE HCL 10 MG TABLET
OXANDROLONE 10 MG TABLET	BUSPIRONE HCL 15 MG TABLET
ANDROGEL 1% GEL PUMP	LITHIUM CARBONATE 300 MG CAP
ANDRODERM 5 MG/24HR PATCH	CITALOPRAM HBR 20 MG TABLET
ANDROGEL 1%(2.5G) GEL PACKET	CITALOPRAM HBR 40 MG TABLET
ANDROGEL 1%(5G) GEL PACKET	CITALOPRAM HBR 10 MG TABLET
TESTIM 1%(50MG) GEL	FLUOXETINE HCL 20 MG CAPSULE
DELESTROGEN 40 MG/ML VIAL	FLUOXETINE HCL 40 MG CAPSULE
ESTRADIOL 0.5 MG TABLET	PAROXETINE HCL 10 MG TABLET
PREMARIN 0.9 MG TABLET	PAROXETINE HCL 20 MG TABLET
FEMHRT 0.5 MG-2.5 MCG TABLET	PAROXETINE HCL 40 MG TABLET
PREMPRO 0.3 MG-1.5 MG TABLET	PAXIL 40 MG TABLET
ESTRADERM 0.05 MG PATCH	SERTRALINE HCL 25 MG TABLET
VIVELLE-DOT 0.1 MG PATCH	SERTRALINE HCL 50 MG TABLET
CLIMARA 0.1 MG/DAY PATCH	SERTRALINE HCL 100 MG TABLET
ESTRADIOL 0.05 MG/DAY PATCH	PAROXETINE CR 25 MG TABLET
PREMPRO 0.625-5 MG TABLET	PAROXETINE CR 12.5 MG TABLET
PREMPRO 0.625-2.5 MG TABLET	PAXIL CR 12.5 MG TABLET
FEMHRT 1-5 TABLET	PAROXETINE CR 37.5 MG TABLET
ACTIVELLA 0.5-0.1 MG TABLET	PAXIL CR 37.5 MG TABLET
MEDROXYPROGESTERONE 10 MG TAB	LEXAPRO 10 MG TABLET
NORETHINDRONE 5 MG TABLET	LEXAPRO 20 MG TABLET
METHERGINE 0.2 MG TABLET	LEXAPRO 5 MG TABLET
MONONESSA 28 TABLET	AMITRIPTYLINE HCL 10 MG TAB
SPRINTEC 28 DAY TABLET	AMITRIPTYLINE HCL 100 MG TAB
TRI-SPRINTEC TABLET	AMITRIPTYLINE HCL 25 MG TAB
NECON 1-50-28 TABLET	AMITRIPTYLINE HCL 50 MG TAB
NORTREL 1-35 TABLET	AMITRIPTYLINE HCL 75 MG TAB
MICROGESTIN 21 1-20 TABLET	NORTRIPTYLINE HCL 10 MG CAP
PORTIA-28 TABLET	NORTRIPTYLINE HCL 25 MG CAP
OCELLA 3 MG-0.03 MG TABLET	NORTRIPTYLINE HCL 50 MG CAP
ORTHO TRI-CYCLEN LO TABLET	IMIPRAMINE HCL 50 MG TABLET
LOESTRIN 24 FE TABLET	DOXEPIN 50 MG CAPSULE
YAZ 28 TABLET	METHYLIN 5 MG TABLET
MICROGESTIN FE 1.5-30 TAB	METHYLPHENIDATE 20 MG TABLET
MEDROXYPROGESTERONE 150 MG/ML	RITALIN 20 MG TABLET
LIDOCAINE HCL 2% JELLY	PROVIGIL 100 MG TABLET
LIDOCAINE 2% VISCOUS SOLN	PROVIGIL 200 MG TABLET
ZOLPIDEM TARTRATE 5 MG TABLET	NUVIGIL 150 MG TABLET
AMBIEN 10 MG TABLET	NUVIGIL 50 MG TABLET
ZOLPIDEM TARTRATE 10 MG TABLET	TRAMADOL HCL 50 MG TABLET
TEMAZEPAM 15 MG CAPSULE	HYDROCODONE-APAP 5-325 TABLET
TEMAZEPAM 30 MG CAPSULE	HYDROCODONE-APAP 7.5-325 TAB
TRIAZOLAM 0.25 MG TABLET	TRAMADOL-APAP 37.5-325 MG TAB
LUNESTA 3 MG TABLET	ENDOCET 7.5-325 MG TABLET
LUNESTA 2 MG TABLET	OXYCODONE-APAP 7.5-325 MG TAB
AMBIEN CR 6.25 MG TABLET	PERCOCET 7.5-325 MG TABLET
AMBIEN CR 12.5 MG TABLET	ENDOCET 10-325 MG TABLET

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
OXYCODONE-APAP 10-325 MG TAB	PERCOCET 5-325 MG TABLET
PERCOCET 10-325 MG TABLET	ROXICET 5-325 TABLET
MORPHINE SULF 10 MG/5 ML SOLN	PROPOXYPHEN-APAP 100-650 MG TB
MORPHINE SULFATE IR 15 MG TAB	RYZOLT ER 100 MG TABLET
HYDROMORPHONE 2 MG TABLET	RYZOLT ER 200 MG TABLET
HYDROMORPHONE 4 MG TABLET	OXYCONTIN 30 MG TABLET
OXYCODONE HCL CR 10 MG TABLET	OXYCONTIN 60 MG TABLET
OXYCONTIN 10 MG TABLET	SUMATRIPTAN SUCC 50 MG TABLET
OXYCODONE HCL CR 20 MG TABLET	RELPAK 20 MG TABLET
OXYCODONE HCL ER 20 MG TABLET	RELPAK 40 MG TABLET
OXYCONTIN 20 MG TABLET	MAXALT 10 MG TABLET
OXYCONTIN 40 MG TABLET	TREXIMET 85-500 MG TABLET
OXYCODONE HCL 5 MG CAPSULE	BUTALB-APAP-CAFF 50-325-40 TAB
OXYCODONE HCL CR 80 MG TABLET	BUTALBITAL-CAFF-APAP-COD CAP
OXYCODONE HCL ER 80 MG TABLET	HYDROCODONE BT-IBUPROFEN TAB
OXYCONTIN 80 MG TABLET	BUTALBITAL-ASA-CAFFEINE CAP
OXYCODONE HCL 5 MG TABLET	NALTREXONE 50 MG TABLET
OXYCODONE HCL 10 MG TABLET	ACETAMINOPHEN-CODEINE ELIXIR
METHADONE HCL 10 MG TABLET	ACETAMINOPHEN-COD #3 TABLET
OPIUM TINCTURE 10 MG/ML	ACETAMINOPHEN-COD #4 TABLET
PROPOXYPHENE HCL 65 MG CAP	GABAPENTIN 100 MG CAPSULE
MORPHINE SULF CR 30 MG TABLET	GABAPENTIN 300 MG CAPSULE
MORPHINE SULF ER 30 MG TABLET	GABAPENTIN 400 MG CAPSULE
MORPHINE SULF CR 100 MG TABLET	DIVALPROEX SOD DR 500 MG TAB
MORPHINE SULF ER 15 MG TABLET	CARBAMAZEPINE 200 MG TABLET
AVINZA 120 MG CAPSULE	CLONAZEPAM 0.5 MG TABLET
AVINZA 60 MG CAPSULE	CLONAZEPAM 1 MG TABLET
SUBOXONE 2 MG-0.5 MG TABLET	CLONAZEPAM 2 MG TABLET
SUBOXONE 8 MG-2 MG TABLET SL	KLONOPIN 2 MG TABLET
FENTANYL CITRATE OTFC 800 MCG	PHENYTOIN SOD EXT 100 MG CAP
DURAGESIC 25 MCG/HR PATCH	DIVALPROEX SOD ER 500 MG TAB
FENTANYL 25 MCG/HR PATCH	DIVALPROEX SOD ER 250 MG TAB
DURAGESIC 50 MCG/HR PATCH	CLONAZEPAM 0.125 MG DIS TAB
FENTANYL 50 MCG/HR PATCH	OXCARBAZEPINE 300 MG TABLET
FENTANYL 75 MCG/HR PATCH	OXCARBAZEPINE 600 MG TABLET
DURAGESIC 100 MCG/HR PATCH	LYRICA 25 MG CAPSULE
OXYCODONE HCL 15 MG TABLET	LYRICA 50 MG CAPSULE
OXYCODONE HCL 30 MG TABLET	LYRICA 75 MG CAPSULE
DURAGESIC 12 MCG/HR PATCH	LYRICA 100 MG CAPSULE
FENTANYL 12 MCG/HR PATCH	LYRICA 150 MG CAPSULE
NUCYNTA 50 MG TABLET	LYRICA 200 MG CAPSULE
NUCYNTA 75 MG TABLET	LYRICA 300 MG CAPSULE
NUCYNTA 100 MG TABLET	CARBAMAZEPINE XR 200 MG TABLET
TRAMADOL HCL ER 100 MG TABLET	TEGRETOL XR 200 MG TABLET
ULTRAM ER 100 MG TABLET	CARBAMAZEPINE XR 400 MG TABLET
OPANA 5 MG TABLET	TOPIRAMATE 100 MG TABLET
OPANA ER 10 MG TABLET	TOPIRAMATE 25 MG TABLET
TRAMADOL HCL ER 200 MG TABLET	GABITRIL 4 MG TABLET
ENDOCET 7.5-500 MG TABLET	KEPPRA 250 MG TABLET
OXYCODONE-APAP 10-650 MG TAB	LEVETIRACETAM 250 MG TABLET
HYDROCODONE-APAP 5-500 TABLET	LEVETIRACETAM 500 MG TABLET
VICODIN 5-500 TABLET	GABITRIL 2 MG TABLET
HYDROCODONE-APAP 10-500 TABLET	LAMOTRIGINE 100 MG TABLET
HYDROCODONE-APAP 7.5-750 TAB	LAMOTRIGINE 150 MG TABLET
VICODIN ES 7.5-750 MG TABLET	LAMOTRIGINE 200 MG TABLET
HYDROCODONE-APAP 7.5-500 TAB	LEVETIRACETAM 1,000 MG TABLET
HYDROCODONE-APAP 10-660 TABLET	GABAPENTIN 800 MG TABLET
ENDOCET 5-325 TABLET	GABAPENTIN 600 MG TABLET
OXYCODONE-APAP 5-325 MG TAB	MIRAPEX 0.5 MG TABLET



**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
ROPINIROLE HCL 0.25 MG TABLET	SEROQUEL 50 MG TABLET
CYCLOBENZAPRINE 5 MG TABLET	SEROQUEL 25 MG TABLET
TIZANIDINE HCL 4 MG TABLET	SEROQUEL 100 MG TABLET
ORPHENADRINE ER 100 MG TABLET	SEROQUEL 200 MG TABLET
METHOCARBAMOL 750 MG TABLET	SEROQUEL 300 MG TABLET
CARISOPRODOL 350 MG TABLET	RISPERIDONE 0.5 MG TABLET
BACLOFEN 10 MG TABLET	INVEGA ER 3 MG TABLET
CYCLOBENZAPRINE 10 MG TABLET	SEROQUEL XR 200 MG TABLET
ZANAFLEX 2 MG CAPSULE	SEROQUEL XR 50 MG TABLET
METAXALONE 800 MG TABLET	ABILIFY 10 MG TABLET
SKELAXIN 800 MG TABLET	ABILIFY 5 MG TABLET
SOMA 250 MG TABLET	ABILIFY 2 MG TABLET
PROCHLORPERAZINE 25 MG SUPP	STRATTERA 18 MG CAPSULE
PROCHLORPERAZINE 10 MG TAB	STRATTERA 25 MG CAPSULE
PROCHLORPERAZINE 5 MG TABLET	STRATTERA 40 MG CAPSULE
PROMETHEGAN 25 MG SUPP	STRATTERA 60 MG CAPSULE
TRIMETHOBENZAMIDE 300 MG CAP	ROZEREM 8 MG TABLET
TRANSDERM-SCOP 1.5 MG/72HR	ARICEPT 10 MG TABLET
MECLIZINE 12.5 MG TABLET	ARICEPT 5 MG TABLET
MECLIZINE 25 MG TABLET	METHSCOPOLAMINE BROM 2.5 MG TB
EMEND TRIFOLD PACK	HYOMAX-SL 0.125 MG TABLET SL
ONDANSETRON HCL 4 MG TABLET	CHLORDIAZEPOXIDE-CLIDINIUM CAP
ONDANSETRON HCL 8 MG TABLET	DICYCLOMINE 10 MG CAPSULE
ONDANSETRON ODT 4 MG TABLET	DICYCLOMINE 20 MG TABLET
ONDANSETRON ODT 8 MG TABLET	NICOTINE 7 MG/24HR PATCH
MIRTAZAPINE 15 MG ODT	CVS NICOTINE 14 MG/24HR PATCH
MIRTAZAPINE 15 MG TABLET	NICOTINE 21 MG/24HR PATCH
MIRTAZAPINE 30 MG TABLET	NICOTROL NS 10 MG/ML SPRAY
MIRTAZAPINE 45 MG TABLET	NICOTROL CARTRIDGE INHALER
VENLAFAXINE HCL ER 150 MG TAB	CHANTIX 0.5 MG TABLET
VENLAFAXINE HCL 37.5 MG TABLET	CHANTIX 1 MG CONT MONTH PAK
VENLAFAXINE HCL 50 MG TABLET	CHANTIX STARTING MONTH PAK
VENLAFAXINE HCL 75 MG TABLET	AMPHETAMINE SALTS 10 MG TAB
EFFEXOR XR 37.5 MG CAPSULE	PROAIR HFA 90 MCG INHALER
EFFEXOR XR 75 MG CAPSULE	PROVENTIL HFA 90 MCG INHALER
CYMBALTA 20 MG CAPSULE	VENTOLIN HFA 90 MCG INHALER
CYMBALTA 30 MG CAPSULE	XOPENEX HFA 45 MCG INHALER
CYMBALTA 60 MG CAPSULE	XOPENEX 1.25 MG/3 ML SOLUTION
PRISTIQ 50 MG TABLET	ALBUTEROL 0.083% INHAL SOLN
BUPROPION SR 150 MG TABLET	EPIPEN 0.3 MG AUTO-INJECTOR
BUPROPION HCL SR 100 MG TABLET	ADVAIR 100-50 DISKUS
BUPROPION HCL SR 200 MG TAB	ADVAIR 250-50 DISKUS
BUDEPRION XL 150 MG TABLET	ADVAIR 500-50 DISKUS
BUPROPION HCL XL 150 MG TABLET	ADVAIR HFA 115-21 MCG INHALER
WELLBUTRIN XL 150 MG TABLET	SYMBICORT 80-4.5 MCG INHALER
BUDEPRION XL 300 MG TABLET	SYMBICORT 160-4.5 MCG INHALER
BUPROPION HCL XL 300 MG TABLET	MIDODRINE HCL 10 MG TABLET
WELLBUTRIN XL 300 MG TABLET	MIDODRINE HCL 5 MG TABLET
TRAZODONE 50 MG TABLET	DUONEB 2.5-0.5 MG/3 ML SOLN
TRAZODONE 100 MG TABLET	IPRAT-ALBUT 0.5-3(2.5) MG/3 ML
TRAZODONE 150 MG TABLET	COMBIVENT INHALER
GEODON 20 MG CAPSULE	CARVEDILOL 25 MG TABLET
GEODON 40 MG CAPSULE	CARVEDILOL 3.125 MG TABLET
ZYPREXA 7.5 MG TABLET	CARVEDILOL 6.25 MG TABLET
ZYPREXA 10 MG TABLET	LABELALOL HCL 300 MG TABLET
ZYPREXA 5 MG TABLET	LABELALOL HCL 200 MG TABLET
ZYPREXA 15 MG TABLET	LABELALOL HCL 100 MG TABLET
RISPERIDONE 1 MG TABLET	COREG CR 20 MG CAPSULE
RISPERIDONE 2 MG TABLET	COREG CR 40 MG CAPSULE

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
PRAZOSIN 2 MG CAPSULE	TRILIPIX DR 135 MG CAPSULE
DOXAZOSIN MESYLATE 8 MG TAB	ZETIA 10 MG TABLET
TERAZOSIN 1 MG CAPSULE	ANTARA 130 MG CAPSULE
TERAZOSIN 2 MG CAPSULE	LOVAZA 1 GM CAPSULE
PROPRANOLOL ER 60 MG CAPSULE	GEMFIBROZIL 600 MG TABLET
BYSTOLIC 5 MG TABLET	NIASPAN ER 500 MG TABLET
METOPROLOL SUCC ER 25 MG TAB	NIASPAN ER 750 MG TABLET
METOPROLOL TARTRATE 25 MG TAB	NIASPAN ER 1,000 MG TABLET
PROPRANOLOL 10 MG TABLET	FENOFIBRATE 134 MG CAPSULE
PROPRANOLOL 40 MG TABLET	TRICOR 48 MG TABLET
METOPROLOL TARTRATE 100 MG TAB	TRICOR 145 MG TABLET
METOPROLOL TARTRATE 50 MG TAB	CADUET 5 MG-20 MG TABLET
NADOLOL 40 MG TABLET	CADUET 10 MG-20 MG TABLET
NADOLOL 20 MG TABLET	VYTORIN 10-20 MG TABLET
ATENOLOL 100 MG TABLET	VYTORIN 10-40 MG TABLET
ATENOLOL 50 MG TABLET	WARFARIN SODIUM 10 MG TABLET
ATENOLOL 25 MG TABLET	WARFARIN SODIUM 2 MG TABLET
METOPROLOL SUCC ER 50 MG TAB	WARFARIN SODIUM 1 MG TABLET
TOPROL XL 50 MG TABLET	JANTOVEN 5 MG TABLET
METOPROLOL SUCC ER 100 MG TAB	WARFARIN SODIUM 5 MG TABLET
TOPROL XL 100 MG TABLET	WARFARIN SODIUM 2.5 MG TABLET
METOPROLOL SUCC ER 200 MG TAB	WARFARIN SODIUM 7.5 MG TABLET
BYSTOLIC 10 MG TABLET	WARFARIN SODIUM 4 MG TABLET
ATENOLOL-CHLORTHAL 50-25 TB	CILOSTAZOL 100 MG TABLET
METOCLOPRAMIDE 10 MG TABLET	CILOSTAZOL 50 MG TABLET
METOCLOPRAMIDE 5 MG TABLET	PLAVIX 75 MG TABLET
UREA 45% CREAM	CABERGOLINE 0.5 MG TABLET
TRIAZ 3% FOAMING CLOTHS	LEVOTHYROXINE 112 MCG TABLET
DOVONEX 0.005% CREAM	LEVOTHYROXINE 25 MCG TABLET
VECTICAL 3 MCG/G OINTMENT	LEVOXYL 25 MCG TABLET
TAZORAC 0.1% CREAM	SYNTHROID 25 MCG TABLET
CLINDAMYCIN-BENZOYL PEROX GEL	LEVOTHYROXINE 50 MCG TABLET
BENZACLIN CAREKIT	SYNTHROID 50 MCG TABLET
TRETINOIN 0.1% CREAM	LEVOTHYROXINE 100 MCG TABLET
ACCU-CHEK AVIVA TEST STRIPS	LEVOXYL 100 MCG TABLET
CONTOUR TEST STRIPS	LEVOTHYROXINE 75 MCG TABLET
FREESTYLE LITE TEST STRIP	LEVOXYL 200 MCG TABLET
FREESTYLE TEST STRIPS	SYNTHROID 200 MCG TABLET
ONE TOUCH ULTRA TEST STRIPS	LEVOTHYROXINE 125 MCG TABLET
TRUETRACK GLUCOSE TEST STRIPS	LEVOTHYROXINE 150 MCG TABLET
BREEZE 2 DISC TEST STRIP	LEVOXYL 150 MCG TABLET
ACCU-CHEK COMPACT DRUM STRIPS	LEVOXYL 175 MCG TABLET
LESCOL 40 MG CAPSULE	CYTOMEL 25 MCG TABLET
PRAVASTATIN SODIUM 80 MG TAB	LIOETHYRONINE SOD 25 MCG TAB
CRESTOR 10 MG TABLET	LIOETHYRONINE SOD 5 MCG TAB
CRESTOR 20 MG TABLET	PROPYLTHIOURACIL 50 MG TABLET
CRESTOR 40 MG TABLET	METHIMAZOLE 10 MG TABLET
CRESTOR 5 MG TABLET	METHIMAZOLE 5 MG TABLET
SIMVASTATIN 10 MG TABLET	ZEMPLAR 1 MCG CAPSULE
SIMVASTATIN 20 MG TABLET	ZEMPLAR 2 MCG CAPSULE
SIMVASTATIN 40 MG TABLET	ZEMPLAR 4 MCG CAPSULE
LIPITOR 10 MG TABLET	HECTOROL 2.5 MCG CAPSULE
LIPITOR 20 MG TABLET	ACTONEL 35 MG TABLET
LIPITOR 40 MG TABLET	CALCITONIN-SALMON 200 UNITS SP
PRAVASTATIN SODIUM 10 MG TAB	FORTICAL 200 UNITS NASAL SPRAY
PRAVASTATIN SODIUM 20 MG TAB	BONIVA 150 MG TABLET
PRAVACHOL 40 MG TABLET	ALENDRONATE SODIUM 70 MG TAB
PRAVASTATIN SODIUM 40 MG TAB	FOSAMAX PLUS D 70 MG-2,800 IU
FENOFIBRATE 160 MG TABLET	AEROBID AEROSOL WITH ADAPTER

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
ASMANEX TWISTHALER 220 MCG #30	LIDOCAINE 5% OINTMENT
PREDNISON 10 MG TABLET	DIBUCAINE 1% OINTMENT
PREDNISON 2.5 MG TABLET	LIDODERM 5% PATCH
PREDNISON 20 MG TABLET	PROTOPIC 0.1% OINTMENT
PREDNISON 5 MG TABLET	ELIDEL 1% CREAM
PREDNISON 50 MG TABLET	MOMETASONE FUROATE 0.1% SOLN
DEXAMETHASONE 4 MG TABLET	HYDROCORTISONE VAL 0.2% OINTMT
KENALOG-40 40 MG/ML VIAL	CLOBETASOL 0.05% SOLUTION
METHYLPREDNISOLONE 4 MG DOSEPK	CLOBETASOL 0.05% GEL
PREDNISON 10 MG TABLET	LOCOID 0.1% LIPOCREAM
FLOVENT 250 MCG DISKUS	CLOBEX 0.05% SHAMPOO
FLOVENT HFA 110 MCG INHALER	VANOS 0.1% CREAM
FLOVENT HFA 220 MCG INHALER	CUTIVATE 0.05% LOTION
QVAR 80 MCG INHALER	HYDROCORTISONE BUTY 0.1% CREAM
PULMICORT 90 MCG FLEXHALER	HYDROCORTISONE VAL 0.2% CREAM
PULMICORT 180 MCG FLEXHALER	HYDROCORTISONE 2.5% CREAM
FLUDROCORTISONE 0.1 MG TABLET	HYDROCORTISONE 2.5% LOTION
RESTASIS 0.05% EYE EMULSION	BETAMETHASONE DP 0.05% CRM
PROCTOSOL-HC 2.5% CREAM	BETA-VAL 0.1% LOTION
PROCTOZONE-HC 2.5% CREAM	DESOXIMETASONE 0.05% CREAM
PROCTOFOAM-HC FOAM	DESOXIMETASONE 0.25% CREAM
CORTIFOAM 10% AEROSOL	CLODERM 0.1% CREAM
ANALPRAM E 2.5% CREAM KIT	TRIAMCINOLONE 0.025% CREAM
ANALPRAM HC 2.5% CREAM	TRIAMCINOLONE 0.1% CREAM
ANAMANTLE HC CREAM	TRIAMCINOLONE 0.025% OINT
LIDAZONE HC 3-0.5% CREAM	TRIAMCINOLONE 0.1% OINTMENT
LIDOCAINE 3%-HC 0.5% CREAM	TRIAMCINOLONE 0.1% LOTION
TERCONAZOLE 80 MG SUPPOSITORY	CORDRAN 4 MCG/SQ CM TAPE
TERCONAZOLE 0.4% CREAM	FLUOCINOLONE 0.01% CREAM
TERCONAZOLE 0.8% CREAM	FLUOCINOLONE 0.01% SOLUTION
PREMARIN VAGINAL CREAM-APPL	FLUOCINONIDE 0.05% CREAM
ESTRACE 0.01% CREAM	FLUOCINONIDE 0.05% OINTMENT
METRONIDAZOLE VAGINAL 0.75% GL	FLUOCINONIDE 0.05% SOLUTION
VANDAZOLE VAGINAL 0.75% GEL	DESONIDE 0.05% CREAM
CLEOCIN 100 MG VAGINAL OVULE	DESONIDE 0.05% OINTMENT
ALCORTIN A GEL	HALOG 0.1% OINTMENT
VOLTAREN 1% GEL	BETAMETHASONE DP AUG 0.05% CRM
FLECTOR 1.3% PATCH	LUXIQ 0.12% FOAM
CLOTRIMAZOLE-BETAMETHASONE CRM	CLOBETASOL 0.05% CREAM
CICLOPIROX 8% SOLUTION	CLOBEX 0.05% TOPICAL LOTION
CICLOPIROX 0.77% GEL	CLOBETASOL EMOLLIENT 0.05% CRM
NYSTATIN-TRIAMCINOLONE CREAM	PREDNICARBATE 0.1% CREAM
CLOTRIMAZOLE-BETAMETHASONE LOT	FLUTICASONE PROP 0.05% CREAM
CNL 8 NAIL KIT	MOMETASONE FUROATE 0.1% CREAM
CICLOPIROX 1% SHAMPOO	MOMETASONE FUROATE 0.1% OINT
LOPROX 1% SHAMPOO	DESONIDE 0.05% LOTION
NYSTATIN 100,000 UNIT/GM CREAM	FLUOCINONIDE-E 0.05% CREAM
NYSTATIN 100,000 UNIT/GM POWD	CAPEX SHAMPOO
NYSTOP 100,000 UNITS/GM POWDER	CLOBETASOL PROP 0.05% FOAM
CLOTRIMAZOLE 1% CREAM	OLUX-E 0.05% FOAM
ECONAZOLE NITRATE 1% CREAM	KENALOG AEROSOL SPRAY
KETOCONAZOLE 2% SHAMPOO	EURAX 10% LOTION
KETOCONAZOLE 2% CREAM	LINDANE 1% LOTION
ERTACZO 2% CREAM	PERMETHRIN 5% CREAM
OXISTAT 1% CREAM	SILVER SULFADIAZINE 1% CRM
NAFTIN 1% CREAM	CLENIA FOAMING WASH
NAFTIN 1% GEL	PRASCION CLEANSER
CICLOPIROX 0.77% CREAM	ROSADERM CLEANSER
LIDOCAINE-PRILOCAINE CREAM	CLARIFOAM EF EMOLLIENT FOAM

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
PLEXION SCT CREAM	BACTROBAN NASAL 2% OINTMENT
CLINDAGEL 1% GEL	ZINOTIC ES EAR DROPS
CLINDAMYCIN PH 1% SOLUTION	CIPRODEX OTIC SUSPENSION
CLINDAMYCIN PHOSP 1% LOTION	CIPRO HC OTIC SUSPENSION
CLINDAMYCIN PH 1% GEL	EAR WAX DROPS 6.5%
CLINDAMYCIN PHOS 1% PLEDGET	OFLOXACIN 0.3% EAR DROPS
MUPIROCIN 2% OINTMENT	NEOMYCIN-POLYMYXIN-HC EAR SOLN
BACTROBAN 2% CREAM	NEOMYCIN-POLYMYXIN-HC EAR SUSP
ERYTHROMYCIN 2% SOLUTION	AVODART 0.5 MG SOFTGEL
TRAVATAN Z 0.004% EYE DROP	FINASTERIDE 5 MG TABLET
LUMIGAN 0.03% EYE DROPS	FLOMAX 0.4 MG CAPSULE
COMBIGAN EYE DROPS	TAMSULOSIN HCL 0.4 MG CAPSULE
ALPHAGAN P 0.1% DROPS	UROXATRAL 10 MG TABLET
XALATAN 0.005% EYE DROPS	DETROL LA 4 MG CAPSULE
TIMOLOL 0.5% EYE DROPS	DETROL LA 2 MG CAPSULE
TIMOLOL 0.5% GEL-SOLUTION	OXYBUTYNIN CL ER 5 MG TABLET
BETIMOL 0.5% EYE DROPS	OXYBUTYNIN CL ER 10 MG TABLET
DORZOLAMIDE-TIMOLOL EYE DROPS	GELNIQUE 10% GEL SACHETS
TRAVATAN 0.004% EYE DROP	DETROL 2 MG TABLET
NEOMYCIN-POLY-HC EYE DROPS	HYDROCHLOROTHIAZIDE 12.5 MG CP
TOBRADEX EYE OINTMENT	HYDROCHLOROTHIAZIDE 25 MG TAB
TOBRADEX EYE DROPS	HYDROCHLOROTHIAZIDE 50 MG TAB
TOBRAMYCIN-DEXAMETH OPHTH SUSP	SPIRONOLACTONE 100 MG TABLET
CYCLOPENTOLATE 1% EYE DROPS	SPIRONOLACTONE 25 MG TABLET
ACUVAIL 0.45% OPHTH SOLUTION	SPIRONOLACTONE 50 MG TABLET
PREDNISOLONE AC 1% EYE DROP	VESICARE 5 MG TABLET
FLUOROMETHOLONE 0.1% DROPS	VESICARE 10 MG TABLET
LOTEMAX 0.5% EYE DROPS	ENABLEX 15 MG TABLET
ALREX 0.2% EYE DROPS	TRIAMTERENE-HCTZ 37.5-25 MG CP
ELESTAT 0.05% EYE DROPS	TRIAMTERENE-HCTZ 37.5-25 MG TB
BEPREVE 1.5% EYE DROPS	TORSEMIDE 5 MG TABLET
PATANOL 0.1% EYE DROPS	TORSEMIDE 10 MG TABLET
AZELASTINE HCL 0.05% DROPS	FUROSEMIDE 20 MG TABLET
OPTIVAR 0.05% DROPS	FUROSEMIDE 40 MG TABLET
PATADAY 0.2% EYE DROPS	FUROSEMIDE 80 MG TABLET
BLEPHAMIDE EYE DROPS	PHENAZOPYRIDINE 100 MG TAB
SULF-PRED 10-0.25% EYE DROPS	PHENAZOPYRIDINE 200 MG TAB
ALOCRI 2% EYE DROPS	COLCHICINE 0.6 MG TABLET
CROMOLYN 4% EYE DROPS	OXAPROZIN 600 MG TABLET
CILOXAN 0.3% OINTMENT	DICLOFENAC SOD ER 100 MG TAB
ZYMAR 0.3% EYE DROPS	NAPRELAN CR 750 MG TABLET
VIGAMOX 0.5% EYE DROPS	MELOXICAM 7.5 MG TABLET
ERYTHROMYCIN EYE OINTMENT	MELOXICAM 15 MG TABLET
CIPROFLOXACIN 0.3% EYE DROP	KETOROLAC 10 MG TABLET
GENTAMICIN 3 MG/ML EYE DROPS	NABUMETONE 500 MG TABLET
TOBRAMYCIN 0.3% EYE DROPS	NABUMETONE 750 MG TABLET
AZASITE 1% EYE DROPS	INDOMETHACIN 50 MG CAPSULE
IPRATROPIUM 0.06% SPRAY	INDOMETHACIN ER 75 MG CAPSULE
IPRATROPIUM 0.03% SPRAY	FLURBIPROFEN 100 MG TABLET
ASTEPRO 0.15% NASAL SPRAY	IBUPROFEN 400 MG TABLET
ASTELIN 137 MCG NASAL SPRAY	IBUPROFEN 600 MG TABLET
ASTEPRO 137 MCG NASAL SPRAY	IBUPROFEN 800 MG TABLET
PATANASE 0.6% NASAL SPRAY	NALFON 200 MG PULVULE
NASACORT AQ NASAL SPRAY	NAPROXEN 250 MG TABLET
FLUTICASONE PROP 50 MCG SPRAY	NAPROXEN 375 MG TABLET
NASONEX 50 MCG NASAL SPRAY	NAPROXEN 500 MG TABLET
RHINOCORT AQUA NASAL SPRAY	DICLOFENAC SOD EC 50 MG TAB
OMNARIS 50 MCG NASAL SPRAY	DICLOFENAC SOD EC 75 MG TAB
VERAMYST 27.5 MCG NASAL SPRAY	CELEBREX 100 MG CAPSULE

**Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs**

<u>Label name</u>	<u>Label name</u>
CELEBREX 200 MG CAPSULE	CEFPODOXIME 200 MG TABLET
NAPROXEN SODIUM 550 MG TAB	NITROFURANTOIN MONO-MCR 100 MG
ETODOLAC 500 MG TABLET	MEFLOQUINE HCL 250 MG TABLET
ETODOLAC ER 500 MG TABLET	DARAPRIM 25 MG TABLET
NAPROXEN EC 375 MG TABLET	HYDROXYCHLOROQUINE 200 MG TAB
NAPROXEN EC 500 MG TABLET	MALARONE 250-100 MG TABLET
NAPRELAN CR 375 MG TABLET	FLUZONE 2009-10 SYRINGE
HYALGAN 10 MG/ML SYRINGE	FLUVIRIN 2009-2010 VIAL
ARTHROTEC EC 75 MG-200 MCG TAB	FLUZONE 2009-10 VIAL
BOTOX 100 UNITS VIAL	PNEUMOVAX 23 VIAL
VEREGEN 15% OINTMENT	SODIUM CHLORIDE 0.9% IRRIG.
MEGESTROL 40 MG TABLET	XIFAXAN 200 MG TABLET
LEUCOVORIN CALCIUM 10 MG TAB	BD NEEDLES 20GX1"
LEUCOVORIN CALCIUM 5 MG TAB	BD PEN NEEDLE MINI 31GX3/16"
NILANDRON 150 MG TABLET	BD PEN NEEDLE ORIG 29GX1/2"
FLUTAMIDE 125 MG CAPSULE	LIVE BETTER PEN NEEDLE 6MM 31G
LUPRON DEPOT 22.5 MG 3MO KIT	LIVE BETTER PEN NEEDLES 12MM
TAMOXIFEN 20 MG TABLET	NOVOFINE 30G X 1/3" NEEDLES
ARIMIDEX 1 MG TABLET	NOVOFINE 32G NEEDLES
FEMARA 2.5 MG TABLET	SURE COMFORT 31G PEN NEEDLE
PENICILLIN VK 250 MG TABLET	ULTICARE PEN NEEDLES 6MM 31G
PENICILLIN VK 500 MG TABLET	BD 3 ML SYRINGE 25GX1"
AMPICILLIN TR 500 MG CAPSULE	BD INSULIN SYR 0.3ML 31GX5/16"
AMOXICILLIN 875 MG TABLET	BD TB SYRINGE 25GX5/8"
AMOXICILLIN 250 MG CAPSULE	INSULIN 1/2 ML SYRINGE
AMOXICILLIN 500 MG CAPSULE	INSULIN SYRIN 0.3 ML 31GX5/16"
BICILLIN LA 1,200,000 UNITS	LEADER SYRING 0.5 ML 31GX5/16"
BICILLIN LA 2,400,000 UNITS	MONOJECT INSUL SYR U100 1 ML
AMOX TR-K CLV 500-125 MG TAB	SURE COMFORT 1 ML SYRINGE
AMOX TR-K CLV 875-125 MG TAB	ULTICARE INS SYR 1 ML 31GX5/16"
AUGMENTIN XR 1,000-62.5 TAB	ULTICARE SYR 0.3 ML 31GX5/16"
AMOXICILLIN 400 MG/5 ML SUSP	ULTIGUARD 31GX0.5 ML SYRINGE
MOXATAG ER 775 MG TABLET	ULTRA COMFORT 0.3 ML SYRINGE
TETRACYCLINE 500 MG CAPSULE	ACCU-CHEK MULTICLIX LANCET
DOXYCYCLINE HYCLATE 100 MG CAP	FREESTYLE LANCETS
DOXYCYCLINE HYCLATE 100 MG TAB	LANCETS
MINOCYCLINE 100 MG CAPSULE	MICROLET LANCETS
DOXYCYCLINE MONO 100 MG CAP	ONE TOUCH ULTRASOFT LANCETS
DORYX DR 150 MG TABLET	SOFTCLIX LANCETS
VANCOCIN HCL 250 MG PULVULE	AEROCHAMBER WITH MASK-SMALL
CLINDAMYCIN HCL 150 MG CAPSULE	CONTOUR METER
CLINDAMYCIN HCL 300 MG CAPSULE	ONE TOUCH ULTRA 2 GLUCOSE SYST
ZYVOX 600 MG TABLET	RANITIDINE 150 MG CAPSULE
CIPROFLOXACIN ER 1,000 MG TAB	RANITIDINE 150 MG TABLET
CIPROFLOXACIN HCL 250 MG TAB	RANITIDINE 300 MG CAPSULE
CIPRO 500 MG TABLET	RANITIDINE 300 MG TABLET
CIPROFLOXACIN HCL 500 MG TAB	FAMOTIDINE 20 MG TABLET
CIPROFLOXACIN HCL 750 MG TAB	FAMOTIDINE 40 MG TABLET
LEVAQUIN 250 MG TABLET	ALLEGRA-D 24 HOUR TABLET
LEVAQUIN 500 MG TABLET	CLARINEX-D 24 HOUR TABLET
AVELOX 400 MG TABLET	CLARINEX-D 12 HOUR TABLET
LEVAQUIN 750 MG TABLET	ALLEGRA-D 12 HOUR TABLET
CEPHALEXIN 250 MG CAPSULE	FEXOFENADINE-PSE ER 60-120 TAB
CEPHALEXIN 500 MG CAPSULE	LORATADINE-D 24HR TAB
CEFADROXIL 500 MG CAPSULE	HYDROXYZINE HCL 25 MG TABLET
CEFPROZIL 500 MG TABLET	HYDROXYZINE HCL 50 MG TABLET
CEFUROXIME AXETIL 250 MG TAB	HYDROXYZINE PAM 25 MG CAP
CEFUROXIME AXETIL 500 MG TAB	HYDROXYZINE PAM 50 MG CAP
CEFDINIR 300 MG CAPSULE	PROMETHAZINE 6.25 MG/5 ML SYRYP

Temporary AIDS Supplemental Rebate and Federal Assistance Program  
Non-Covered Drugs

Label name

Label name

PROMETHAZINE 25 MG TABLET  
CLARINEX 5 MG TABLET  
XYZAL 5 MG TABLET  
CLARINEX 5 MG REDITABS  
FEXOFENADINE HCL 60 MG TABLET  
FEXOFENADINE HCL 180 MG TABLET  
CETIRIZINE HCL 10 MG TABLET  
LORATADINE 10 MG TABLET  
SINGULAIR 10 MG TABLET

**Screenings by Cancer Type and Number of Cancers Diagnosed (FY2000 – FY2011):****Table 1- Breast Cancer Screenings:**

<b>Women Screened for Breast Cancer by Fiscal Year with Federal Funds</b>													
Age	FY00	FY01	FY02	FY03*	FY04	FY05	FY06	FY07	FY08	FY09	FY10	**FY11	Total***
<20		2	3		1			1	15	6	7	6	41
20-29	19	8	15	15	7	7	8	8	108	115	84	52	310
30-39	204	111	119	72	85	105	117	122	206	192	159	108	1333
40-49	1852	1248	1179	639	830	844	969	994	1120	1182	1458	635	10857
50-64	3276	3639	3762	3205	4205	4918	5587	5837	5745	6735	7060	3962	46909
65+	215	185	176	147	172	164	178	166	166	185	172	90	1754
Unknown													0
	5566	5193	5254	4078	5300	6038	6859	7128	7360	8415	8940	4853	74984

  

<b>Women Screened for Breast Cancer by Fiscal Year with State Funds</b>													
Age	FY00	FY01	FY02	FY03*	FY04	FY05	FY06	FY07	FY08	FY09	FY10	**FY11	Total***
<20	1	2	1	4	6	7	4	3	105	63	91	23	310
20-29	13	34	57	43	44	79	92	103	953	1127	939	354	2545
30-39	119	271	404	381	508	686	701	565	1278	1428	1124	521	6341
40-49	775	1989	2586	2650	3513	4619	5268	4961	5109	5612	5020	2857	37082
50-64	81	86	298	99	205	298	269	283	533	533	613	309	2685
65+	115	248	225	163	181	255	210	232	262	291	282	131	2182
Unknown													0
	1104	2630	3571	3340	4457	5944	6544	6147	8240	9054	8069	4195	63295

Data Source: NJCEED CaST database as of February 9, 2011.  
\* FY funding period is from October 2002 to June 2003.  
\*\*FY 2011 data is incomplete  
\*\*\*Total represents FY 2000 to FY 2011

**Table 2 – Cervical Cancer Screenings:**

<b>Women Screened for Cervical Cancer by Fiscal Year with Federal Funds</b>													
Age	FY00	FY01	FY02	FY03*	FY04	FY05	FY06	FY07	FY08	FY09	FY10	**FY11	Total***
<20		19	73	80	80	222	167	114	112	63	72	21	1023
20-29	26	119	608	770	830	1680	1477	1056	977	1009	843	454	9849
30-39	212	277	854	854	1039	1690	1578	1315	1128	1172	922	636	11677
40-49	1726	1947	2768	2208	3038	3992	4371	3747	3410	3604	3430	2436	36677
50-64	2916	3154	3215	2381	3485	4471	4793	4877	4594	5149	4681	3723	47639
65+	230	252	230	162	235	256	225	206	199	207	185	105	2492
Unknown		1							1				2
	5110	5769	7748	6455	8707	12311	12611	11315	10421	11204	10333	7375	109359

  

<b>Women Screened for Cervical Cancer by Fiscal Year with State Funds</b>													
Age	FY00	FY01	FY02	FY03*	FY04	FY05	FY06	FY07	FY08	FY09	FY10	**FY11	Total***
<20	1	7	14	20	8	54	81	32	23	21	15	5	281
20-29	15	53	70	100	74	392	448	347	394	404	239	199	2735
30-39	85	152	106	184	132	231	319	317	328	379	186	140	2559
40-49	335	1033	703	720	420	874	1029	1145	1039	1182	807	693	9980
50-64	163	384	524	585	312	457	413	542	535	563	397	206	5081
65+	82	164	125	113	56	153	112	141	135	151	129	73	1434
Unknown			1										1
	681	1793	1543	1722	1002	2161	2402	2524	2454	2700	1773	1316	22071

Data Source: NJCEED CaST database as of April 18, 2011.  
\* FY funding period is from October 2002 to June 2003.  
\*\*FY funding period is from July 2010 to June 2011 and is incomplete.  
\*\*\*Total represents FY 2000 to FY 2011

**Table 3 – Breast and Cervical Cancers Diagnosed:**

Cancer	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	*FY 11
Invasive Breast Ca	31	32	61	59	67	85	72	100	96	85	87
LCIS/DCIS/CIS	24	41	33	34	42	68	59	52	44	52	43
	55	73	94	93	109	153	131	152	140	137	130
Invasive Cervical Ca	4	10	9	4	6	8	13	7	9	9	4
CIN I - III	62	87	148	171	226	282	276	247	205	247	192
	66	97	157	175	232	290	289	254	214	256	196
*FY 2011 data is provisional and incomplete.											

**Table 4 – Prostate and Colorectal Cancer Screenings and Cancers Diagnosed:**

State Funded Colorectal and Prostate Cancer Screening											
Colorectal Screening	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	*FY 11
FEMALE	600	1490	1976	2385	3303	3146	3213	3109	3783	3290	1507
MALE	556	796	696	827	1185	1132	1150	979	1517	2943	377
Total	1156	2286	2672	3212	4488	4278	4363	4088	5300	6233	1884
Cancer	0	2	0	3	3	1	0	2	0	0	0
Prostate Screening	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY 09	FY 10	*FY 11
PSA	623	829	701	907	1943	1431	1389	1230	1724	1409	594
Prostate Cancer	0	2	10	6	8	15	17	13	9	8	1
Data source NJCEED Prostate and Colorectal database as of February 11, 2011.											
*FY 2011 data is provisional and incomplete.											



**ATLANTIC** (1 agency; 2 clinics)

Planned Parenthood of Southern NJ:

Atlantic City

Pomona (Stockton State College)

**BERGEN** (2 agencies; 4 clinics)

Planned Parenthood of Greater Northern NJ:

Englewood

Hackensack

No Hudson Community Action Corporation:

Garfield

Hackensack

**BURLINGTON** (1 agency; 1 clinic)

Planned Parenthood of Southern NJ:

Edgewater Park

**CAMDEN** (1 agency; 2 clinics)

Planned Parenthood of Southern NJ:

Camden

Bellmawr

**CAPE MAY** (1 agency; 1 clinic)

Cape May Co Department of Health:

Cape May Court House

**CUMBERLAND** (1 agency; 3 clinics)

FamCare:

Vineland

Bridgeton

Millville

**ESSEX** (1 agency; 3 clinics)

Planned Parenthood of Metropolitan NJ:

Newark

East Orange

Montclair

**GLOUCESTER** (1 agency; 2 clinics)

FamCare:

Glassboro

Glassboro (Rowan University)

**HUDSON** (3 agencies; 7 clinics)

Horizon Health Center:

Jersey City

Hoboken Family Planning:

Hoboken

West New York

No. Hudson Community Action Corporation:

West New York

Union City

Jersey City

North Bergen

**HUNTERDON** (1 agency; 1 clinic)

Planned Parenthood of Greater Northern NJ:

Flemington

**MERCER** (1 agency; 3 clinics)

Planned Parenthood Association of the Mercer Area:

- Trenton
- Hamilton
- Trenton (College of NJ)

**MIDDLESEX** (1 agency; 3 clinics)

Planned Parenthood of Central NJ:

- New Brunswick
- Perth Amboy
- Spotswood

**MONMOUTH** (1 agency; 3 clinics)

Planned Parenthood of Central NJ:

- Shrewsbury
- Freehold
- Hazlet

**MORRIS** (1 agency; 1 clinic)

Planned Parenthood of Greater Northern NJ:

- Morristown

**OCEAN** (1 agency; 2 clinics)

Family Planning Center of Ocean Co:

- Lakewood
- Manahawkin

**PASSAIC** (2 agencies; 4 clinics)

Planned Parenthood of Metropolitan NJ:

- Paterson
- Pompton Lakes

No. Hudson Community Action Corporation:

- Passaic (1)
- Passaic (2)

**UNION** (1 agency; 2 clinics)

Planned Parenthood of Greater Northern NJ:

- Elizabeth
- Plainfield

**SALEM** (1 agency; 1 clinic)

FamCare:

- Pennsville

**SOMERSET** (2 agencies; 2 clinics)

Planned Parenthood of Greater Northern NJ:

- Manville

Women's Health and Counseling Services:

- Somerville

**SUSSEX** (1 agency; 1 clinic)

Planned Parenthood of Greater Northern NJ:

- Newton

**WARREN** (1 agency; 1 clinic)

Planned Parenthood of Greater Northern NJ:

- Phillipsburg

