Report Writing Specifications
Adverse Drug Events Primary Measures
Anticoagulants, Opioids and Hypoglycemic Agents
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Terms Used in this Document

**Primary Measures:** These preferred measures are clinically specific and have been developed to provide relevant data to identify and assess areas for improvement.

**Option 2 Measures:** These measures are not as clinically specific, but are less complex to collect manually. They have been created for hospitals who are unable to collect and submit primary measure data. More information about Option 2 measures can be found on: www.wsha.org/ADE.cfm

**Pseudocode:** A pseudocode is an algorithm written to facilitate the report writing process and data abstraction from the electronic health record (EHR). This type of code is intended to be read by humans and not by a computer. Report writers are able to take the information provided in a pseudocode and translate it into code specific to the EHR used at their hospital.

**Clinical Translation:** A clinical translation column has been included to describe, in clinical terms, the goal for each section of the pseudocode.

**Quality Benchmarking System (QBS):** Secure, web-based application that allows hospitals to input data and then track, compare, and analyze the data for use in quality improvement. QBS is brought to you at no charge by the Washington State Hospital Association's Patient Safety Program. Hospitals have the ability to share their data with other hospitals to aid their quality improvement efforts. As improvement projects are implemented, users can focus on whether these interventions are truly making a difference. QBS helps with data display, analysis, and timely dissemination, and is a powerful tool for those who work with quality data.
Background

Adverse drug events (ADE) account for 34% of inpatient harms. The Institute of Medicine (IOM) estimates that 1.5 million preventable ADEs occur each year. On average, every patient admitted to the hospital is subject to at least one medication error per day, accounting for approximately $3.5 billion additional costs.

According to the National Action Plan for Adverse Drug Event Prevention, a review of national inpatient and outpatient data identified three types of ADEs that are common, clinically significant, preventable and measurable: 1) bleeding caused by anticoagulant overdose, 2) overdose and drug interactions with opioids causing over sedation and respiratory failure, and 3) hypoglycemia caused by inappropriate dosing of hypoglycemic agents.

Goal

Hospitals will:
1. Collect and report ADE data for anticoagulants, opioids and hypoglycemic agents and
2. Reduce ADEs in these three areas by 40% by December 2014.

WSHA is working with hospitals to achieve these goals. All related ADE Measure Definition Sheets and Safety Action Bundles can be found on www.wsha.org/ADE.cfm

Context and Limitations

As of Q3 2013, 43.4% of participating hospitals were collecting and submitting ADE data to WSHA Quality Benchmarking System (QBS). In January 2014, the WSHA ADE Advisory Group reviewed data submission rates, and shared concerns surrounding the time it takes to have reports written at each of their hospitals.

Due to significant challenges with ADE report writing and data mining for hospitals, the Advisory Group recommended convening a group of report writers and clinicians to work together on developing common report writing language for the primary measures. This would not only save time at each of the hospitals, it would also increase standardization in the region and reduce barriers to obtaining ADE data for analysis and harm reduction. This document contains the efforts of the Report Writing subgroup. Most of the hospitals involved in the Report Writing group use Epic as their EHR, however the group was mindful when writing pseudocodes to write them in a way that would be useful to all report writers regardless of EHR used.

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Although Option 2 measures are available for hospitals who are unable to collect and submit primary measure data, the pseudocodes in this document have been written for the primary measures since 1) the primary measures are the preferred and more clinically specific measures, and 2) the assumption is that hospitals who are submitting Option 2 measures are less likely to have an integrated electronic health record system (EHR).

The pseudocodes presented in this document are intended to be used by hospital report writers, and clinical staff who request and review the data.

For more information about inclusion criteria, exclusion criteria and data submission for these measures, please refer to corresponding ADE Measure Definition Sheets. ADE Measure Definition Sheets are available on: www.wsha.org/ADE.cfm.
### Pseudocode for ADE Anticoagulants Primary Measure

This pseudocode is based on the [ADE Anticoagulant Measure Definition Sheet](#).

#### Numerator
Number of patient events with an INR > 5 after any warfarin administration (for patients cared for in an inpatient area). A patient that has multiple elevated INRs will be counted as one event until it drops below 3.5 and rises above 5 again.

#### Denominator
Number of patients (cared for in an inpatient area) on warfarin.

See [ADE Anticoagulant Measure Definition Sheet](#) for Inclusion and Exclusion criteria.

<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start – Identifying Flags</strong></td>
<td>Start by identifying patients according to inclusion and exclusion criteria as defined on the <a href="#">ADE Anticoagulant Measure Definition Sheet</a>.</td>
</tr>
<tr>
<td><strong>Identify Inclusion Criteria Flags</strong></td>
<td>Identify patients who have INR lab results.</td>
</tr>
<tr>
<td>IF Lab Component = INR or INR (POC) THEN Count INRLabResult (for status ‘Final’ or ‘Corrected’)</td>
<td>Identify patients who had elevated INRs. Include separate events when INR dropped below 3.5 and went back above 5. Count number of events, not number of patients.</td>
</tr>
<tr>
<td>Create Elevated INR Flag () IF after Warfarin given and before INR&lt;3.5, there is at least one INR&gt;5 THEN ‘Y’ ELSE ‘N’ OR if there is at least one INR &gt; 5 after Warfarin and patient subsequently discharged THEN ‘Y’ ELSE ‘N’</td>
<td></td>
</tr>
<tr>
<td>Patients with Warfarin Flag () IF medication = Warfarin Sodium and IF MAR action=Given(^6) THEN ‘Y’ ELSE ‘N’</td>
<td>Identify patients who were given warfarin.</td>
</tr>
</tbody>
</table>

\(^6\) Use terms specific for MAR like: Given, Given During Downtime, Override pull
## Pseudocode

### Identify Exclusion Criteria Flags

**Diagnosis Flag ()**

\[
\text{IF diagnosis} \in ['70.0', '70.1', '70.2',
'70.21', '70.22', '70.23', '70.3', '70.31', '70.32', '70.33', '70.4', '70.41', '70.42', '70.43', '70.44', '70.49', '70.5', '70.51', '70.52', '70.53', '70.54', '70.59', '70.6',
'70.7', '70.71', '70.9', '155.0', '155.1', '155.2', '197.7', '211.5', '230.8', '235.3', '570', '571.0', '571.1', '571.2', '571.3', '571.4', '571.41', '571.42', '571.49', '571.5', '571.51', '571.52', '571.53', '571.54', '571.59', '571.6', '571.7', '571.8', '571.9', '572.2', '572.3', '572.4', '572.5', '572.8', '573', '573.1', '573.2', '573.3', '573.4', '573.5', '573.8', '573.9', '964.2', '197.7', '155', '153',
'573.3', '572.2', '289.81')
\]

\[
\text{THEN 'Y'}
\]

\[
\text{ELSE 'N'}
\]

**Exclude patients with Argatroban Flag ()**

\[
\text{IF MAR Action=Given or New Bag and medication=argatroban}
\]

\[
\text{THEN 'Y'}
\]

\[
\text{ELSE 'N'}
\]

**Exclude INRs marked 'Canceled', 'Disregard', 'Specimen Contamination' or INRs measured in the ED**

### Define Numerator and Denominator

**Numerator Count ()**

Count elevated INR events

Where

- Patient Type = Inpatient or Observation or Rehab
- Elevated INR Flag = Y
- Exclusion Diagnosis Flag = N
- Exclusion Argatroban Flag = N

**Denominator Count ()**

Count encounters

Where

- Patient Type = Inpatient or Observation or Rehab
- Exclusion Diagnosis Flag = N
- Warfarin Flag = Y
- Exclusion Argatroban Flag = N

---

7 Diagnosis occurs anywhere in the diagnosis sequence.
Pseudocode for ADE Opioids Primary Measure

This pseudocode is based on the ADE Opioids Measure Definition Sheet

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Number of patients (cared for in an inpatient area) who received naloxone &lt; 24 hours after any opioid administration related to over sedation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Number of patients (cared for in an inpatient area) receiving opioids.</td>
</tr>
</tbody>
</table>

See ADE Opioids Measure Definition Sheet for Inclusion and Exclusion criteria.

<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start – Identifying Flags</td>
<td>Start by identifying patients according to inclusion and exclusion criteria as defined on the ADE Opioids Measure Definition Sheet.</td>
</tr>
</tbody>
</table>

Identify Inclusion Criteria Flags

Naloxone Flag ()

IF MAR action = given\(^8\)  
AND medication = Naloxone  
AND prior med = Opioid\(^9\)  
AND time between <24hrs  
THEN 1  
ELSE 0

Include patient if naloxone was given within 24 hours of opioid being given.

Opioid Flag ()

IF MAR action = given\(^7\)  
AND medication = Opioid  
THEN 1  
ELSE 0

Include patients who were given opioids.

Identify Exclusion Criteria Flags

ED flag ()

IF Naloxone Dispense Location\(^10\) = ED  
THEN ‘Y’  
ELSE ‘N’

Exclude naloxone doses given in the ED.

---

\(^8\) Use terms specific for MAR like: Given, Given During Downtime, Override pull  
\(^9\) See Opioid list attached at the end of this document  
\(^10\) This would exclude any status type i.e. inpatient, observation, emergency. If the dose was given in the ED it will be excluded.
<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DX flag ()</strong></td>
<td>Exclude these diagnoses within 24 hours of admission.</td>
</tr>
<tr>
<td>IF diagnosis(^{11}) in (304.00, 304.01, 304.02, 304.70, 304.71, 304.72, 305.00, 305.50, 305.51, 305.52, 965.00, 965.01, 965.02, 965.09, E850.0, E850.1, E850.2, E950.0, E980.0) THEN 'Y' ELSE 'N'</td>
<td></td>
</tr>
<tr>
<td><strong>24 hour flag ()</strong></td>
<td>Exclude Naloxone given in PACU and procedural areas (e.g. endoscopy, radiology and cath lab).</td>
</tr>
<tr>
<td>IF Naloxone given within 24 hour of admission(^{12}) THEN 'Y' ELSE 'N'</td>
<td></td>
</tr>
<tr>
<td><strong>Procedural Area Flag ()</strong></td>
<td>Exclude naloxone given IV infusion.</td>
</tr>
<tr>
<td>IF med given(^{13}) = Naloxone AND Dispense Department Specialty(^{14}) in (CT Scan, Day Surgery, Echo, EKG, MRI, Nuclear Medicine, PET/CT Scan, Post Anes Care, IP Post Anesthesia Care, IP Short Stay – Cardiovasc, Cardiac Cath Lab, etc) THEN 'Y' ELSE 'N'</td>
<td></td>
</tr>
<tr>
<td><strong>Infusion flag ()</strong></td>
<td></td>
</tr>
<tr>
<td>IF MAR admin route = Intravenous (IVPB) AND Med=Naloxone THEN 'Y' ELSE 'N'</td>
<td></td>
</tr>
<tr>
<td><strong>Define Numerator and Denominator</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Numerator Count ()</strong></td>
<td>Include patients cared for in an inpatient area i.e. inpatient, observation and rehab beds.</td>
</tr>
<tr>
<td>Count distinct encounters (not doses)</td>
<td>Include patients given naloxone within 24 hours of opioid. Exclude doses given in ED. Exclude doses given within 24 hours of admission for the listed diagnoses. Exclude doses given via IV infusion. Exclude doses given in PACU and procedural areas.</td>
</tr>
<tr>
<td>Where Patient Type=Inpatient, Observation or Rehab AND Naloxone Flag = 1 AND Opioid Flag =1 AND ED flag = N AND (Dx flag = N OR (Dx flag = Y AND 24 hour flag = N)) AND Infusion flag = N AND Procedural Area Flag = N</td>
<td></td>
</tr>
</tbody>
</table>

\(^{11}\) In diagnosis sequence: per CMS coding guidelines, 304 codes may not be listed as the principle dx and the E-codes will never be listed as a principle diagnosis.  
\(^{12}\) Admission to bed, regardless of status. For e.g. include inpatient, observation and rehab beds.  
\(^{13}\) Use terms specific for MAR like: Given, Given During Downtime, Override pull  
\(^{14}\) These are general terms. Use terms are specific to your facility.
<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Count ()</td>
<td>Compile Denominator: Include patients given opioids.</td>
</tr>
<tr>
<td>Count distinct encounters (not doses)</td>
<td></td>
</tr>
<tr>
<td>Where</td>
<td></td>
</tr>
<tr>
<td>Patient Type=Inpatient, Observation or Rehab</td>
<td></td>
</tr>
<tr>
<td>AND Opioid flag =1</td>
<td></td>
</tr>
</tbody>
</table>

**List of Opioids**

- Alfentanil
- Codeine Sulfate (and any drug combination containing codeine)
- FentaNYL
- FentaNYL Citrate
- FentaNYL Citrate-NaCl
- Fentanyl Cit-Ropivacaine-NaCl
- Fentanyl-Bupivacaine-NaCl
- Fentanyl-Droperidol
- Hydrocodone
- Hydrocodone-Acetaminophen
- Hydrocodone-Homatropine
- HYDROMorphone HCl
- HYDROMorphone HCl-NaCl
- Hydromorphone-Bupivacaine-NaCl
- Hydromorphone-Guaifenesin
- Meperidine HCl
- Meperidine HCl-Sodium Chloride
- Meperidine-Promethazine
- Methadone
- Morphine Sulfate
- Morphine Sulfate Beads
- Morphine Sulfate in Dextrose
- Morphine Sulfate Liposome
- Morphine Sulfate-Micrinfusion
- Morphine Sulfate-NaCl
- Morphine-Naltrexone
- Opium Tincture
- Oxycodone
- Oxycodone-Acetaminophen
- Oxycodone-Aspirin
- Oxymorphone
- Remifentanil HCl
- SUFentanil Citrate
### Pseudocode for ADE Hypoglycemic Agents Primary Measure

This pseudocode is based on the [ADE Hypoglycemic Agents Measure Definition Sheet](#).

#### Numerator

Number of patient blood glucose (BG) levels of <50 mg/dl after any hypoglycemic agent administration (for patients cared for in an inpatient area). Blood glucose (BG) is Point of Care (POC) and/or serum test results.

#### Denominator

Number of patients (cared for in an inpatient area) receiving hypoglycemic agents (oral & insulin).

See [ADE Hypoglycemic Agents Measure Definition Sheet](#) for Inclusion/Exclusion criteria.

### Pseudocode

<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Start – Identifying Flags</strong></td>
<td>Start by identifying patients according to inclusion and exclusion criteria as defined on the <a href="#">ADE Hypoglycemic Agents Measure Definition Sheet</a>.</td>
</tr>
<tr>
<td><strong>Identify Inclusion Criteria Flags</strong></td>
<td>Include patients who were given hypoglycemic agents. Note: For Epic users, “New Bag” indicates IV infusion given. Include any relevant MAR actions for other EHR systems.</td>
</tr>
<tr>
<td>Patients with Hypoglycemic Agent Flag ()</td>
<td>Include patients who have point of care and serum blood glucose lab results of &lt;50 mg/dl.</td>
</tr>
<tr>
<td>IF medication = hypoglycemic agents(^{15}) and IF MAR action=Given(^{15}) or New Bag THEN ‘Y’ ELSE ‘N’ Hypoglycemic Event()</td>
<td></td>
</tr>
<tr>
<td>IF Lab Component(^{17}) = LAB PERFORM POC GLUC, GLUCOSE, GLUCOSE FASTING, GLUCOSE 30MIN, GLUCOSE 2HR PP AND = resulted AND Result Value &lt;50 mg/dl THEN 1 ELSE 0</td>
<td></td>
</tr>
<tr>
<td><strong>Identify Exclusion Criteria Flags</strong></td>
<td>Exclude blood glucose readings collected while patient located in the Emergency Department.</td>
</tr>
<tr>
<td>ED Reading Flag()</td>
<td></td>
</tr>
<tr>
<td>IF blood glucose measured when patient location = ED THEN ‘Y’ ELSE ‘N’</td>
<td></td>
</tr>
</tbody>
</table>

\(^{15}\) See Hypoglycemic Agents list attached at the end of this document  
\(^{16}\) Use terms specific for MAR like: Given, Given During Downtime, Override pull  
\(^{17}\) Epic Component IDs: 3390, 2311, 2301, 2242, 3157, 59, 1741, 1998, 15, 1125, 2662, 665, 1893, 3087, 2406. Note to hospitals using other EHRs: use terms specific to your facility and EHR.
<table>
<thead>
<tr>
<th>Pseudocode</th>
<th>Clinical Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Reading Flag()</td>
<td>Exclude the lab results if they are within 30 minutes from the result time of the last level. Note it’s “result time” vs “draw time” as a baseline since for laboratory blood glucose level, the draw time and the result time may vary a bit.</td>
</tr>
<tr>
<td>Exclude any additional pre-intervention lab results of BG &lt;50 mg/dl within 30 minutes of the last BG &lt;50 mg/dl level drawn.</td>
<td></td>
</tr>
</tbody>
</table>

**Define Numerator and Denominator**

**Numerator Count ( )**

Count glucose readings

Where

- Patient Type = Inpatient or Observation or Rehab
- AND ED Reading Flag = N
- AND Hypoglycemic Event >0

**Denominator Count ( )**

Count Encounters

Where

- Patient Type = Inpatient or Observation or Rehab
- AND hypoglycemic agent Flag\(^{18}\) = Y

---

\(^{18}\) All patients receiving a hypoglycemic agent
List of Hypoglycemic Agents

<table>
<thead>
<tr>
<th>ShortMedicationNM</th>
<th>BYETTA</th>
<th>GLUCOTROL XL</th>
</tr>
</thead>
<tbody>
<tr>
<td>acarbose</td>
<td>BYETTA 10 MCG PEN</td>
<td>GLUCOVANCE</td>
</tr>
<tr>
<td>AcetoHEXAMIDE</td>
<td>BYETTA 5 MCG PEN</td>
<td>GLOMETZA</td>
</tr>
<tr>
<td>ACTOPLUS MET</td>
<td>chlorproPAMIDE</td>
<td>glyBURIDE</td>
</tr>
<tr>
<td>ACTOPLUS MET XR</td>
<td>CYCLOSET</td>
<td>glyBURIDE micronized</td>
</tr>
<tr>
<td>ACTOS</td>
<td>DIABETA</td>
<td>Glyburide-Metformin</td>
</tr>
<tr>
<td>Alogliptin Benzoate</td>
<td>DIABINESE</td>
<td>GLYCRON</td>
</tr>
<tr>
<td>Alogliptin-Metformin HCl</td>
<td>DUETACT</td>
<td>GLYNASE</td>
</tr>
<tr>
<td>Alogliptin-Pioglitazone</td>
<td>exenatide</td>
<td>GLYSET</td>
</tr>
<tr>
<td>AMARYL</td>
<td>EXUBERA</td>
<td>HUMALOG</td>
</tr>
<tr>
<td>APIDRA</td>
<td>FORTAMET</td>
<td>Humalog Mix 50/50</td>
</tr>
<tr>
<td>APIDRA OPTICLIK</td>
<td>Glibenclamide</td>
<td>HUMALOG MIX 75/25</td>
</tr>
<tr>
<td>APIDRA SOLOSTAR</td>
<td>glimepiride</td>
<td>HUMALOG PEN</td>
</tr>
<tr>
<td>APPFORMIN</td>
<td>GLIPIZIDE</td>
<td>HUMULIN 50/50</td>
</tr>
<tr>
<td>APPFORMIN-D</td>
<td>GLIPIZIDE XL</td>
<td>HUMULIN 70/30</td>
</tr>
<tr>
<td>AVANDAMET</td>
<td>GLIPIZIDE-METFORMIN</td>
<td>HUMULIN 70/30 KWIKPEN</td>
</tr>
<tr>
<td>AVANDARYL</td>
<td>GlipiZIDE-Metformin HCl</td>
<td>HUMULIN 70/30 PEN</td>
</tr>
<tr>
<td>AVANDIA</td>
<td>GLUCOPHAGE</td>
<td>HUMULIN L</td>
</tr>
<tr>
<td>Bromocriptine Mesylate</td>
<td>GLUCOPHAGE XR</td>
<td>HUMULIN N</td>
</tr>
<tr>
<td>BYDUREON</td>
<td>GLUCOTROL</td>
<td>HUMULIN N KWIKPEN</td>
</tr>
</tbody>
</table>
HUMULIN N PEN
HUMULIN R
HUMULIN U
ILETIN I LENTE
ILETIN I NPH
ILETIN I REGULAR
ILETIN II LENTE (PORK)
ILETIN II NPH (PORK)
ILETIN II REGULAR (PORK)
insulin (regular)
insulin (regular) 1 unit/mL in sterile diluent dilution
insulin 70/30
insulin aspart (and any other insulin aspart sliding scales)
insulin aspart-protamine insulin aspart
insulin detemir
insulin glargine
insulin glulisine
INSULIN INJECTION
INSULIN ISOPHANE
Insulin Isophane Pork
insulin lente
INSULIN LISP & LISP PROT (HUM)
insulin lispro
insulin lispro protamine & insulin lispro
insulin lispro protamine & insulin lispro mix 75/25
insulin lispro protamine & lispro
insulin novolog 70/30 mix
insulin nph
insulin NPH and regular (human) 50-50
INSULIN PURIFIED LENTE (PORK)
INSULIN PURIFIED NPH (PORK)
INSULIN PURIFIED REGULAR(PORK)
Insulin Reg (Human) Buffered
INSULIN REGULAR
insulin regular (human)
insulin regular (human) 150 units in 0.9 % NaCl (NS) 150 mL
Insulin Regular Human (and any other insulin regular sliding scales)
Insulin Regular Pork
Insulin U-500
INSULIN ZINC
Insulin Zinc Extended Human
Insulin Zinc Pork
JANUMET
JANUMET XR
JANUVIA
JENTADUETO
JUVISYNC
KAZANO
KOMBIGLYZE XR
LANTUS
LEVEMIR
LEVEMIR FLEXPEN
linagliptin
Linagliptin-Metformin HCl
Liraglutide
METAGLIP
metformin
Metformin HCl
MICRONASE
miglitol
nateglinide
NESINA
NOVOLIN 70/30
NOVOLIN 70/30 INNOLET
NOVOLIN 70/30 PENFILL
NOVOLIN 70/30 RELION
NOVOLIN L
NOVOLIN N
NOVOLIN N INNOLET
NOVOLIN N PENFILL
<table>
<thead>
<tr>
<th>NOVOLIN N RELION</th>
<th>Pioglitazone HCl</th>
<th>RIOMET</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVOLIN R</td>
<td>Pioglitazone HCl-Glimepiride</td>
<td>rosiglitazone</td>
</tr>
<tr>
<td>NOVOLIN R INNOLET</td>
<td>Pioglitazone HCl-Metformin HCl</td>
<td>Rosiglitazone-Glimepiride</td>
</tr>
<tr>
<td>NOVOLIN R PENFILL</td>
<td>pramlintide</td>
<td>Rosiglitazone-Metformin</td>
</tr>
<tr>
<td>NOVOLIN R RELION</td>
<td>Pramlintide Acetate</td>
<td>Saxagliptin HCl</td>
</tr>
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<td>NOVOLOG</td>
<td>PRANDIMET</td>
<td>Saxagliptin-Metformin</td>
</tr>
<tr>
<td>NOVOLOG FLEXPEN</td>
<td>PRANDIN</td>
<td>sitagliptin</td>
</tr>
<tr>
<td>NOVOLOG MIX 50/50</td>
<td>PRECOSE</td>
<td>sitagliptin-metformin</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30</td>
<td>regular insulin</td>
<td>Sitagliptin-Metformin HCl</td>
</tr>
<tr>
<td>NOVOLOG MIX 70/30 FLEXPEN</td>
<td>RELION 70/30</td>
<td>Sitagliptin-Simvastatin</td>
</tr>
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