Introduction

Vermont law 18 V.S.A. § 4633 requires pharmaceutical marketers to disclose to Vermont doctors and other prescribers the prices of the drugs they market as well as the prices of others drugs in the same therapeutic class. This Guide to the law, published by the Vermont Attorney General, informs pharmaceutical manufacturers and marketers how to comply with the law.

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I. Law Text

Vermont's Pharmaceutical Marketer Price Disclosure Law, 18 V.S.A. § 4633, provides:

§ 4633. Pharmaceutical marketer price disclosure

(a) When a pharmaceutical marketer engages in any form of prescription drug marketing directly to a physician or other person authorized to prescribe prescription drugs, the marketer shall disclose to the physician or other prescriber the average wholesale price (AWP) of the drugs being marketed. Disclosure shall include the AWP per pill and the price relationship between the drug being marketed and other drugs within the same therapeutic class.

(b) The disclosures required under this section shall be on a form and in a manner prescribed by the office of the attorney general. The attorney general may adopt rules to implement the provisions of this section.
(c) In addition to any other remedy provided by law, the attorney general after consultation with the commissioner of banking, insurance, securities, and health care administration may file an action in superior court for a violation of this section or of rules adopted under this section. In any such action, the attorney general shall have the same authority to investigate and to obtain remedies as if the action were brought under the consumer fraud act, chapter 63 of Title 9. Each violation of this section or of rules adopted under this section constitutes a separate civil violation for which the attorney general may obtain relief.

(d) As used in this section:

(1) "Average wholesale price" or "AWP" means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and listed in a nationally recognized drug pricing file.

(2) "Pharmaceutical manufacturing company" is defined by subdivision 4632(c)(5) of this title.

(3) "Pharmaceutical marketer" is defined by subdivision 4632(c)(4) of this title. (Added 2003, No. 122 (Adj. Sess.), § 128c; amended 2007, No. 80, § 5.)

(1) II. Entities Who Must Disclose

The law requires disclosures by a "pharmaceutical marketer." Pharmaceutical marketer is defined in 18 V.S.A. § 4632(c)(4) as follows:

"Pharmaceutical marketer" means a person who, while employed by or under contract to represent a pharmaceutical manufacturing company, engages in pharmaceutical detailing, promotional activities, or other marketing of prescription drugs in this state to any physician, hospital, nursing home, pharmacist, health benefit plan administrator, or any other person authorized to prescribe, dispense, or purchase prescription drugs. The term does not include a wholesale drug distributor or the distributor's representative who promotes or otherwise markets the services of the wholesale drug distributor in connection with a prescription drug.

Thus, the law requires disclosures by persons who, while employed by a pharmaceutical company, or under contract to represent a pharmaceutical company, engage in pharmaceutical detailing, promotional activities or other marketing of prescription drugs in this state.

Pharmaceutical manufacturing company is defined in 18 V.S.A. § 4632(c)(5) as follows:

"Pharmaceutical manufacturing company" means any entity which is engaged in the production, preparation, propagation, compounding, conversion, or processing of prescription drugs, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, or any entity engaged in the packaging, repackaging, labeling, relabeling, or distribution of prescription drugs. The term does not include a wholesale drug distributor or pharmacist licensed under chapter 36 of Title 26.

Excluded from the law's disclosure requirements are wholesale drug distributors, as well as the distributor's representative who promotes or otherwise markets the services of the wholesale drug distributor in connection with a prescription drug.
III. Promotional Activities Triggering Disclosure

The law states that disclosures will be required when a pharmaceutical marketer engages in "any form of prescription drug marketing directly to a physician or other person authorized to prescribe prescription drugs." This section describes the activities that are covered by this definition, and the activities that are excluded.

A. Covered promotional activity includes the following activities related to promotion of a prescription drug, when directed to a Vermont physician or other person authorized to prescribe drugs:

1. Mailings into Vermont to Vermont physicians or other persons authorized to prescribe drugs in Vermont, or to members of their staff;
2. Face-to-face meetings in Vermont with physicians or other persons authorized to prescribe drugs in Vermont, or to members of their staff, including promotional talks, and continuing medical education programs not supported by an unrestricted grant from the pharmaceutical marketer or manufacturer;
3. Telephone calls to Vermont to physicians or other persons authorized to prescribe drugs in Vermont, or to members of their staff;
4. E-mails and other electronic communications sent directly to physicians or other persons who reside in Vermont or have their place of business in Vermont, and who are authorized to prescribe drugs in Vermont, or to members of their staff.
5. Hand delivery or shipment of promotional materials, including samples, to physicians or other persons authorized to prescribe drugs in Vermont, or to members of their staff.

B. Activity that is excluded from coverage under the law includes:

1. Advertisements placed in magazines, on television, or in other media.
2. Reminder communications that call attention to the name of a drug product but do not include information about indications or dosage recommendations for use of the product, and that are exempted by FDA from the requirement to disclose drug safety information.
3. Independent continuing medical education programs supported by an unrestricted grant from the pharmaceutical marketer or pharmaceutical manufacturer.
4. Drugs marketed to state or private payers of pharmaceutical benefits.
5. Drugs marketed for use in hospitals or by patients within a health care facility, such as in a diagnostic facility, a dialysis facility, or an outpatient (or "day procedure") setting.
6. Communications by the manufacturer in any of the above forms that are: (i) directly to a physician or other person authorized to prescribe drugs in Vermont, (ii) about the product, and (iii) provided to the prescriber in response to an unsolicited request.

IV. Required Disclosure

There shall be a Long Form and a Short Form disclosure. Section IV (A) describes the requirements that apply to both the Long Form and the Short Form Disclosures. Section
IV(B) describes the requirements of the Long Form disclosure. Section IV (C) describes the requirements of the Short Form disclosure.

A. Requirements for Long Form and Short Form Disclosures.

1. "Average Wholesale Price," or AWP, is defined in the statute as "the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and listed in a nationally recognized drug pricing file." For purposes of this Guide, "Average Wholesale Price" or "AWP" shall mean the Average Wholesale Price published by one of the following sources: (1) First Databank; (2) Medispan (Wolters Klumer Health); or (3) Redbook (Thomson MICROMEDEX). The same source must be used throughout the disclosure form.

2. The disclosure of the AWPs must be on a "per pill" basis. If the drug being marketed is in liquid, aerosol, injectible, or other non-pill form, then there is no disclosure requirement, and the manufacturer is not required to provide a disclosure in accordance with this Guide. If one or more of the related drugs is in liquid, aerosol, injectible or other non-pill form, then the marketer shall list that drug and indicate that it is a "non-pill product", and the AWPs need not be disclosed for that related drug.

3. "Therapeutic Class," for the purposes of this Guide, shall mean the therapeutic class listed in the most recent American Hospital Formulary Service Pharmacologic-Therapeutic Classification, published by American Society of Health System Pharmacists, available at http://www.ashp.org/ahfs (hereinafter "AHFS Classification System"). From March 1, 2005, through December 31, 2005, pharmaceutical marketers may use the 2004 or 2005 American Hospital Formulary Service Pharmacologic-Therapeutic Classification. Secondary subclasses shall not be employed. The appropriate therapeutic class within AHFS Classification System shall be determined by the drug that is being marketed, and shall be the most specific grouping in the AHFS Classification System that applies to the manufacturer's marketed drug. Once the classification of the marketed drug is determined, then all other drugs within the same therapeutic class shall be all other products that fall within the same class of the AHFS Classification System. The 2004 AHFS Classification system is attached as Appendix 3.

4. Pharmaceutical marketers are required to provide pricing information required by this Guide for the smallest package size available for each drug strength listed on the price sheet, excluding unit dose packages (that is, excluding, for example, "blister packs" with tear-off strips).

5. There is no disclosure requirement for a marketed drug if First Databank, Medispan and Redbook all do not publish an AWP for the marketed product.

B. Long Form Disclosure. Pharmaceutical marketers who are engaged in relevant promotional activities to physicians and other persons authorized to prescribe prescription drugs in Vermont must make the following disclosures by publishing the following information on a website made available in all circumstances described in Sections III (A) and V. (Hereinafter, the disclosure required by this Section IV(A) is referred to as the "Long Form Disclosure.")
1. The AWP per pill of the drug being marketed and other drugs in the same therapeutic class (hereinafter sometimes referred to as "related drugs") must be disclosed.

2. The disclosed AWP of the drug being marketed and the disclosed AWPs of related drugs must be updated at the same time, and no less than every three months.

3. The Long Form Disclosure must list the source of the AWP information by listing one of the allowable sources set forth in Section IV (A) (1). The Long Form Disclosure must also list the date that the information was obtained from the allowable source.

4. All pill form products must be listed in the Long Form Disclosure, including generics and chewables.

5. With respect to a related drug for which First Databank, Medispan or Redbook does not publish an AWP, the marketer shall indicate on the Long Form Disclosure that its data source does not publish an AWP for that related drug. In such a circumstance, the marketer shall list the AWPs of all other drugs within the same therapeutic class.

6. The Long Form disclosure need not include the AWPs published by repackers.

7. The Long Form disclosure shall be provided to Vermont prescribers by listing on the Short Form Disclosure the web site where the required information shall be available.

8. The Long Form disclosure shall be titled: "Information for Vermont Prescribers of Prescription Drugs: [INSERT NAME OF MARKETED DRUG]". The Long Form disclosure shall then contain the disclaimers required pursuant to Section VI. The Long Form disclosure shall then contain a table listing the products in the therapeutic class. The columns for the table shall be, from left to right: Product Name, Manufacturer, NDC or UPC, Package Size, and AWP Per Package and AWP Per Pill. The table shall first list the information for the marketed product, with each dosage of the marketed product listed in a separate row, which shall be organized from lowest dosage to highest dosage. The table shall then list the information for all other products in the same therapeutic class. The related products shall be listed in alphabetical order, and each separate product shall be listed from lowest dosage to highest dosage. There shall be a space between the rows for the marketed product and the rows for the other products in the same therapeutic class. After the table, the Long Form disclosure shall contain a statement indicating the source of the AWP information provided on the Long Form disclosure, and the date that the information was obtained from that source.

9. The Long Form disclosure shall be in the form modeled in Appendix 1.

C. Short Form Disclosure. Pharmaceutical marketers who are engaged in relevant promotional activities to physicians and other persons authorized to prescribe prescription drugs in Vermont must make the following disclosures by providing the following information on separate sheet of paper that is no less than 8 V2 inches by 11 inches in size in all circumstances described in Sections III (A) and V. (Hereinafter, the disclosure required by this Section IV(C) is referred to as the "Short Form Disclosure.")

1. The Short Form disclosure shall contain the AWP per pill of the lowest dosage of the marketed drug, the average AWPs per pill of the lowest dosage all multi-source (generic) products in the same therapeutic class, and the AWPs per pill of the lowest dosage of other products in the same therapeutic class.
2. The pharmaceutical marketer must update the information required in Section IV(C) at the same time, and no less than every three months.

3. With respect to a related drug for which First Databank, Medispan or Redbook does not publish an AWP, the Short Form Disclosure shall not include said product on the form, or in the averaging for the generic price disclosure.

4. The Short Form disclosure shall be titled: "Information for Vermont Prescribers of Prescription Drugs (Short Form): [INSERT NAME OF MARKETED DRUG]". The Short Form disclosure shall then contain the disclaimers required pursuant to Section VI. The Short Form disclosure shall then contain the following statement: "Price Comparison: Marketed product and lowest dosage of other products in same therapeutic class.*" The Short Form disclosure shall then contain a heading entitled "Marketed Product", and shall then list the name and AWP per pill of the lowest dose of the marketed product. The Short Form disclosure shall then contain a heading entitled "Other Products", and shall then list the names and AWPs per pill of the lowest dose of all multi-source and single source products in the same therapeutic class. The AWPs for the multi-source products shall be an average of the AWPs of the various manufacturers who produce the product at the same lowest dosage. The products in the "Other Products" listing shall be organized from lowest to highest AWP per pill. The Short Form disclosure shall then contain the following statements:

*Prices shown are for the lowest dosage of each product. Prices for multi-source products have been averaged. Multiple forms of the same product (e.g. tabs and caps) have been considered one product, and the prices have been averaged. Chewable forms of the product are not included.

For additional price comparison information see: http://[INSERT WEB ADDRESS WHERE LONG FORM DISCLOSURE SHALL BE AVAILABLE]

5. In calculating the average AWP for the lowest dosage pill for multi-source products or for a single-source product with multiple forms (e.g. tabs and caps), multiple forms of the same product (tabs and caps) shall be considered one product, and the prices shall be averaged. Chewable forms of the multi-source products shall not be listed or included in the averages. Multi-source products that do not have an AWP listed in First Databank, Medispan and Redbook shall not be included in the averages.

6. The Short Form disclosure shall be in the form modeled in Appendix 2.

Additional Disclosure Requirements Based Upon Marketing Technique

Other aspects of the required disclosures vary based upon the marketing technique

A. Face-to-Face, In-Person, and Mail Communications: If the communication with the physician or other persons authorized to prescribe drugs in Vermont is face-to-face, at an in-person meeting, or through the mail, then the pharmaceutical marketer shall provide the physician or other person with a Short Form disclosure, described in Section IV(C). If more than one drug is marketed during the same meeting or through the same mail communication, then a separate Short Form disclosure shall be provided with respect to each marketed drug. If the communication is face-to-face, the Short Form disclosure shall be
provided at the same time as the face-to-face communication. If the communication is through the mail, the Short Form disclosure shall be provided in the same mailing packet that contains the promotional material.

B. Electronic Communications: If the communication with the physician or other persons authorized to prescribe drugs in Vermont is electronic, then the electronic communication must contain, either as a readable attachment or in a conspicuous and separate section of the email, the Short Form disclosure, described in Section IV (C). If more than one drug is marketed in the same email, then a separate disclosure in conformity with this Section V(B) shall be provided with respect to each marketed drug. The disclosure described herein must be sent in the same electronic communication that contains the promotional material.

C. Telephonic Communications: If the communication with the physician or other persons authorized to prescribe drugs in Vermont is telephonic, then the pharmaceutical marketer must: (i) inform the physician or other prescriber, during the telephonic communication, that the marketer will be sending a price disclosure for each drug that has been marketed; (ii) send to the physician or other prescriber, at his or her place of business and within 24 hours of the telephonic communication, a Short Form disclosure as described in V(A) or V(B) above. If more than one drug is marketed during the same telephonic communication, then a separate Short Form disclosure shall be provided pursuant to this Section V(C) with respect to each marketed drug.

VI. Required Disclaimers

A. The following disclaimers shall be included with both the Long Form and Short Form disclosures required under Vermont's Pharmaceutical Price Disclosure Law and this Guide. These disclaimers shall appear before the list of products and prices required by this Guide.

1. "This list does not imply that the products on this chart are interchangeable or have the same efficacy or safety. Please refer to each product's FDA-approved label and indication for further information."

2. "The prices listed below are Average Wholesale Prices ("AWP") as established and made available to the public by a third party publisher. The price paid by consumers may be higher or lower than the prices listed below. Information about AWP of these drugs is being provided to Vermont prescribers pursuant to Vermont law, to give you information about the relative prices of marketed drugs and other drugs in the same therapeutic class."

3. "The prices listed here do not necessarily reflect price per dosage, price per course of treatment or the cost effectiveness, of all the products listed. For simplicity, only the smallest package sizes available for each product are included."

VII. Submissions to Attorney General Upon Request

Pharmaceutical Marketers shall, upon 10 days notice, submit to the Vermont Attorney General the Long Form and Short Form Disclosures they are using to make the required disclosures pursuant to the Pharmaceutical Marketers Price Disclosure Law and this Guide.
Information for Vermont Prescribers of Prescription Drugs

AMOXICILLIN CHW 250MG
AMOXICILLIN CHW 125MG
AMOXICILLIN CAP 500MG
AMOXICILLIN XR (amoxicillin/clavulanate potassium) Extended Release Tablets

This list does not imply that the products on this chart are interchangeable or have the same efficacy or safety. Please refer to each product's FDA-approved label and indication for further information.

The prices listed below are Average Wholesale Prices ("AWP") as established and made available to the public by a third party publisher. The price paid by consumers may be higher or lower than the prices listed below. Information about AWP of these drugs is being provided to Vermont prescribers pursuant to Vermont law, to give you information about the relative prices of marketed drugs and other drugs in the same therapeutic class.

The prices listed here do not necessarily reflect price per dosage, price per course of treatment or the cost effectiveness, of all the products listed. For simplicity, only the smallest package sizes available for each product are included.

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<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>NDC or UPC</th>
<th>Pkg Size</th>
<th>Pack</th>
<th>Tab</th>
<th>AWP</th>
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<td><strong>Other Products</strong></td>
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<td>AMOXICILLIN CHW 250MG</td>
<td>PUREPAC</td>
<td>00228-2640-25</td>
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<tr>
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<td>RANBAXY PHARMACEUTICALS</td>
<td>63304-0515-01</td>
<td>100 EA</td>
<td>$45.00</td>
<td>$0.45</td>
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AWP
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<thead>
<tr>
<th>Product Name</th>
<th>Manufacturer</th>
<th>NDC or UPC</th>
<th>Pkg Size</th>
<th>Pack</th>
<th>Tab</th>
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</thead>
<tbody>
<tr>
<td>AMOXICILLIN CHW 250MG</td>
<td>STADA PHARMACEUTICALS, INC.</td>
<td>55370-0892-07</td>
<td>100 EA</td>
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<td>$0.23</td>
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<td>AMOXICILLIN CHW 250MG</td>
<td>TEVA PHARMACEUTICALS USA</td>
<td>00093-2268-01</td>
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<td>AMOXICILLIN CHW 250MG</td>
<td>WARRICK PHARMACEUTICALS</td>
<td>59930-1611-01</td>
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<td>IVAX PHARMACEUTICALS, INC.</td>
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<td>AMOXICILLIN SUS 250/5ML</td>
<td>RANBAXY PHARMACEUTICALS, INC.</td>
<td>63304-0761-01</td>
<td>100 EA</td>
<td>$54.56</td>
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<tr>
<td>AMOXICILLIN TAB 500</td>
<td>TEVA PHARMACEUTICALS USA</td>
<td>63304-0762-20</td>
<td>20 EA</td>
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<td>AMOXICILLIN TAB 500</td>
<td>WARRICK PHARMACEUTICALS</td>
<td>00093-2263-01</td>
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<tr>
<td>AMOXICILLIN TAB 875MG</td>
<td>IVAX PHARMACEUTICALS, INC.</td>
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<td>100 EA</td>
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<td>100 EA</td>
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<td>AMPICILLIN CAP 250MG</td>
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<td>AMPICILLIN CAP 250MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6045-12</td>
<td>100 EA</td>
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<td>00029-6046-20</td>
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<td>00029-6047-20</td>
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<tr>
<td>AMPICILLIN CAP 250MG</td>
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<td>00781-2144-01</td>
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<td>AMPICILLIN CAP 250MG</td>
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<td>55370-0880-07</td>
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<td>00093-5146-01</td>
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<td>AMPICILLIN CAP 500MG</td>
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<td>00781-2145-01</td>
<td>100 EA</td>
<td>$39.88</td>
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<tr>
<td>AMPICILLIN CAP 500MG</td>
<td>STADA PHARMACEUTICALS, INC.</td>
<td>55370-0881-07</td>
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<td>AMPICILLIN CAP 500MG</td>
<td>TEVA PHARMACEUTICALS USA</td>
<td>00093-5146-01</td>
<td>100 EA</td>
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<td>$0.40</td>
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<td>AUGMENTIN CHW 125MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6073-20</td>
<td>100 EA</td>
<td>$10.15</td>
<td>$0.51</td>
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<td>AUGMENTIN CHW 250MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6074-12</td>
<td>20 EA</td>
<td>$12.40</td>
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<tr>
<td>AUGMENTIN CHW 400MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6074-12</td>
<td>20 EA</td>
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<td>AUGMENTIN CHW 400MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6074-12</td>
<td>20 EA</td>
<td>$24.89</td>
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<td>AUGMENTIN TAB 250MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6075-30</td>
<td>20 EA</td>
<td>$49.00</td>
<td>$0.99</td>
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<td>AUGMENTIN TAB 875MG</td>
<td>GLAXO SMITHKLINE</td>
<td>00029-6080-31</td>
<td>100 EA</td>
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<tr>
<td>PRINCIPEN CAP 500MG</td>
<td>Sandoz</td>
<td>00003-0123-50</td>
<td>100 EA</td>
<td>$39.88</td>
<td>$0.40</td>
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<td>PRINCIPEN CAP 500MG</td>
<td>Sandoz</td>
<td>00003-0134-50</td>
<td>100 EA</td>
<td>$39.88</td>
<td>$0.40</td>
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<tr>
<td>TRIMOX CAP 250MG</td>
<td>Sandoz</td>
<td>00003-0101-50</td>
<td>100 EA</td>
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<td>TRIMOX CAP 500MG</td>
<td>Sandoz</td>
<td>00003-0109-55</td>
<td>100 EA</td>
<td>$43.41</td>
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</table>

First DataBank is the source of this information.
Information for Vermont Prescribers of Prescription Drugs (Short Form)

Augmentin XR (amoxicillin/clavulanate potassium) Extended Release Tablets

- This list does not imply that the products on this chart are interchangeable or have the same efficacy or safety. Please refer to each product’s FDA-approved label and indication for further information.

- The prices listed below are Average Wholesale Prices ("AWP") as established and made available to the public by a third party publisher. The price paid by consumers may be higher or lower than the prices listed below. Information about AWP of these drugs is being provided to Vermont prescribers pursuant to Vermont law, to give you information about the relative prices of marketed drugs and other drugs in the same therapeutic class.

- The prices listed here do not necessarily reflect price per dosage, price per course of treatment or the cost effectiveness, of all the products listed. For simplicity, only the smallest package sizes available for each product are included.

PriCG Comparison: Marketed product and lowest dosage of other products in same therapeutic class.*

<table>
<thead>
<tr>
<th>Marketed Product:</th>
<th>Other Products:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmentin XR Tab SR 12 hr</td>
<td>$3.13</td>
</tr>
<tr>
<td>Ampicillin Cap250mg</td>
<td>$0.22</td>
</tr>
<tr>
<td>Principen Cap 250mg</td>
<td>$0.23</td>
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<tr>
<td>Amoxicillin CAP 250mg</td>
<td>$0.25</td>
</tr>
<tr>
<td>Trimox Cap 250mg</td>
<td>$0.25</td>
</tr>
<tr>
<td>Amoxil Cap/Tab 500mg</td>
<td>$0.47</td>
</tr>
<tr>
<td>Augmentin Tab 250mg</td>
<td>$3.33</td>
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<tr>
<td>Amox/K Clav Tab 500 mg</td>
<td>$3.76</td>
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</table>

*Prices shown are for the lowest dosage of each product. Prices for multi-source products have been averaged. Multiple forms of the same product (e.g. tabs and caps) have been considered one product, and the prices have been averaged. Chewable forms of the product are not included.

For additional price comparison information see: [INSERT WEB ADDRESS WHERE LONG FORM DISCLOSURE SHALL BE AVAILABLE]
# AHFS Pharmacologic-Therapeutic Classification

## 4:00 Antihistamine Drugs

### 4:04 First Generation Antihistamines
- **4:04:04** Ethanolamine Derivatives
- **4:04:08** Ethylenediamine Derivatives
- Pheno.thiazine Derivatives
- Piperazine Derivatives
- Propyamine Derivatives

### 4:08 Second Generation Antihistamines
- **4:08** Miscellaneous

### 4:92 Other Antihistamines

## 8:00 Anti-infective Agents

### 8:08 Anhydrides
### 8:12 Antibacterial

#### 8:12.06 Aminoglycosides
- First Generation Cephalosporins
- Second-Generation Cephalosporins
- Third Generation Cephalosporins
- Fourth Generation Cephalosporins
- Miscellaneous "-Lactams
- Carbacephem
- Carbapenem
- Cepharaycins
- Monobactams
- Chloramphenicol

#### 8:12.12 Macrolides
- Erythromycins
- Other Macrolides
- Natural Peribillias
- Aminopenicillins
- Penicillinase-resistant Penicillins
- Extended-spectrum Penicillins

### 8:12.16 Tetracyclines
- Miscellaneous Antibacterials
- Antimycobacterials
- Antituberculosis Agents
- Miscellaneous Antimycobacterials
- Antivirals
- Adamantanes
- Chloramphenicol
- Lincomycins
- Oxazolidinones
- Polymyxins
- Streptogramins
- Other Miscellaneous Antibacterial Agents
- Antifungals

### 8:14 Allylamines
- Azoles
- Pyrimidines
8:18.08 Antiretrovirals
8:18.08.04 HIV Fusion Inhibitors
8:18.08.08 HIV Protease Inhibitors
8:18.08.12 Integrase Inhibitors*
8:18.08.16 - Nonnucleoside Reverse Transcriptase Inhibitors* -
8:18.08.20 Nucleoside and Nucleotide Reverse Transcriptase Inhibitors* -
8:18.08.92 Miscellaneous Antiretrovirals*

8:18.20 Interferons
8:18.24 Monoclonal / Vatibodies
8:18.28 Neuraminidase Inhibitors
8:18.92 Miscellaneous Antivirals

8:30:04 Miscellaneous Antiprotozoals

8:30:92 Miscellaneous Antiprotozoals Ursavv
8:31:00 Miscealaenous Antiprotozoals Ursavv
8:31:02 Miscellaneous Antiprotozoals Ursavv

10:00 Antieqapestic; Agentg ^

12:00 Autonomic Drugs ^
12:04 Parasympathomimetic (Cholinergic) Agents
12:06 Anticholinergic Agents 12:08.04 Antiparkinsonian Agents 12:08.06 Antimuscarinics/Antispasmodics
Sympathomimetic (Adrenergic) Agents
Sympatholytic (Adrenergic Blocking) Agents
Skeletal Muscle Relaxants Miscellaneous
Autonomic Drugs

16:0 Blood Derivatives

20:0 Blood Formation and Coagulation
20:04 Antianemia Drugs
20:04.04 Iron Preparations
20:04.08 Liver, dhl Stomach Preparations
20:12 Coagulants and Anticoagulants
20:12.04 Anticoagulants
20:12.04.08 Coumarin and Indandione Derivatives
20:12.04.08 Heparin*
20:12.04.92 Miscellaneous Anticoagulants
20:12.08 Antiheparin Agents
20:12.12 Hemostatics
20:16 Hematopoietic Agents.
20:24 Hemorrhheostatic Agents.
20:40 Thrombolytic Agents.

24:0 Cardiovascular Drugs
24:04 Cardiac Drugs
24:04.04 Antiarrhythmic Agents 24:04.08 Cardiotoxic Agents 24:04.40 Miscellaneous Cardiac Drugs*

AHFS DRUG INFORMATION™ 2004
24:06 Antilipemic Agents
24:06.04 Bile Acid Sequestrants
24:06.06 Fibric Acid Derivatives
24:06.08 HMG-CoA Reductase Inhibitors
24:06.92 Miscellaneous Antilipemic Agents

24:08 Hypertensive Agents
24:08.04 Central-a-Agonists
24:08.20 Direct Vasodilators
24:08.32 Peripheral a-Adrenergic Inhibitors
24:08.92 Miscellaneous Hypotensive Agents

24:12 Vasodilating Agents
24:12.04 Nitrates and Nitrites
24:12.08 Phosphodiesterase Inhibitors
24:12.92 Miscellaneous Vasodilating Agents

24:16 Sclerosing Agents
24:20 a-Adrenergic Blocking Agents
24:24 p-Adrenergic Blocking Agents
24:28 Calcium-Channel Blocking Agents
24:28.08 Dihydropyridines
24:28.92 Miscellaneous Calcium-Channel Blocking Agents

24:32 Renin-Angiotensin-Aldosterone System Inhibitors
24:32.04 Angiotensin-Converting Enzyme Inhibitors
24:32.08 Angiotensin II Receptor Antagonists
24:32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists

28:00 Central Nervous System Agents
28:04 General Anesthetics
28:08 Analgesics and Antipyretics
28:08.04 Nonsteroidal Anti-inflammatory Agents
28:08.08 Cyclooxygenase-2 (COX-2) Inhibitors
28:08.20 Opioid Antagonists
28:10.12 Hydantoins
28:12.12 Siiccinimides
28:12.20 Miscellaneous Anticonvulsants

28:16 Antidepressants
28:16.04 Monoamine Oxidase Inhibitors
28:16.08 Selective-serotonin Reuptake Inhibitors
28:16.20 Serotonin Modulators

28:20 Anorexigenic Agents and Respiratory and Cerebral Stimulants
28:24 Anxiolytics, Sedatives, and Hypnotics
28:24.04 Barbiturates

32:0 Contraceptives (foams, devices)*

34:0 Dental Agents*

36:0 Diagnostic Agents
36:04 Adrenocortical Insufficiency?
36:08 Amyloidosis
36:12 Blood VolumeS
36:16 Brucellosis
36:18 Cardiac Functions
36:24 Circulation Time?
36:26 Diabetes MellitusS
36:28 Diphtherias
36:30 Drug Hypersensitivity?
36:32 Fungis
36:34 Gallbladder Functions
36:36 Gastric Functions
36:38 Intestinal Absorptions
36:40 Kidney Function?
36:44 Liver Function?
36:46 Lymphgranuloma VenereumS
36:52 Mumps?
36:56 Myasthenia GravisS
36:60 Thyroid Functions
36:61 Pancreatic Functions
36:62 PhenylketonuriaS
36:64 Pheochromocytoma?
36:66 Pituitary Function?
36:68 Roentgenography?
36:72 Scarlet Fever?
36:76 Sweating?
36:80 TrichinosisS
36:84 Tuberculosis
36:88 Urine and Feces Contents*
36:88.12 Ketones*
36:88.20 Occult Blood*
36:88.24 pH*
36:88.28 Protein*
36:88.40 Sugar*

38:0 Disinfectants (for agents used on objects other than skin)

40:0 Electrolytic, Caloric, and Water Balance
40:04 Acidifying Agents
40:08 Alkalinizing Agents
40:10 Ammonia Detoxicants
40:12 Replacement Preparations
40:18 Ion-removing Agents
40:18.16 Sodium-removing Agents*
40:18.17 Calcium-removing Agents
40:18.18 Potassium-removing Agents
40:18.19 Phosphate-removing Agents
40:18.92 Other Ion-removing Agents
40:20 Caloric Agents
40:24 Salt and Sugar Substitutes
40:28 Diuretics
40:28.10 Potassium-sparing Diuretics
For the 2004 edition of *AHFS Drug Information*, the AHFS Pharmacologic-Therapeutic Classification for sections 4:00 Antihistamines, 8:00 Anti-infective Agents, 20:00 Blood Formation and Coagulation, 24:00 Cardiovascular Drugs, 28:00 Central Nervous System Agents, 52:00 EENT Preparations, 68:00 Hormones and Synthetic Substitutes, and 84:00 Skin and Mucous Membrane Agents have been reorganized based on extensive research and review, including substantial feedback from users of the classification. The newly reorganized classification provides substantially greater specificity for various classes of drugs, retaining a combination of pharmacologic and therapeutic subclasses. Users of the classification can use either the 'primary classes' or the secondary classes (i.e., the 'class under which the drug in question is cross-referenced) or both, depending on their need. In electronic versions of *AHFS Drug Information*, both the primary and secondary classes are used.

* Category is currently not in use in the printed version of *AHFS Drug Information*.

§ Omitted from the print version of *AHFS Drug Information* because of space limitations. Copies of these monographs are available on the *AHFS Drug Information* web site, http://www.ahfsdruginformation.com. See the Preface for details on accessing this site.