

NATIONAL QUALITY FORUM

Measure Evaluation 4.1 December 2009

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The subcriteria and most of the footnotes from the [evaluation criteria](#) are provided in Word comments within the form and will appear if your cursor is over the highlighted area. Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized): Complete all **yellow highlighted** areas of the form. Evaluate the extent to which each subcriterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: If there is no TAP or workgroup, the SC also evaluates the subcriteria (**yellow highlighted areas**).

Steering Committee: Complete all **pink** highlighted areas of the form. Review the workgroup/TAP assessment of the subcriteria, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met

C = Completely (unquestionably demonstrated to meet the criterion)

P = Partially (demonstrated to partially meet the criterion)

M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)

N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)

NA = Not applicable (only an option for a few subcriteria as indicated)

(for NQF staff use) NQF Review #: 1479	NQF Project: Surgery Endorsement Maintenance 2010
MEASURE DESCRIPTIVE INFORMATION	
De.1 Measure Title: Patient(s) 18 years of age and older on lipid-lowering medication at admission or within seven days of discharge of an isolated CABG procedure.	
De.2 Brief description of measure: Patient(s) 18 years of age and older hospitalized for an isolated CABG procedure taking a lipid-lowering medication at admission or within seven days of discharge.	
1.1-2 Type of Measure: Process	
De.3 If included in a composite or paired with another measure, please identify composite or paired measure	
De.4 National Priority Partners Priority Area: Population health	
De.5 IOM Quality Domain: Effectiveness	
De.6 Consumer Care Need: Staying healthy	

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	NQF Staff
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. <i>Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.</i> A.1 Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)? Yes A.2 Indicate if Proprietary Measure (as defined in measure steward agreement): Proprietary measure A.3 Measure Steward Agreement: Agreement will be signed and submitted prior to or at the time of measure submission A.4 Measure Steward Agreement attached:	A Y <input type="checkbox"/> N <input type="checkbox"/>
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and	B

update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	Y <input type="checkbox"/> N <input type="checkbox"/>
C. The intended use of the measure includes <u>both</u> public reporting <u>and</u> quality improvement. ► Purpose: Public reporting, Internal quality improvement Accountability, Payment incentive	C Y <input type="checkbox"/> N <input type="checkbox"/>
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1 Testing: Yes, fully developed and tested D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures? Yes	D Y <input type="checkbox"/> N <input type="checkbox"/>
(for NQF staff use) Have all conditions for consideration been met? Staff Notes to Steward (if submission returned):	Met Y <input type="checkbox"/> N <input type="checkbox"/>
Staff Notes to Reviewers (issues or questions regarding any criteria):	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria) 1a. High Impact	Eval Rating
(for NQF staff use) Specific NPP goal :	
1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, Leading cause of morbidity/mortality, Patient/societal consequences of poor quality 1a.2 1a.3 Summary of Evidence of High Impact: Coronary artery bypass graft (CABG) surgery is one of the most common operations performed in the world and accounts for more resources spent in cardiovascular medicine than any other single procedure (1). The mortality benefit of CABG is most evident the first decade after surgery. It then drops off significantly due to progression of underlying atherosclerotic disease (2). Therefore, management of the atherosclerotic process is an essential as part of post-bypass care. Clinical trials have demonstrated that statin therapy, sometimes combined with other lipid-lowering medications, is beneficial in almost all patients with coronary heart disease, including those who have undergone CABG (1,3-4). For example, the Post Coronary Artery Bypass Graft trial, which compared aggressive to moderate lipid-lowering therapy, demonstrated a 30 percent reduction in revascularization procedures and a 24 percent reduction in the composite end point of cardiovascular death, myocardial infarction, stroke, CABG, or angioplasty after a follow-up period of 7.5 years (3). 1a.4 Citations for Evidence of High Impact: 1.ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on	1a C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

<p>Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). Circulation 2004;110(14):e340-437.</p> <p>2. Peduzzi P, Kamina A, Detre K, for the VA Coronary Artery Bypass Surgery Cooperative Group. Twenty-two-year follow-up in the VA Cooperative Study of Coronary Artery Bypass Surgery for Stable Angina. Am J Cardiol 1998;81(12):1393-9.</p> <p>3. The Post Coronary Artery Bypass Graft Trial Investigators. The effect of aggressive lowering of low-density lipoprotein cholesterol levels and low-dose anticoagulation on obstructive changes in saphenous-vein coronary-artery bypass grafts. N Engl J Med 1997;336:153-62.</p> <p>4. MRC/BHF Heart Protection Study of cholesterol lowering with simvastatin in 20,536 high-risk individuals: a randomised placebo-controlled trial. Lancet 2002;360(9326):7-22.</p>	
<p>1b. Opportunity for Improvement</p> <p>1b.1 Benefits (improvements in quality) envisioned by use of this measure: This measure identifies patients 18 years of age and older with an isolated CABG procedure who had a lipid-lowering medication prescription dispensed while hospitalized, within 7 days of the CABG hospitalization discharge, or had an active lipid-lowering medication prescription at the time of the CABG hospitalization. The goal of this measure is to improve long-term CABG surgery outcomes by identifying patients who may be candidates for lipid-lowering medications and improve overall compliance to this recommended aspect of care. Lipid-lowering treatment has been demonstrated to improve long-term outcomes after CABG surgery, including a reduction in revascularization procedures and other cardiovascular events.</p> <p>1b.2 Summary of data demonstrating performance gap (variation or overall poor performance) across providers: Using a geographically diverse 15 million member benchmark database (this database represents predominately a commercial population less than 65 year of age) the compliance rate, as defined in this measure, was 32.8 percent. This indicates an opportunity for care improvement.</p> <p>1b.3 Citations for data on performance gap: Ingenix EBM Connect benchmark results, October 2010</p> <p>1b.4 Summary of Data on disparities by population group: none</p> <p>1b.5 Citations for data on Disparities: none</p>	<p>1b</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>1c. Outcome or Evidence to Support Measure Focus</p> <p>1c.1 Relationship to Outcomes (For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population): This measure identifies patients who have not received a lipid-lowering medication after CABG surgery. Although this is a process measure, lipid-lowering treatment after CABG surgery has been associated with improved long-term outcomes. In this population, long-term cardiovascular morbidity and mortality is often due to ongoing progression of atherosclerotic disease. Management of underlying atherosclerosis has been associated with a reduction in revascularization procedures and other cardiovascular events (e.g., death, myocardial infarction, stroke).</p> <p>This measure will identify surgeons or surgical centers with low compliance to lipid-lowering medication treatment. Improved compliance to this recommended aspect of care can lead to quality improvement initiatives that improve patient outcomes and reduce overall costs.</p> <p>1c.2-3. Type of Evidence: Evidence-based guideline, Randomized controlled trial, Other CMS PQRI</p> <p>1c.4 Summary of Evidence (as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome): In the Post Coronary Artery Bypass Graft trial, 1351 patients with serum LDL-cholesterol concentrations between 130 and 175 mg/dL were randomly assigned to receive either aggressive therapy with lovastatin and, if needed, cholestyramine, with a goal LDL-cholesterol of less than 100 mg/dL or moderate therapy,</p>	<p>1c</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>

which resulted in LDL-cholesterol concentrations of approximately 134 mg/dL. Aggressive therapy versus moderate therapy was associated with a delay in the progression of graft disease at follow up angiography. In addition, a 30 percent reduction in revascularization procedures and a 24 percent reduction in the composite end point of cardiovascular death, myocardial infarction, stroke, CABG, or angioplasty was seen at 7.5 years post-bypass (1).

The Cholesterol-Lowering Atherosclerosis Study (CLAS) was a randomized, placebo-controlled, angiographic trial that combined colestipol hydrochloride and niacin therapy versus placebo in 162 nonsmoking men aged 40 to 59 years with previous CABG surgery (2). After two years of treatment, a significant reduction in atherosclerosis was noted in the drug-treated group. In addition, worsening of overall coronary status was significantly less in drug-treated subjects than placebo-treated subjects ($P<.001$).

Based on this evidence and other clinical trials, the ACC/AHA 2004 CABG surgery guidelines (3) recommend that all patients undergoing CABG surgery receive statin therapy unless otherwise contraindicated (Class I, Level of Evidence: A). The more recent 2010 CMS PQRI measure that addresses this same issue recommends "anti-lipid treatment at discharge" for patients 18 years and older undergoing isolated CABG surgery (4).

1c.5 Rating of strength/quality of evidence (also provide narrative description of the rating and by whom):

Class I, Level of Evidence: A (ACC/AHA 2004 CABG surgery guidelines)

1c.6 Method for rating evidence: The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows:

Classification of Recommendations

Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment.

Class IIb: Usefulness/efficacy is less well established by evidence or opinion.

Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.

Level of Evidence

Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses.

Level of Evidence B: Data derived from a single randomized trial, or nonrandomized studies.

Level of Evidence C: Only consensus opinion of experts, case studies, or standard-of-care.

1c.7 Summary of Controversy/Contradictory Evidence: There is no significant controversy regarding this recommendation.

1c.8 Citations for Evidence (other than guidelines): 1. The Post Coronary Artery Bypass Graft Trial Investigators. The effect of aggressive lowering of low-density lipoprotein cholesterol levels and low-dose anticoagulation on obstructive changes in saphenous-vein coronary-artery bypass grafts. *N Engl J Med* 1997;336:153-62.

2. Blankenhorn DH, Nessim SA, Johnson RL, Sanmarco ME, et.al. *JAMA* 1987;257:3233-3240.

4. CMS. 2010 Physician Quality Reporting Initiative Measure Specifications Manual for Claims and Registry. Measure 171: Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling.

1c.9 Quote the Specific guideline recommendation (including guideline number and/or page number):

Section 4.2.2 (page e381):

Class I

All patients undergoing CABG should receive statin therapy unless otherwise contraindicated. (Level of Evidence: A)

1c.10 Clinical Practice Guideline Citation: 3. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on

<p>Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). Circulation 2004;110(14):e340-437.</p> <p>1c.11 National Guideline Clearinghouse or other URL: http://circ.ahajournals.org/</p> <p>1c.12 Rating of strength of recommendation (also provide narrative description of the rating and by whom): Class I, Level of Evidence: A (ACC/AHA 2004 CABG surgery guidelines)</p> <p>1c.13 Method for rating strength of recommendation (If different from USPSTF system, also describe rating and how it relates to USPSTF): The ACC/AHA guideline recommendation format for classifying indications and summarizing both the evidence and expert opinions is as follows:</p> <p>Classification of Recommendations Class I: Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective. Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment. Class IIa: The weight of evidence or opinion is in favor of the procedure or treatment. Class IIb: Usefulness/efficacy is less well established by evidence or opinion. Class III: Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful.</p> <p>Level of Evidence Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses. Level of Evidence B: Data derived from a single randomized trial, or nonrandomized studies. Level of Evidence C: Only consensus opinion of experts, case studies, or standard-of-care.</p> <p>This strength of recommendation would be consistent with the following USPSTF classifications: Level of Certainty Regarding Net Benefit: High Grade: A</p> <p>1c.14 Rationale for using this guideline over others: ACC/AHA is an internationally recognized organization that, with the assistance of cardiovascular experts, has developed this comprehensive guideline for the management of patients undergoing CABG surgery.</p>	
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for <i>Importance to Measure and Report</i>?</p>	1
<p>Steering Committee: Was the threshold criterion, <i>Importance to Measure and Report</i>, met? Rationale:</p>	1 Y <input type="checkbox"/> N <input type="checkbox"/>
<p>2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES</p>	
<p>Extent to which the measure, <u>as specified</u>, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)</p>	Eval Rating
<p>2a. MEASURE SPECIFICATIONS</p>	
<p>S.1 Do you have a web page where current detailed measure specifications can be obtained? S.2 If yes, provide web page URL:</p> <p>2a. Precisely Specified</p>	
<p>2a.1 Numerator Statement (Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome): Patient(s) who are taking a lipid-lowering medication at CABG admission date or within seven days of discharge.</p>	2a- specs C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

2a.2 Numerator Time Window (*The time period in which cases are eligible for inclusion in the numerator*):
90 days prior to the CABG admission date through 7 days after hospital discharge

2a.3 Numerator Details (*All information required to collect/calculate the numerator, including all codes, logic, and definitions*):

The patient must fulfill at least one of the following three criteria:

1. The patient filled a prescription for a Lipid-lowering medication (AMA-defined, RX0220, see attachment at the end of this application) during the following time period: CABG admission date through seven days after the hospital discharge
2. The patient filled a prescription for a Lipid-lowering medication (AMA-defined, RX0220, see attached) during the 90 days prior to the CABG admission date, with the days supplied greater than or equal to the number of days between the fill date on the prescription and the CABG admission date.
3. The patient had a claim with a procedure code for Anti-lipid treatment at discharge (CMS-defined, PR0379) during the following time period: CABG admission date through seven days after the hospital discharge

Cd	Set	Code	Set	Description	Proc	Cd	Categ	Proc	Cd	Description
PR0379	Antilipid treatmnt at dischg	G8585	HCPCS	Antilipid treatment at discharge						

2a.4 Denominator Statement (*Brief, text description of the denominator - target population being measured*):

People hospitalized for an isolated CABG procedure

2a.5 Target population gender: Female, Male

2a.6 Target population age range: 18 years of age or older on the report start date

2a.7 Denominator Time Window (*The time period in which cases are eligible for inclusion in the denominator*):

CABG events are identified 12 months prior to the report period end date through 7 days prior to the report period end date

2a.8 Denominator Details (*All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions*):

The following criteria must be met for the patient to be included in the measure denominator:

1. The patient must have a CABG event defined as follows:

Note: Build multiple events initiated by a CABG procedure during the study window if denominator requirements are met for all events.

During the following time period: 12 months prior to the report period end date through 7 days prior to the report period end date, begin multiple episodes for inpatient encounters based on the inpatient encounter discharge date (Category of Care = Facility Event - Confinement/Admission) where the confinement includes a claim with a procedure code for Coronary Artery Bypass Graft (code set PR0224). Define an event as the time period from admission to seven days after discharge.

2. Patient must have been continuously enrolled in Medical benefits throughout the event with no breaks in enrollment.

Cd	Set	Code	Set	Description	Prc	Cd	Categ	Proc	Code	Description
PR0224	Coronary artery bypass graft	33510	CPT	CABG, vein only; single coronary venous graft						
PR0224	Coronary artery bypass graft	33511	CPT	CABG, vein only; 2 coronary venous grafts						
PR0224	Coronary artery bypass graft	33512	CPT	CABG, vein only; 3 coronary venous grafts						
PR0224	Coronary artery bypass graft	33513	CPT	CABG, vein only; 4 coronary venous grafts						
PR0224	Coronary artery bypass graft	33514	CPT	CABG, vein only; 5 coronary venous grafts						
PR0224	Coronary artery bypass graft	33516	CPT	CABG, vein only; 6 or more						

coronary venous grafts
 PR0224 Coronary artery bypass graft 33517 CPT CABG using ven& art graft(s);
 single vein graft
 PR0224 Coronary artery bypass graft 33518 CPT CABG using ven& art graft(s);
 2 venous grafts
 PR0224 Coronary artery bypass graft 33519 CPT CABG using ven& art graft(s);
 3 venous grafts
 PR0224 Coronary artery bypass graft 33521 CPT CABG using ven& art graft(s);
 4 venous grafts
 PR0224 Coronary artery bypass graft 33522 CPT CABG using ven& art graft(s);
 5 venous grafts
 PR0224 Coronary artery bypass graft 33523 CPT CABG using ven& art graft(s);
 6 or more venous grafts
 PR0224 Coronary artery bypass graft 33533 CPT CABG, using arterial graft(s);
 single arterial graft
 PR0224 Coronary artery bypass graft 33534 CPT CABG, using arterial graft(s);
 2 coronary arterial grafts
 PR0224 Coronary artery bypass graft 33535 CPT CABG, using arterial graft(s);
 3 coronary arterial grafts
 PR0224 Coronary artery bypass graft 33536 CPT CABG, using arterial graft(s);
 4 or more arterial grafts

2a.9 Denominator Exclusions (Brief text description of exclusions from the target population): 1. Exclude patients who were readmitted to an acute or non-acute care facility for any diagnosis within seven days after discharge

2. Exclude the event if the patient died during the admission
3. Exclude the event if the patient did not have pharmacy benefits throughout the CABG event.
4. Exclude the event if the patient had a contraindication for anti-lipid therapy.

2a.10 Denominator Exclusion Details (All information required to collect exclusions to the denominator, including all codes, logic, and definitions):

1. Exclude patients if, during the seven days after hospital discharge, there was a claim for a Facility Event - Confinement/Admission.

Note: Transfer to another acute care facility is considered a readmission and will be excluded.

2. Exclude the event if the patient died during the admission, as evidenced by the discharge status for the admission was Patient Status Indicator equal to 20 (Expired)

3. Exclude patients who did not have continuous enrollment in pharmacy benefits throughout the event (CABG admission date through 7 days after discharge). NOTE: this exclusion should be applied AFTER the patient has been evaluated for the numerator.

4. Exclude the patient if the patient had a claim with a procedure code for Anti-lipid treatment contraindicated/not indicated (CMS-defined, code set PR0380). NOTE: this exclusion should be applied AFTER the patient has been evaluated for the numerator.

Cd Set	Code Set Description	Proc Cd	Categ	Proc Cd	Description
PR0380	Antilp trtmnt contraind/not ind	G8586	HCPCS	Antilipid treatment contra-	indicated/not indicated

2a.11 Stratification Details/Variables (All information required to stratify the measure including the stratification variables, all codes, logic, and definitions):

None

2a.12-13 Risk Adjustment Type: No risk adjustment necessary

2a.14 Risk Adjustment Methodology/Variables (List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method):

2a.15-17 Detailed risk model available Web page URL or attachment:	
2a.18-19 Type of Score: Rate/proportion 2a.20 Interpretation of Score: Better quality = Higher score 2a.21 Calculation Algorithm (<i>Describe the calculation of the measure as a flowchart or series of steps</i>): 1. Exclude members who meet denominator exclusion criteria 2. Assign a YES or NO result to remaining members based on numerator response 3. Rate = YES/[YES+NO]	
2a.22 Describe the method for discriminating performance (<i>e.g., significance testing</i>): Nearly 900 patients met the denominator from a geographically diverse 15 million member benchmark database. About 600 patients did not meet numerator compliance, indicating a significant population with deviation from recommended care. The subsequent compliance rate was 32.8 percent.	
2a.23 Sampling (Survey) Methodology <i>If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):</i> A 15 million patient population sample was chosen to analyze the potential gap in care. The sample was derived from more than 60 million patients based on criteria including national geographic representation, commercial health coverage and patient age less than 65.	
2a.24 Data Source (<i>Check the source(s) for which the measure is specified and tested</i>) Electronic administrative data/claims, Pharmacy data 2a.25 Data source/data collection instrument (<i>Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.</i>): Our data source is a proprietary Ingenix provider database that includes more than 60 million patients, over multiple years. It includes data from multiple payors. This measure specifically uses the following data from this database: member demographics, ICD-9 codes, revenue codes, CPT codes, place of service, and pharmacy claims.	
2a.26-28 Data source/data collection instrument reference web page URL or attachment:	
2a.29-31 Data dictionary/code table web page URL or attachment: Attachment Input Guide_NQF.doc	
2a.32-35 Level of Measurement/Analysis (<i>Check the level(s) for which the measure is specified and tested</i>) Clinicians: Individual, Clinicians: Group, Facility/Agency, Health Plan, Integrated delivery system, Multi-site/corporate chain, Population: states, Population: counties or cities, Program: Disease management, Program: QIO, Can be measured at all levels	
2a.36-37 Care Settings (<i>Check the setting(s) for which the measure is specified and tested</i>) Hospital, Ambulatory Care: Clinic, Ambulatory Care: Emergency Dept, Nursing home (NH) /Skilled Nursing Facility (SNF), Ambulatory Care: Hospital Outpatient, Rehabilitation Facility	
2a.38-41 Clinical Services (<i>Healthcare services being measured, check all that apply</i>) Clinicians: PA/NP/Advanced Practice Nurse, Clinicians: Physicians (MD/DO)	
TESTING/ANALYSIS	
2b. Reliability testing	
2b.1 Data/sample (<i>description of data/sample and size</i>): Our data sample included a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age. This benchmark database contained service dates 1/1/2007 through 12/31/2009.	
2b.2 Analytic Method (<i>type of reliability & rationale, method for testing</i>): Quality assurance of each measure is accomplished through the testing using multiple methods. Types of testing, data samples and volume vary to ensure the integrity of the measure. Rigorous development, analysis and testing processes are deployed for creating measure specifications. Software testing ensures the software is working as designed. Reliability and validity testing of measures is based on differing data	2b C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>

samples and volume of members. National benchmarks are created on a large volume set of data representing members throughout the United States. All quality checks for all measure results must have consistent results and meet expected outcomes based on industry knowledge and experience.

Customer Acceptance Testing (CAT) is another important quality process. CAT ensures that the clinical measures are functioning as intended and that they generate accurate results for typical billing patterns. Using actual claims data a team of business analysts, nurses, and health services researchers conducts a detailed analysis of the output. For each clinical condition in the product (e.g., Diabetes Mellitus, Coronary Artery Disease, etc.) there is a set of CAT data with up to 4000 members who satisfy the condition confirmation criteria. This data is extracted from a large (50+ million member) multi-payer benchmark database and contains inpatient, outpatient, pharmacy, and laboratory data. The testing team analyzes claims from individual members and compares the creation of denominators (target population), numerators, and exclusions from this manual review process to output results from the quality measure.

Regression testing is the part of CAT that verifies the reliability of the product across software releases. For a new release the testing team confirms that every unchanged measure produces the same results as in previous releases, accounting for systematic changes to the software (e.g., code updates, logic changes, etc). Regression testing is conducted at multiple points throughout the software development cycle.

2b.3 Testing Results (*reliability statistics, assessment of adequacy in the context of norms for the test conducted*):

Within our data sample, 882 members met the denominator definition for this measure during the measurement year. Of these members, 289 received a lipid-lowering medication . The overall compliance rate for this measure was 32.8 percent.

2c. Validity testing

2c.1 Data/sample (*description of data/sample and size*): Our data sample included a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age. This benchmark database contained service dates 1/1/2007 through 12/31/2009.

2c.2 Analytic Method (*type of validity & rationale, method for testing*):

Face Validity Testing (FVT) is the final testing step in the software release cycle. One million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. A systematic, comprehensive review is used to evaluate these FVT results.

1. The Medical Director reviews the results to verify that:

- a. Prevalence rates for a condition are comparable to nationally published rates;
- b. Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources. If no comparable sources are available, the rates are judged based on what is clinically reasonable.

2. All results are reviewed for face validity by members of our external physician clinical consultant panel.

2c.3 Testing Results (*statistical results, assessment of adequacy in the context of norms for the test conducted*):

No statistical tests are used to interpret our test results.

2c
C ☐
P ☐
M ☐
N ☐

2d. Exclusions Justified

2d.1 Summary of Evidence supporting exclusion(s):

Patients are excluded from this measure if they died during the CABG hospitalization. This is consistent with the CMS PQRI logic (1). In addition, patient are excluded from the denominator if they were readmitted within 7 days of hospital discharge. This recommendation was based on consensus expert opinion from our external consultant panel since readmission within 7 days would overlap with the numerator intervention time period. Finally, patients are excluded if they have a contraindication for lipid-lowering medication treatment (1,2).

2d.2 Citations for Evidence:

1. CMS. 2010 Physician Quality Reporting Initiative Measure Specifications Manual for Claims and Registry. Measure 171: Coronary Artery Bypass Graft (CABG): Lipid Management and Counseling.

2d
C ☐
P ☐
M ☐
N ☐
NA ☐

2. ACC/AHA 2004 guideline update for coronary artery bypass graft surgery: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Update the 1999 Guidelines for Coronary Artery Bypass Graft Surgery). *Circulation* 2004;110(14):e340-437.

2d.3 Data/sample (*description of data/sample and size*): Our data sample included a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age. This benchmark database contained service dates 1/1/2007 through 12/31/2009.

2d.4 Analytic Method (*type analysis & rationale*):

Impact of measure exclusions is included in our FVT testing process and review of benchmark results. A systematic, comprehensive review is used to evaluate these results.

1. The Medical Director reviews the results to verify that:

- a. Exclusion rates for a condition and measure are comparable to nationally published rates;
- b. Exclusion rates for a measure are comparable to the rates reported in the published literature or by other national sources. If no comparable sources are available, the rates are judged based on what is clinically reasonable.

2. All results are reviewed for face validity by members of our external physician clinical consultant panel.

2d.5 Testing Results (*e.g., frequency, variability, sensitivity analyses*):

Within our data sample, 882 members met the denominator definition for this measure during the measurement year. Of these members, 289 received a lipid-lowering medication. The overall compliance rate for this measure was 32.8 percent. Approximately 6 percent of members were excluded from the denominator based on criteria summarized in 2d.1.

2e. Risk Adjustment for Outcomes/ Resource Use Measures

2e.1 Data/sample (*description of data/sample and size*): No risk adjustment was applied to this measure.

2e.2 Analytic Method (*type of risk adjustment, analysis, & rationale*):

2e.3 Testing Results (*risk model performance metrics*):

2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:

2e
C ☐
P ☐
M ☐
N ☐
NA ☐

2f. Identification of Meaningful Differences in Performance

2f.1 Data/sample from Testing or Current Use (*description of data/sample and size*): Our data sample included a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age. This benchmark database contained service dates 1/1/2007 through 12/31/2009.

2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance (*type of analysis & rationale*):

The identification of meaningful differences in performance is included in our FVT testing process and review of benchmark results. A systematic, comprehensive review is used to evaluate these results.

1. The Medical Director reviews the results to verify that:

- a. Compliance rates are comparable to nationally published rates;
- b. Compliance rates are similar to rates reported in the published literature or by other national sources. If no comparable sources are available, the rates are judged based on what is clinically reasonable.
- c. Compliance rates, based on literature support, indicate a gap in care and opportunity for care improvement.

2. All results are reviewed for face validity by members of our external physician clinical consultant panel.

No statistical tests are used to identify meaningful differences in performance.

2f.3 Provide Measure Scores from Testing or Current Use (*description of scores, e.g., distribution by*

2f
C ☐
P ☐
M ☐
N ☐

<p>quartile, mean, median, SD, etc.; identification of statistically significant and meaningful differences in performance):</p> <p>Within our benchmark data sample, 882 members met the denominator definition for this measure during the measurement year. Of these members, 289 received a lipid-lowering medication. The overall compliance rate for this measure was 32.8 percent.</p>	
<p>2g. Comparability of Multiple Data Sources/Methods</p> <p>2g.1 Data/sample (description of data/sample and size): Our testing process does not compare multiple data sources.</p> <p>2g.2 Analytic Method (type of analysis & rationale):</p> <p>2g.3 Testing Results (e.g., correlation statistics, comparison of rankings):</p>	<p>2g</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>2h. Disparities in Care</p> <p>2h.1 If measure is stratified, provide stratified results (scores by stratified categories/cohorts): Measure is not stratified.</p> <p>2h.2 If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans: Does not apply</p>	<p>2h</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for Scientific Acceptability of Measure Properties?</p>	<p>2</p>
<p>Steering Committee: Overall, to what extent was the criterion, Scientific Acceptability of Measure Properties, met? Rationale:</p>	<p>2</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>3. USABILITY</p>	
<p>Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria)</p>	<p>Eval Rating</p>
<p>3a. Meaningful, Understandable, and Useful Information</p> <p>3a.1 Current Use: In use</p> <p>3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large) (If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years): Health plans, physicians (individuals and groups), care management, and other vendors/customers are using this on a national level. Customers are able to select their measures depending on their business needs. As such, we do not know which specific measures are used by our customers or are use in public reporting initiatives.</p> <p>Our plan over the next three years is to identify at least two large customers who are using this measure as part of public reporting initiative so that we can provide this requested information in the future.</p> <p>3a.3 If used in other programs/initiatives (If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years): Health plans, physicians (individuals and groups), care management, and other vendors/customers use many of our measures on a national level for quality improvement, disease management, and physician sharing programs. Customers are able to select their measures depending on their business needs. As such, we do not know which specific measures are used by our customers.</p>	<p>3a</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>

<p>Our plan over the next three years is to identify at least two large customers who are using this measure as part of a QI or other program initiative so that we can provide this requested information in the future.</p> <p>Testing of Interpretability (Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement)</p> <p>3a.4 Data/sample (description of data/sample and size): Results are summarized and reported by users/customers depending on their business need - we do not have access to this information. Because of use by multiple users/customers, there is no single data sample, methodology, or public reporting format.</p> <p>3a.5 Methods (e.g., focus group, survey, QI project):</p> <p>3a.6 Results (qualitative and/or quantitative results and conclusions):</p>	
<p>3b/3c. Relation to other NQF-endorsed measures</p> <p>3b.1 NQF # and Title of similar or related measures: NQF #118: Anti-Lipid Treatment Discharge</p>	
<p>(for NQF staff use) Notes on similar/related <u>endorsed</u> or submitted measures:</p>	
<p>3b. Harmonization If this measure is related to measure(s) already <u>endorsed by NQF</u> (e.g., same topic, but different target population/setting/data source <u>or</u> different topic but same target population):</p> <p>3b.2 Are the measure specifications harmonized? If not, why? Measure specifications are harmonized with respect to denominator definition and criteria.</p>	<p>3b</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>3c. Distinctive or Additive Value</p> <p>3c.1 Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures: Measure 118, which is currently part of the CMS PQRI program (CMS PQRI measure 171), allows use of G codes only to identify numerator compliance. Also, measure 118 is available for registry reporting only. Our Ingenix measure uses pharmacy claims, in addition to the CMS PQRI G codes, to identify numerator compliance. This use of claims data significantly increases the usability of this measure. It increases the ability to identify gaps in care, support quality improvement programs, and measure provider performance. Finally, our measure is not dependent on voluntary participation in the registry program.</p> <p>5.1 If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), Describe why it is a more valid or efficient way to measure quality: Measure 118, which is currently part of the CMS PQRI program (CMS PQRI measure 171), allows use of G codes only to identify numerator compliance. Also, measure 118 is available for registry reporting only. Our Ingenix measure uses pharmacy claims, in addition to the CMS PQRI G codes, to identify numerator compliance. This use of claims data significantly increases the usability of this measure. It increases the ability to identify gaps in care, support quality improvement programs, and measure provider performance. Our measure is not dependent on voluntary participation in the registry program.</p>	<p>3c</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p> <p>NA <input type="checkbox"/></p>
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for <i>Usability</i>?</p>	<p>3</p>
<p>Steering Committee: Overall, to what extent was the criterion, <i>Usability</i>, met? Rationale:</p>	<p>3</p> <p>C <input type="checkbox"/></p> <p>P <input type="checkbox"/></p> <p>M <input type="checkbox"/></p> <p>N <input type="checkbox"/></p>
<p>4. FEASIBILITY</p>	
<p>Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)</p>	<p>Eval Rating</p>
<p>4a. Data Generated as a Byproduct of Care Processes</p>	<p>4a</p>

4a.1-2 How are the data elements that are needed to compute measure scores generated? Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)	C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
4b. Electronic Sources 4b.1 Are all the data elements available electronically? (<i>elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims</i>) Yes	4b C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
4b.2 If not, specify the near-term path to achieve electronic capture by most providers.	M <input type="checkbox"/> N <input type="checkbox"/>
4c. Exclusions 4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications? No	4c C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>
4c.2 If yes, provide justification.	
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences 4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results. none anticipated	4d C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
4e. Data Collection Strategy/Implementation 4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: We have not needed to modify this measure based on test results or use of this measure. Members are excluded from this measure if they do not have pharmacy benefits. This eliminates errors due to pharmacy data incompleteness.	
4e.2 Costs to implement the measure (<i>costs of data collection, fees associated with proprietary measures</i>): We do not have access to this information. This would vary based on the customer/vendor, patient population, and programs/interventions associated with measure use	
4e.3 Evidence for costs: not available	4e C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
4e.4 Business case documentation: not available	
TAP/Workgroup: What are the strengths and weaknesses in relation to the subcriteria for <i>Feasibility</i>?	4
Steering Committee: Overall, to what extent was the criterion, <i>Feasibility</i>, met? Rationale:	4 C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/>
RECOMMENDATION	
(for NQF staff use) Check if measure is untested and only eligible for time-limited endorsement.	Time-limited <input type="checkbox"/>

Steering Committee: Do you recommend for endorsement? Comments:		Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/>
CONTACT INFORMATION		
Co.1 Measure Steward (Intellectual Property Owner) Co.1 Organization Ingenix, 12125 Technology Drive, Eden Prairie, Minnesota, 55344 Co.2 Point of Contact Kay, Schwebke, Medical Director, kay.schwebke@ingenix.com, 952-833-7154-		
Measure Developer If different from Measure Steward Co.3 Organization Ingenix, 12125 Technology Drive, Eden Prairie, Minnesota, 55344 Co.4 Point of Contact Kay, Schwebke, Medical Director, kay.schwebke@ingenix.com, 952-833-7154-		
Co.5 Submitter If different from Measure Steward POC Kay, Schwebke, Medical Director, kay.schwebke@ingenix.com, 952-833-7154-, Ingenix		
Co.6 Additional organizations that sponsored/participated in measure development		
ADDITIONAL INFORMATION		
Workgroup/Expert Panel involved in measure development Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development. Our external consultant panel participates in the original literature search process, measure development, code set review, testing review, and maintenance processes. Panel members include the following: NAME & Title Employer/Position Alexander, Beth Pharm D, BCPS Assistant Professor, Augsburg College Ayenew, Woubeshet, MD Hennepin Faculty Associates; Hennepin County Medical Center Becker, Keith, MD Fairview Medical Center Betcher, Susan, MD Allina Medical Clinic Bruer, Paul, MD Comprehensive Ophthalmology, LLC Capecchi, Joseph, MD Allina Medical Clinic Giesler, Janell, MD Allina Medical Clinic Grabowski, Carol, MD Allina Medical Clinic Hansen, Calvin, MD Iowa Health Physicians Hargrove, Jody, MD Arthritis and Rheumatology Consultants Hermann, Richard, MD Tufts - New England Medical Center Jemming, Brian, Pharm D CentraCare Health System Kohen, Jeffrey, MD Veterans Affairs Medical Center McCarthy, Teresa, MD University of Minnesota, Department of Family Medicine & Community Health McEvoy, Charlene, MD, MPH HealthPartners & HealthPartners Research Foundation; Assistant Professor of Medicine, University of Minnesota McGee, Deanna, Pharm D, BCPS Retail Pharmacy Ogle, Kathleen, MD Hennepin Faculty Associates; Hennepin County Medical Center: Assistant Professor of Medicine, University of Minnesota Medical School Peter, Kathleen, MD Park Nicollet Medical Center Pieper-Bigelow, Christina, MD Allina Medical Clinic Redmon, Bruce, MD University of Minnesota Physicians Scharpf, Steven, MD Mountain Valleys Health Centers		

Ad.2 If adapted, provide name of original measure: Ad.3-5 If adapted, provide original specifications URL or attachment
Measure Developer/Steward Updates and Ongoing Maintenance Ad.6 Year the measure was first released: 2006 Ad.7 Month and Year of most recent revision: 11, 2009 Ad.8 What is your frequency for review/update of this measure? every three years at minimum Ad.9 When is the next scheduled review/update for this measure? 11, 2012
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Ad.11 -13 Additional Information web page URL or attachment: Attachment Lipid-lowering therapy RX code set.xls
Date of Submission (MM/DD/YY): 10/13/2010

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	49483001310	niacin 125 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49483001401	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49483001410	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49483001501	niacin 400 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49483001510	niacin 400 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49483001801	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	49884075401	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884075410	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884075501	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884075510	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884075601	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884075610	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	49884079165	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	49884079166	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	50752031080	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		1/1/2003
RX0220	CAD	2	NDC	Rx	51079078719	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	51079078720	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	51079097420	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	51079097520	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	51079097620	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	52297052278	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		6/21/2002
RX0220	CAD	2	NDC	Rx	52544045405	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	52544045460	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	52555011101	clofibrate 500 mg oral capsule	Clofibrate	fibrin acid derivatives	N		12/31/2000
RX0220	CAD	2	NDC	Rx	52555063405	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		12/31/2000
RX0220	CAD	2	NDC	Rx	52555063460	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		12/31/2000
RX0220	CAD	2	NDC	OTC	52604157501	niacin 400 mg oral capsule, extended release	Nico-400	miscellaneous antihyperlipidemic agents	N		1/1/2002
RX0220	CAD	2	NDC	OTC	52604554501	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2001
RX0220	CAD	2	NDC	OTC	52735007601	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	53191006001	niacin 50 mg oral tablet	B-3-50	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	53191013001	niacin 500 mg oral tablet	B3-500-Gr	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	54429314801	clofibrate 500 mg oral capsule	Clofibrate	fibrin acid derivatives	N		1/1/2000
RX0220	CAD	2	NDC	Rx	54569061300	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569061301	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569061302	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569061303	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	54569061304	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569130502	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	OTC	54569225901	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	54569325600	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569325601	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569342400	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	54569369500	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54569369501	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54569382100	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569382101	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569384000	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569418000	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569418001	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569434600	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569434601	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569440300	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569440400	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569446600	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569446601	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569446700	atorvastatin 20 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569461000	pravastatin 40 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	54569476100	fluvastatin 40 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	54569478400	niacin 750 mg oral tablet, extended release	Niaspan ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	54569483200	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	54569801100	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54569801600	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54569851100	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54569851101	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54569859800	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	54629005101	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	54629007101	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	54629071201	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	54629071303	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	Rx	54868068601	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868068602	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868068603	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868068604	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868108700	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868108701	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868141800	gemfibrozil 600 mg oral tablet	Lopid	fibrin acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	54868141801	gemfibrozil 600 mg oral tablet	Lopid	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	54868196800	lovastatin 10 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868228800	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868263901	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868310400	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868327000	pravastatin 40 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868327001	pravastatin 40 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868332900	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868393400	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868394600	atorvastatin 20 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868415700	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868418100	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	54868422900	atorvastatin 40 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55175504606	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55289010430	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55289040030	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55289047630	fluvastatin 40 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55289054830	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55289074060	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	55953009635	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	55953009665	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	55953011135	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		5/31/2003
RX0220	CAD	2	NDC	Rx	55953011156	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		8/31/2003
RX0220	CAD	2	NDC	Rx	57480080901	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		7/31/2002
RX0220	CAD	2	NDC	Rx	57480080906	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		12/31/2000
RX0220	CAD	2	NDC	Rx	57844032201	fenofibrate 67 mg oral capsule	Lofibra	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	57844032301	fenofibrate 134 mg oral capsule	Lofibra	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	57844032401	fenofibrate 200 mg oral capsule	Lofibra	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	57866654002	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	57866654004	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	57866798201	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	57866798301	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	57866798601	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	57866861501	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036400	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036430	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036460	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036490	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036500	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036530	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036560	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016036590	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	58016038500	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016038530	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016038560	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016038590	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016042500	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016042530	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016042560	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016042590	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	58016054000	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	58016054060	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	58016906601	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	58016911101	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	58016996701	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	59591001768	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	59772558501	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	59772558502	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	59772558901	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	59772558902	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	59930163801	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		12/19/2003
RX0220	CAD	2	NDC	Rx	59930163802	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		12/19/2003
RX0220	CAD	2	NDC	Rx	60505003404	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	60505003408	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	60598000101	niacin 500 mg oral tablet, extended release	Niaspan ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	60598000201	niacin 750 mg oral tablet, extended release	Niaspan ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	60598000301	niacin 1000 mg oral tablet, extended release	Niaspan ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	60598000421	niacin oral tablet, extended release	Niaspan ER Starter Pack	miscellaneous antihyperlipidemic agents	N		2/4/2000
RX0220	CAD	2	NDC	Rx	60598000690	lovastatin-niacin 20 mg-500 mg oral tablet	Advicor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	60598000790	lovastatin-niacin 20 mg-750 mg oral tablet	Advicor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	60598000890	lovastatin-niacin 20 mg-1000 mg oral tablet	Advicor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	60814056701	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	60814056801	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	61392011630	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011631	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011632	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011639	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011645	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011651	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011654	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011660	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	61392011690	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	61392011691	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	62022077030	lovastatin 20 mg oral tablet, extended release	Altacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	62022078030	lovastatin 40 mg oral tablet, extended release	Altacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	62022078130	lovastatin 60 mg oral tablet, extended release	Altacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	62269032029	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		12/1/2001
RX0220	CAD	2	NDC	Rx	62269032060	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		11/1/2001
RX0220	CAD	2	NDC	Rx	63739011401	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		1/31/2002
RX0220	CAD	2	NDC	Rx	63739011403	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		1/31/2002
RX0220	CAD	2	NDC	Rx	63739028015	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	63739028115	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	65597070118	colestevlam 625 mg oral tablet	Welchol	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	66582041428	ezetimibe 10 mg oral tablet	Zetia	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	66582041431	ezetimibe 10 mg oral tablet	Zetia	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	66582041454	ezetimibe 10 mg oral tablet	Zetia	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	66582041474	ezetimibe 10 mg oral tablet	Zetia	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	74312000720	niacin 250 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	74312001480	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	74312005800	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00003053750	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00003061150	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00003061250	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		2/28/2003
RX0220	CAD	2	NDC	Rx	00003515405	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003515406	pravastatin 10 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		8/31/2002
RX0220	CAD	2	NDC	Rx	00003516811	aspirin-pravastatin buffered 81 mg-20 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003516911	aspirin-pravastatin buffered 325 mg-20 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003517311	aspirin-pravastatin buffered 81 mg-40 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003517411	aspirin-pravastatin buffered 325 mg-40 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003517805	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003517806	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003517875	pravastatin 20 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003518311	aspirin-pravastatin buffered 81 mg-80 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003518411	aspirin-pravastatin buffered 325 mg-80 mg oral tablet	Pravigard Pac	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00003519410	pravastatin 40 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003519433	pravastatin 40 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00003519510	pravastatin 80 mg oral tablet	Pravachol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006054328	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006054331	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006054354	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006054361	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		6/30/2003
RX0220	CAD	2	NDC	Rx	00006054382	simvastatin 80 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006072628	simvastatin 5 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006072631	simvastatin 5 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006072654	simvastatin 5 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006072661	simvastatin 5 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006072682	simvastatin 5 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073061	lovastatin 10 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073128	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		2/2/2003
RX0220	CAD	2	NDC	Rx	00006073161	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073182	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073187	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073194	lovastatin 20 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073261	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073282	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00006073287	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073294	lovastatin 40 mg oral tablet	Mevacor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073528	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073531	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073554	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073561	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073582	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006073587	simvastatin 10 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074028	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074031	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074054	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074061	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074082	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074087	simvastatin 20 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074928	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074931	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074954	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074961	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00006074982	simvastatin 40 mg oral tablet	Zocor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00009026001	colestipol 5 gm oral granule	Colestid	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00009026002	colestipol 5 gm oral granule	Colestid	bile acid sequestrants	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00009026004	colestipol 5 gm oral granule	Colestid	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00009026017	colestipol 5 gm oral granule	Colestid	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00009037003	colestipol 5 gm/7.5 gm oral granule	Colestid Flavored	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00009037005	colestipol 5 gm/7.5 gm oral granule	Colestid Flavored	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00009045003	colestipol 1 gm oral tablet	Colestid	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00015058011	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00015944214	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00015944221	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		2/14/2003
RX0220	CAD	2	NDC	Rx	00044125003	dextrothyroxine sodium 2 mg oral tablet	Choloxin	miscellaneous antihyperlipidemic agents	N		6/30/2000
RX0220	CAD	2	NDC	Rx	00046024381	clofibrate 500 mg oral capsule	Atromid-S	fibric acid derivatives	N		9/30/2003
RX0220	CAD	2	NDC	Rx	00047008420	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		8/1/2003
RX0220	CAD	2	NDC	Rx	00047008430	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		8/1/2003
RX0220	CAD	2	NDC	Rx	00047200820	cholestyramine 4 gm/9 gm oral powder	Locholest	bile acid sequestrants	N		7/1/2002
RX0220	CAD	2	NDC	Rx	00047200822	cholestyramine 4 gm/9 gm oral powder	Locholest	bile acid sequestrants	N		4/1/2002
RX0220	CAD	2	NDC	Rx	00047200920	cholestyramine 4 gm/5 gm oral powder	Locholest Light	bile acid sequestrants	N		4/1/2002
RX0220	CAD	2	NDC	Rx	00047200922	cholestyramine 4 gm/5 gm oral powder	Locholest Light	bile acid sequestrants	N		4/1/2002
RX0220	CAD	2	NDC	Rx	00071015523	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015534	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015540	atorvastatin 10 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015623	atorvastatin 20 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015640	atorvastatin 20 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00071015694	atorvastatin 20 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015723	atorvastatin 40 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015773	atorvastatin 40 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015823	atorvastatin 80 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071015873	atorvastatin 80 mg oral tablet	Lipitor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00071073720	gemfibrozil 600 mg oral tablet	Lopid	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00071073730	gemfibrozil 600 mg oral tablet	Lopid	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00074400990	fenofibrate 54 mg oral tablet	Tricor	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00074401390	fenofibrate 160 mg oral tablet	Tricor	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00074434290	fenofibrate 67 mg oral capsule	Tricor	fibric acid derivatives	N		5/30/2003
RX0220	CAD	2	NDC	Rx	00074641590	fenofibrate 200 mg oral capsule	Tricor	fibric acid derivatives	N		9/30/2003
RX0220	CAD	2	NDC	Rx	00074644790	fenofibrate 134 mg oral capsule	Tricor	fibric acid derivatives	N		5/1/2002
RX0220	CAD	2	NDC	OTC	00075283501	niacin 125 mg oral capsule, extended release	Nicobid Tempules	miscellaneous antihyperlipidemic agents	N		1/1/2003
RX0220	CAD	2	NDC	OTC	00075284001	niacin 250 mg oral capsule, extended release	Nicobid Tempules	miscellaneous antihyperlipidemic agents	N		1/1/2003
RX0220	CAD	2	NDC	OTC	00075284101	niacin 500 mg oral capsule, extended release	Nicobid Tempules	miscellaneous antihyperlipidemic agents	N		1/1/2003
RX0220	CAD	2	NDC	OTC	00075285001	niacin 500 mg oral tablet	Nicolar	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00078017605	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00078017615	fluvastatin 20 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00078023405	fluvastatin 40 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00078023415	fluvastatin 40 mg oral capsule	Lescol	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00078035405	fluvastatin 80 mg oral tablet, extended release	Lescol XL	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00078035415	fluvastatin 80 mg oral tablet, extended release	Lescol XL	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	00084001301	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		10/5/2000
RX0220	CAD	2	NDC	Rx	00087058005	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00087058011	cholestyramine 4 gm/9 gm oral powder	Questran	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00087058901	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		9/30/2002
RX0220	CAD	2	NDC	Rx	00087058903	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		7/31/2002
RX0220	CAD	2	NDC	Rx	00087944211	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00087944221	cholestyramine 4 gm/5 gm oral powder	Questran Light	bile acid sequestrants	N		2/14/2003
RX0220	CAD	2	NDC	Rx	00093057606	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093057610	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093067005	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00093067006	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00093092606	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093092610	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093092806	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093092810	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00093801101	fenofibrate 134 mg oral capsule	Fenofibrate	fibrin acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00093801201	fenofibrate 200 mg oral capsule	Lipidil Supra	fibrin acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00093809667	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00093809682	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00093811167	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00093811183	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	OTC	00115408201	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00115408203	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00115408401	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00115408403	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00122303435	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00122303535	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00122603036	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00143134525	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		11/13/2003
RX0220	CAD	2	NDC	OTC	00182000101	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182000110	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		11/7/2003
RX0220	CAD	2	NDC	OTC	00182005301	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	00182005310	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182081101	niacin 250 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182081110	niacin 250 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		11/7/2003
RX0220	CAD	2	NDC	Rx	00182126901	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00182195605	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		2/2/2002
RX0220	CAD	2	NDC	Rx	00182195626	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		7/31/2000
RX0220	CAD	2	NDC	Rx	00182195689	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00182440401	niacin 250 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182440501	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182441701	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182441710	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		11/7/2003
RX0220	CAD	2	NDC	OTC	00182441801	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00182441810	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00182709142	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00185007001	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007010	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007060	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00185007201	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007210	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007260	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007401	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007410	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00185007460	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	00185074310	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00185093997	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00185093998	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00185094097	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00185094098	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	OTC	00223135101	niacin 50 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00223135102	niacin 50 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00223135201	niacin 100 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00223135202	niacin 100 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00223135301	niacin 500 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00223135302	niacin 500 mg oral tablet	Nicotinic Acid	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00228255206	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00228255210	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00228255250	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00228255296	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00228263306	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00228263406	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00228263450	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00228263506	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00228263550	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		2/2/2002
RX0220	CAD	2	NDC	Rx	00245003623	cholestyramine 4 gm/5 gm oral powder	Prevalite	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00245003642	cholestyramine 4 gm/9 gm oral powder	Prevalite	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00245003660	cholestyramine 4 gm/5 gm oral powder	Prevalite	bile acid sequestrants	N		
RX0220	CAD	2	NDC	OTC	00245006011	niacin 500 mg oral tablet	Niacor B3	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00245006211	niacin 250 mg oral capsule, extended release	Slo-Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00245006311	niacin 500 mg oral tablet, extended release	Slo-Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00245006366	niacin 500 mg oral tablet, extended release	Slo-Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00245006411	niacin 750 mg oral tablet, extended release	Slo-Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00245006711	niacin 500 mg oral tablet	Niacor	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00256012301	niacin 50 mg/5 ml oral liquid	Nicotinex	miscellaneous antihyperlipidemic agents	N		11/6/2003

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	00302435010	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2002
RX0220	CAD	2	NDC	OTC	00304049401	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00304069901	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00304207301	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	Rx	00310075139	rosuvastatin 10 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00310075190	rosuvastatin 10 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00310075239	rosuvastatin 20 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00310075290	rosuvastatin 20 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00310075430	rosuvastatin 40 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00310075590	rosuvastatin 5 mg oral tablet	Crestor	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00339565112	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00364106701	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		11/30/2001
RX0220	CAD	2	NDC	Rx	00364213601	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00378051705	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00378051791	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00378651091	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00378652005	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00378652091	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00378654005	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00378654091	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00405423601	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		5/1/2001
RX0220	CAD	2	NDC	Rx	00405445631	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		5/1/2001
RX0220	CAD	2	NDC	Rx	00536385405	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00536385408	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00536406801	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407001	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407010	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		5/1/2000
RX0220	CAD	2	NDC	OTC	00536407301	niacin 125 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407401	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407410	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407501	niacin 400 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407601	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407610	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407701	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536407810	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00536555405	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00536555408	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00536573308	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00536573324	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	OTC	00536703001	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536703301	niacin 750 mg oral tablet, extended release	Niacin ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00536703801	niacin 1000 mg oral tablet, extended release	Niacin ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00603293221	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00603375020	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00603375028	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00603473521	niacin 125 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00603473621	niacin 250 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00603473632	niacin 125 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00615051110	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00615051113	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00615051413	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00615355953	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	00615355963	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00677008910	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		5/1/2000
RX0220	CAD	2	NDC	OTC	00677042401	niacin 125 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00677042501	niacin 250 mg oral capsule, extended release	Niacin TD	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00677042505	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00677112601	niacin 400 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00761023920	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00781105605	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00781105660	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00781121060	lovastatin 20 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00781121360	lovastatin 40 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	Rx	00781132360	lovastatin 10 mg oral tablet	Lovastatin	HMG-CoA reductase inhibitors	N		
RX0220	CAD	2	NDC	OTC	00781214901	niacin 125 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		10/30/2002
RX0220	CAD	2	NDC	OTC	00781215901	niacin 250 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00781260001	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00814528214	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	00814531020	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00814531030	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00814531330	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00814531930	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00839610306	niacin 400 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00839645806	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		10/10/2000
RX0220	CAD	2	NDC	OTC	00839645816	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		1/1/2000
RX0220	CAD	2	NDC	Rx	00839722806	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		1/1/2000
RX0220	CAD	2	NDC	Rx	00839778705	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		1/1/2000
RX0220	CAD	2	NDC	Rx	00839778712	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		1/1/2000
RX0220	CAD	2	NDC	OTC	00904062960	niacin 250 mg oral capsule, extended release	Niacin TR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904063160	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904063170	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904063180	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227060	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	00904227080	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227160	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227172	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227180	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227260	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904227280	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00904291660	clofibrate 500 mg oral capsule	Clofibrate	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	00904434260	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	00904434270	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	Rx	00904523442	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00904523452	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00904523542	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00904523552	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		
RX0220	CAD	2	NDC	Rx	00904537940	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00904537952	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	Rx	00904537961	gemfibrozil 600 mg oral tablet	Gemfibrozil	fibric acid derivatives	N		
RX0220	CAD	2	NDC	OTC	10135018601	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	10135018801	niacin 250 mg oral capsule, extended release	Niacin TR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	10135019101	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	11845057701	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		10/23/2000
RX0220	CAD	2	NDC	OTC	11845057801	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		12/31/2000
RX0220	CAD	2	NDC	OTC	11845074201	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		12/31/2000
RX0220	CAD	2	NDC	OTC	11845094101	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		12/31/2000
RX0220	CAD	2	NDC	OTC	11845095201	niacin 500 mg oral tablet, extended release	Niacin ER	miscellaneous antihyperlipidemic agents	N		12/31/2000
RX0220	CAD	2	NDC	OTC	11845107501	niacin 500 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		12/31/2000
RX0220	CAD	2	NDC	Rx	15035140000	red yeast rice 600 mg oral capsule	Cholestin	HMG-CoA reductase inhibitors	N		1/1/2000
RX0220	CAD	2	NDC	Rx	15035140010	red yeast rice 600 mg oral capsule	Cholestin	HMG-CoA reductase inhibitors	N		1/1/2000
RX0220	CAD	2	NDC	OTC	17236041801	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	17236041810	niacin 50 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	17236042001	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	17236042010	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	17236042101	niacin 250 mg oral capsule, extended release	Niacin TR	miscellaneous antihyperlipidemic agents	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	17236042110	niacin 250 mg oral capsule, extended release	Niacin TR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	24385073478	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		12/30/2002
RX0220	CAD	2	NDC	Rx	38245026679	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		6/30/2002
RX0220	CAD	2	NDC	Rx	38245026680	cholestyramine 4 gm/9 gm oral powder	Cholestyramine	bile acid sequestrants	N		6/30/2002
RX0220	CAD	2	NDC	Rx	38245030028	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		10/31/2001
RX0220	CAD	2	NDC	Rx	38245030080	cholestyramine 4 gm/5 gm oral powder	Cholestyramine Light	bile acid sequestrants	N		10/31/2001
RX0220	CAD	2	NDC	OTC	43292012356	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	43292022328	niacin 500 mg oral tablet, extended release	Niacin ER	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	43292055740	niacin 250 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	43292055792	niacin 500 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	49348009710	niacin 100 mg oral tablet	Niacin	miscellaneous antihyperlipidemic agents	N		3/15/2002
RX0220	CAD	2	NDC	OTC	49483001301	niacin 125 mg oral capsule, extended release	Niacin SR	miscellaneous antihyperlipidemic agents	N		
RX0220	CAD	2	NDC	OTC	87701079035	GNP NIACIN 100 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854020983	NIACIN 500 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854020560	NIACIN 100 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	79854020125	NIACIN 50 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854020140	NIACIN 250 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854020311	NIACIN 500 MG TABLET SA	Niacin SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854020312	NIACIN 500 MG TABLET SA	Niacin SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854010997	NIACIN 500 MG TABLET	Niacin	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854010076	NIACIN 250 MG TABLET SA	Niacin SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854010078	NIACIN 500 MG TABLET SA	Niacin SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	79854010080	NIACIN 500 MG TABLET SA	Niacin SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	64980010301	NIACIN 500 MG TABLET SA	NIADELAY	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	64915014160	NIACIN 500 MG CAPSULE	NIACINOL	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	60814058901	NIACIN 500MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	59441015001	NIACIN 400 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	55953038240	CLOFIBRATE 500MG CAPSULE	CLOFIBRATE 500MG CAPSULE	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	54738053613	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL 600 MG TABLET	FIBRIC ACID DERIVATIVES	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	54629071403	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	54629071001	NIACIN 250 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	54629071101	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	54629066311	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	54629066312	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	54629066390	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	52569041340	HM NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	51079078701	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	51079078717	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	OTC	50428213843	CVS NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111019401	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111019403	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111019601	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111019603	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111019901	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	50111019903	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	50111020201	NIACIN 400 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49614059178	NIACIN 100MG TAB SYNTHETIC	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49452908001	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49452908002	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49452484001	NIACIN POWDER	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	49452201101	CHOLESTYRAMINE RESIN POWDER	CHOLESTYRAMINE	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	OTC	49260012165	NIACIN 250 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49260012183	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49260012126	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49260012072	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49260012053	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49260012054	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	48107004970	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	43292055703	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	43292055539	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	43292012355	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	41163023974	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	41163023550	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	41163023165	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779037300	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	38779037310	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	38779037350	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	38779037810	NICOTINIC ACID POWDER	NICOTINIC ACID	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779037850	NICOTINIC ACID POWDER	NICOTINIC ACID	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	37205007878	NIACIN 100MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	29135000010	NICOTINIC ACID 250 MG TABLET SA	ENDUR-ACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	29135000020	NICOTINIC ACID 500 MG TABLET SA	ENDUR-ACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	20525010146	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	19458808001	NIACIN 100MG TABLET	ECK NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	19458808002	NIACIN 100 MG TABLET	ECK NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	17317037902	NIACIN POWDER	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	17317037904	NIACIN POWDER	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	16563002901	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	16563016563	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	12333915801	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11845094105	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11845088101	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	11845088201	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	11845088205	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11845088301	NIACIN 400 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11822336220	RA NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11822014480	RA NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	11694088101	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11694086101	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11383014711	NIACIN 500MG CAPSULE SA	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10939025411	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10939026111	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10939026211	NIACIN 500 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10267001204	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019010	NIACIN 500 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019069	NIACIN 500 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019110	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019160	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019190	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019201	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019210	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	10135018901	NIACIN 400 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018910	NIACIN 400 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019001	NIACIN 500 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018610	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018701	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018705	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018710	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018769	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018805	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135018810	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	05000000602	SAV-ON NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	05000000603	SAV-ON NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	04000000218	OSCO NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	04000000117	OSCO NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	04000000118	OSCO NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	00904773252	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	OTC	00904434760	NIACIN 750MG CAPLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	00904063360	NIACIN 125MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	00904062980	NIACIN 250MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	00904063060	NIACIN 400MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	00904062970	NIACIN 250MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	00761067720	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	00904558152	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00904558252	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00904558352	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	OTC	51552054325	CLOFIBRATE LIQUID	CLOFIBRATE	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00093800901	FENOFIBRATE 67 MG CAPSULE	FENOFIBRATE	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	OTC	24385096978	NIACIN 250 MG TR TABLET	NIACIN TR	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49614059478	NIACIN 100 MG TAB SYNTHETIC	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

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RX0220	CAD	2	NDC	OTC	87701025823	GNP NIACIN 250 MG TR TABLET	NIACIN TR	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	87701034323	BL NIACIN 250 MG TR TABLET	NIACIN TR	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	65779041040	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	65779041901	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779037308	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	38779037309	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	38779037805	NICOTINIC ACID POWDER	NICOTINIC ACID	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779037808	NICOTINIC ACID POWDER	NICOTINIC ACID	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	49483001350	NIACIN 125 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779049804	PROBUCOL POWDER	PROBUCOL	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	41415011477	PX NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	49884079265	CHOLESTYRAMINE PACKET	QUESTRAN LIGHT	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	62022076030	LOVASTATIN 10 MG TABLET	ALTOCOR	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	62037079101	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	62037079201	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	62037079301	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	49884079289	CHOLESTYRAMINE POWDER	QUESTRAN LIGHT	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	OTC	64899041901	HCA NIACIN 250 MG TABLET TR	NIACIN TR	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	64899045801	HCA NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	97807041039	HCA NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	97807041040	HCA NIACIN 250 MG TABLET TR	NIACIN TR	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	97807041087	HCA NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	00003519533	PRAVACHOL 80 MG TABLET	PRAVACHOL	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	65597070154	COLESERELAM 625 MG TABLET	WELCHOL	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	00069216030	AMLODIPINE/ATORVASTATIN 10 MG/10 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069217030	AMLODIPINE/ATORVASTATIN 5 MG/20 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069218030	AMLODIPINE/ATORVASTATIN 10 MG/20 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069219030	AMLODIPINE/ATORVASTATIN 5 MG/40 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069226030	AMLODIPINE/ATORVASTATIN 5 MG/80 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069227030	AMLODIPINE/ATORVASTATIN 10 MG/80 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		

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RX0220	CAD	2	NDC	Rx	62022062730	LOVASTATIN 10 MG TABLET	ALTOPREV	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	62022062830	LOVASTATIN 20 MG TABLET	ALTOPREV	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	62022063030	LOVASTATIN 60 MG TABLET	ALTOPREV	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031128	EZETIMIBE/SIMVASTATIN 10/10 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031131	EZETIMIBE/SIMVASTATIN 10/10 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031154	EZETIMIBE/SIMVASTATIN 10/10 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031228	EZETIMIBE/SIMVASTATIN 10/20 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031231	EZETIMIBE/SIMVASTATIN 10/20 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031254	EZETIMIBE/SIMVASTATIN 10/20 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031331	EZETIMIBE/SIMVASTATIN 10/40 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031354	EZETIMIBE/SIMVASTATIN 10/40 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031531	EZETIMIBE/SIMVASTATIN 10/80 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031552	EZETIMIBE/SIMVASTATIN 10/80 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031554	EZETIMIBE/SIMVASTATIN 10/80 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		

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RX0220	CAD	2	NDC	OTC	65162041810	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	65162041811	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	65162042010	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	65162042110	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	00074612290	FENFIBRATE 48 MG TABLET	TRICOR	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00074612390	FENFIBRATE 145 MG TABLET	TRICOR	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00591045460	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00069296030	AMLODIPINE/ATORVAS TATIN 2.5 MG/10 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069297030	AMLODIPINE/ATORVAS TATIN 2.5 MG/20 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069298030	AMLODIPINE/ATORVAS TATIN 2.5 MG/40 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	67253074150	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	51079097401	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	51079097501	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	51079097601	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	65726040110	FENOFIBRATE 43 MG CAPSULE	ANTARA	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	65726040310	FENOFIBRATE 130 MG CAPSULE	ANTARA	FIBRIC ACID DERIVATIVES	N		

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RX0220	CAD	2	NDC	Rx	65726040325	FENOFIBRATE 130 MG CAPSULE	ANTARA	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00228263350	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	OTC	41163026633	EQL NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	66582031182	EZETIMIBE/SIMVASTATIN 10/10 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031282	EZETIMIBE/SIMVASTATIN 10/20 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031374	EZETIMIBE/SIMVASTATIN 10/40 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	66582031574	EZETIMIBE/SIMVASTATIN 10/80 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	OTC	10939043533	SUNMARK NIACIN 250 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49348051710	SUNMARK NIACIN 250 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	49452201103	CHOLESTYRAMINE RESIN POWDER	CHOLESTYRAMINE	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	59630048090	FENOFIBRATE 50 MG TABLET	TRIGLIDE	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	59630048590	FENOFIBRATE 160 MG TABLET	TRIGLIDE	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	00781121010	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00781121310	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00781132305	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	60505003401	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	Rx	60505003402	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	49884046565	CHOLESTYRAMINE PACKET	CHOLESTYRAMINE	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	49884046566	CHOLESTYRAMINE POWDER	CHOLESTYRAMINE	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	49884046665	CHOLESTYRAMINE LIGHT PACKET	CHOLESTYRAMINE LIGHT	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	49884046667	CHOLESTYRAMINE LIGHT POWDER	CHOLESTYRAMINE LIGHT	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	Rx	51927194200	CHOLESTYRAMINE RESIN POWDER	CHOLESTYRAMINE	BILE ACID SEQUESTRANTS	N		
RX0220	CAD	2	NDC	OTC	11822881060	RA NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	49452484002	NIACIN POWDER	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	00069215030	AMLODIPINE-ATORVASTATIN 5 MG/10 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00069225030	AMLODIPINE-ATORVASTATIN 10 MG/40 MG TABLET	CADUET	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	00591045405	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	OTC	10135018869	NIACIN 250 MG CAPSULE SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10135019168	NIACIN 500 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	10267001201	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11694086104	NIACIN 50 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	11917003930	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

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RX0220	CAD	2	NDC	OTC	16563002902	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	17317037906	NIACIN POWDER	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	38779037305	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	OTC	49260012163	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	49884075402	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	49884075502	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	49884075602	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	OTC	54629070901	NIACIN 250 MG TABLET SA	NIACIN SA	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	57844069198	FENOFIBRATE 54 MG TABLET	LOFIBRA	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	57844069298	FENOFIBRATE 160 MG TABLET	LOFIBRA	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	62022062930	LOVASTATIN ER 40 MG TABLET	ALTOPREV	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	OTC	64899041801	HCA NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	65162042011	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	65726040125	FENOFIBRATE 43 MG CAPSULE	ANTARA	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	66582031352	EZETIMIBE/SIMVASTATIN 10/40 TABLET	VYTORIN	CHOLESTEROL ABSORPTION INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	67253074106	GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		

Code Set ID	Topic Type	Topic Indicator	Name of Code System	OTC Status	Drug Code	Drug Description	Drug Brand Name	Drug Category	Drug Exclusion	Drug Effective Date	Drug Expiration Date
RX0220	CAD	2	NDC	OTC	79854020130	NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	OTC	87701071245	BL NIACIN 100 MG TABLET	NIACIN	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	51927264300	GEMFIBROZIL POWDER	GEMFIBROZIL	FIBRIC ACID DERIVATIVES	N		
RX0220	CAD	2	NDC	Rx	51927293200	PROBUCOL POWDER	PROBUCOL	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		
RX0220	CAD	2	NDC	Rx	68084013101	LOVASTATIN 10 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	68084013201	LOVASTATIN 20 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	68084013301	LOVASTATIN 40 MG TABLET	LOVASTATIN	HMG-COA REDUCTASE INHIBITORS	N		
RX0220	CAD	2	NDC	Rx	38779049805	PROBUCOL POWDER	PROBUCOL	ANTILIPEMIC AGENTS, MISCELLANEOUS	N		

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Input Guide

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What Input Files to Prepare

The following list specifies what input files you prepare for processing:

- The claims data file (required)
- The member data file (required)
- The member term data file (required)

Field Type Definitions and Input File Requirements

This chapter lists the field requirements for your input files. One of the attributes listed among the requirements is defined as "Type". There are four field types used to describe a field's value, and they are defined below.

Field Type	Definition
AlphaNum	A value made of letters and/or numbers. If a value of this type is made of numbers only, it will not be a value that can be operated on mathematically. For example, it would be inappropriate to subtract one procedure code from another procedure code even though both values may contain only numbers.
Num	A value made of numbers only, and which can logically be operated on mathematically. Age is an example of this type. One particular field, while not used in mathematical calculations, is defined in the EBM Connect software as such that it accepts only numeric values. (To enter a non-numeric value would cause EBM Connect processing to stop.) Therefore, this field is defined as Num. It is the Case ID field in the optional disease registry input file.
Date	A value which can be interpreted as a date value. Values should always use four-digit years but the format may vary otherwise.
DecNum	A value made of numbers and a decimal point. These values can also logically be operated on mathematically.

Claims Input File

The claims file contains detailed information on services that were billed or performed or otherwise rendered. The claims file includes:

- Medical claims, including medical services, facility services and clinic services
- Pharmacy claims, including billed prescriptions and drugs
- Lab claims, including lab test and results information

Field Name	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Always required for all claims
Patient ID	AlphaNum	0-2	Optional
Amount Paid	DecNum	1-11	Required for all claims
Amount Allowed	DecNum	0-11	Required for all claims
Procedure Code	AlphaNum	5	Required if there is no revenue code, NDC, or LOINC® code
Procedure Code Modifier	AlphaNum	2	Required for medical claims
Revenue Code	AlphaNum	0 or 4	Optional (applies to medical claims when used)
First Diagnosis Code	AlphaNum	5 or 6	Required for medical claims
Second Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Third Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Fourth Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
First Date of Service	Date	8 or 10	Always required for all claims
Last Date of Service	Date	8 or 10	Required for all claims

Paid Date	Date	0, 8 or 10	Optional
Type of Service	AlphaNum	0-10	Optional
Provider ID	AlphaNum	1-20	Required for medical claims
Ordering Provider ID	AlphaNum	0-20	Optional
Provider Type	AlphaNum	1-10	Required for medical claims
Provider Specialty Type	AlphaNum	1-10	Required for medical claims
Provider Key	AlphaNum	1-20	Required for medical claims
NDC	AlphaNum	0 or 11	Required for Rx claims
Day Supply	Num	0-4	Required for Rx claims
Quantity Count	DecNum	0-10	Required for Rx claims
LOINC®	AlphaNum	0 or 7	Required for lab claims
Lab Test Result	AlphaNum	0-18	Required for lab claims
Place of Service	AlphaNum	1-10	Required for medical claims
Unique Record ID	AlphaNum	1-28	Required for all claims
Claim Number	AlphaNum	1-28	Required for all claims
Bill Type Frequency Indicator	Num	0 or 1	Optional
Patient Status	AlphaNum	1-2	Required for facility claims (involving admission or confinement).
Facility Type	AlphaNum	0-2	Optional
Bed Type	AlphaNum	0-1	Optional
First ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional, but will impact results (applies to medical claims when used)
Second ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Third ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Fourth ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)

Field Descriptions

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string.

Note: Remember that each Family ID (and Patient ID) listed in your claims input file must have a corresponding record in your member input data file and your member term data file.

Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Amount Paid

The amount paid for this claim line.

Amount Allowed

The allowed amount for this claim line. This amount typically represents the total amount reimbursed including deductibles, copays, coinsurance, insurer paid, etc.

Procedure Code

The procedure code must be one of:

- A procedure code specified in the Physician's Current Procedure Terminology, 4th Edition (CPT® -4 codes) defined by the American Medical Association, for the years 1997 and later.
- A procedure code specified by the HCFA Common Procedure Coding System, Level II code (HCPCS) defined by the Centers for Medicare and Medicaid Services (CMS) for the years 1999 and later.
- A National Uniform Billing Committee (NUBC) revenue code.

Note: When the NUBC code is entered in the Procedure Code field, it should be padded to the right with blanks because the Procedure Code field always occupies five characters.

- If your organization defines its own procedure codes and/or revenue codes, they must be mapped to standard procedure and revenue codes.

Procedure Code Modifier

Use this field to specify any procedure code modifier that accompanies the procedure code.

Revenue Code

The revenue code, if one was entered for the claim. Supported values in this field are NUBC revenue codes. If your organization defines its own revenue codes, they must be mapped to standard revenue codes.

The revenue code is an optional field, allowing you to define your input records so that you can place an NUBC revenue code and a CPT/HCPCS procedure code on a single record line.

For claim records that do not have a revenue code, leave the revenue code field blank.

First Diagnosis Code Through Fourth Diagnosis Code

Up to four diagnoses may be entered for each claim, but only the first is required.

If your organization defines its own diagnosis codes, they must be mapped to standard ICD-9 diagnosis codes.

First Date of Service and Last Date of Service

The first date and last date represented by the claim line. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Paid Date

This field is optional. This is the date the claim was paid. The format of the paid date must be the same as that used in the First and Last Date of Service.

Type of Service

This is an optional code which represents the type of service (TOS) performed for this claim. If no specific value is available for this field, it should be filled with blanks. If this field is not used (i.e., its length is set to zero in the configuration), non-pharmaceutical claims with no procedure code will be treated as ancillary records.

Provider ID

Provider identification number from the claim. Used to identify who performed the service.

Ordering Provider ID

This is an optional field. This is the identification number of the provider who ordered the service.

Provider Type

This code represents the type of provider who performed the service. Examples of provider types would be chiropractor, nurse practitioner, medical doctor, counselor, pharmacy, hospital or treatment facility.

Provider Specialty Type

This code represents the specialty of the provider who performed the service.

Provider Key

Unique number or code for a physician who has multiple provider IDs or specialties. A single health care provider may have multiple provider IDs in your input claims data, but this person or entity should have only one provider key.

NDC

If this is a pharmaceutical claim, this field should contain the drug's NDC code. For non-pharmaceutical claim records, the NDC field should be filled with blanks.

Day Supply

For pharmacy records, the number of days a filled prescription is expected to last. If you have no pharmacy records, the Days Supply is an optional field.

Quantity Count

Quantity of drug dispensed in metric units:

Each - solid oral dosage forms (tablet, capsule), powder filled (dry) vials, packets, patches, units of use packages, suppositories, bars.

Milliliter - (cc) liquid oral dosage forms, liquid filled vials, ampules, reconstituted oral products.

Grams - ointments, bulk powders (not IV).

If you have no pharmacy records, the Quantity Count is an optional field.

LOINC®

Logical Observation Identifiers Names and Codes (LOINC®). The LOINC Code is a universal identifier for a lab test for a particular analyte. The LOINC User's Guide and database can be found at www.regenstrief.org.

Enter a LOINC code if the record is a lab record. For non-lab records, leave the LOINC field blank.

If you have no lab records in your claims input, the LOINC code is optional.

Notes:

- (1) When using lab results data that has not been mapped to a LOINC code, map the comparable vendor-specific test number provided by the laboratory vendor(s) to one of these default codes.
- (2) This is a retired code which may be present on historical data, or which some laboratories may be continuing to use. Input record data with this code is included in the definition of this test.

Lab Test Result

If the record is a lab record, use this field to enter the result value of lab test. For non-lab records, this field should be blank.

If you have no lab records in your claims input, the Lab Test Result is optional.

Place of Service

Place of service (POS). You must map your internal POS codes to Centers for Medicare and Medicaid Services (CMS) standard POS codes.

Unique Record ID

This required field contains a unique identifier representing the service line from the claim. For medical services, this ID typically represents the service row from the CMS 1500 or CMS 1450/UB92 claim form.

Claim Number

A unique identifier used to link service lines for a specific claim submitted for a member. If a claim has multiple service lines, each service will have a unique record ID and the same claim number to represent the claim.

Bill Type Frequency Indicator

This optional field is used to indicate the disposition of confinements.

Patient Status

This field is required for facility claims. The contents will be the patient status indicator field from the NUBC UB-92 form. This field can denote whether the member died during a confinement.

Facility Type

This field is optional. Space for it is provided to allow for additional post grouping analysis. The contents will typically be the UB-92 facility type data value. This would allow records to be easily selected for diagnosis related grouping (DRG) based on the facility type.

Bed Type

If a value is present, this field acts as an additional discriminator in determining whether a Facility record extends an existing confinement or starts a new confinement.

First ICD-9 Procedure Code Through Fourth ICD-9 Procedure Code

If your claims have ICD-9 procedure codes, include them in your claims input file.

If a decimal point will appear in this field in your claim records, the length should be given as 5. If the decimal separator is not used, the length is 4. If these fields are unused, the length is zero.

Member Input File

The member data file contains the most current information about the member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Patient Gender	AlphaNum	1	Required
Date of Birth	Date	8 or 10	Required
Member Beginning Eligibility Date	Date	0, 8 or 10	Optional
Member Ending Eligibility Date	Date	0, 8 or 10	Optional

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

Patient Gender and Date of Birth

The member's gender (F or M) and date of birth. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid date formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Member Beginning Eligibility Date and Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Member Term Input File

The member term data file contains member coverage and term activity information. Plan coverage begin and end dates are required in order to correctly calculate the other fields in the member term file. There may be more than one record per individual member.

Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Member Beginning Eligibility Date	Date	8 or 10	Required
Member Ending Eligibility Date	Date	8 or 10	Required
Primary Care Provider	AlphaNum	20	Required
Provider Specialty Type	AlphaNum	1-10	Required
Medical Flag	AlphaNum	1	Required
Pharmacy Flag	AlphaNum	1	Required

Instructions for each input field are as follows:

Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member term file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

Patient ID

This field identifies individual members within a family.

Member Beginning Eligibility Date and Member Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

Primary Care Provider

The provider key for the member's primary care physician. A single health care physician may have multiple provider IDs in your input claims data, but this person should have only one provider key.

Provider Specialty Type

This code represents the specialty of the primary care physician.

Medical Flag

Identifies whether the member has medical coverage (Y or N).

Pharmacy Flag

Identifies whether the member has pharmacy coverage (Y or N).