

Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – April 2014

Effective April 30, 2014

Ministry of Health and Long-Term Care



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Additions to Formulary

New Single Source Drugs

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02299844	Celsentri 150mg Tab	MARAVIROC	VIH	16.5000
02299852	Celsentri 300mg Tab	MARAVIROC	VIH	16.5000

Therapeutic Note

For use in combination with an optimized regimen for the treatment of HIV-1 infection in treatment experienced adult patients with:

- CCR5 tropic virus only; AND who have one of the following:
 - Documented resistance to at least one drug in each of the major classes of anti-retrovirals: protease inhibitors (PIs), non-nucleoside reverse transcriptase inhibitors (NNRTIs) and nucleoside reverse transcriptase inhibitors (NRTIs); OR
 - Documented class resistance to ONE of the major classes of anti-retrovirals: PIs, NNRTIs and NRTIs precluding treatment with that antiretroviral class; OR
 - Experienced serious class-effect intolerance to at least one major class of anti-retrovirals: PIs, NNRTIs or NRTIs precluding treatment with that antiretroviral class.

NOTE: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Celsentri is not considered for funding in treatment naïve adult patients.

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02419726	Apo-Exemestane <i>(Interchangeable with Aromasin)</i>	25mg	Tab	APX	1.3263

Reason for Use Code & Clinical Criteria

Code 180

For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

LU Authorization Period: Indefinite.

Code 407

For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.

LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.

Code 450

In combination with everolimus, for the treatment of hormone-receptor positive HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status less than or equal to 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI).

LU Authorization Period: 1 year.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418495	Auro-Carvedilol	3.125mg	Tab	AUR	0.3377
02418509	Auro-Carvedilol	6.25mg	Tab	AUR	0.3377
02418517	Auro-Carvedilol	12.5mg	Tab	AUR	0.3377
02418525	Auro-Carvedilol	25mg	Tab	AUR	0.3377

(Interchangeable with Coreg)

Reason for Use Code & Clinical Criteria

Code 183

For patients with:

- a) NYHA Class II or III Congestive Heart Failure (CHF); and
- b) Currently being treated with an angiotensin converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; and
- c) An ejection fraction less than or equal to 35%; and
- d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management.

LU Authorization Period: Indefinite.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416387	Auro-Clopidogrel <i>(Interchangeable with Plavix)</i>	75mg	Tab	AUR	0.6576

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02420198	Jamp-Omeprazole DR <i>(Interchangeable with Losec DR (DIN 02190915))</i>	20mg	DR Tab	JPC	0.4117

Reason for Use Code & Clinical Criteria

Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;

OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

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Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;

OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 401

Other Gastrointestinal Disorders

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings

LU Authorization Period: 1 year.

Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment.

Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.

PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857464	Jamp-Omeprazole DR	20mg	DR Tab	JPC	0.4117
<i>(Interchangeable with Losec DR (PIN 09857195))</i>					

Reason for Use Code & Clinical Criteria

Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417448	Mint-Pantoprazole <i>(Interchangeable with Pantoloc)</i>	40mg	Ent Tab	MIN	0.3628

Reason For Use Code & Clinical Criteria

Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;

OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

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Reason For Use Code & Clinical Criteria

Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;

OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 401

Other Gastrointestinal Disorders

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings

LU Authorization Period: 1 year.

Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment.

Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02413728	PMS-Methylphenidate ER	18mg	SR Tab	PMS	1.0197
02413736	PMS-Methylphenidate ER	27mg	SR Tab	PMS	1.1768
02413744	PMS-Methylphenidate ER	36mg	SR Tab	PMS	1.3339
02413752	PMS-Methylphenidate ER	54mg	SR Tab	PMS	1.6480

(Interchangeable with Concerta)

Therapeutic Note:

Patients greater than or equal to 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

- 1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
- 2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND
- 3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR or Dexedrine SR (Spansules), and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

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Administrative barriers include:

- . inability of a school to dose the child at lunch;
- . the school lunch hour does not coincide with the dosing schedule;
- . poor compliance with noon or afternoon doses;
- . the patient is unable to swallow tablets.

Societal barriers include:

- . the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- . the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02408082	Zoledronic Acid Injection	5mg/100mL	Inj Sol-100mL Pk	TEV	335.4000

(Interchangeable with Aclasta)

Reason For Use Code & Clinical Criteria

Code 319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.

Code 436

For the treatment of osteoporosis in postmenopausal women who would otherwise be eligible for funding for oral bisphosphonates, but for whom bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g., esophageal stricture or achalasia), AND have at least two of the following:

- . Age greater than 75 years old
- . A prior fragility fracture
- . A bone mineral density (BMD) T-Score less than or equal to -2.5

Note: Patients receiving Zoledronic Acid should not be receiving concomitant bisphosphonate therapy. The recommended dose of Zoledronic Acid is a single IV injection of 5mg, once yearly.

LU Authorization Period: Indefinite.

Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420333	Apo-Adefovir	10mg	Tab	APX	18.0353
<i>(Interchangeable with Hepsera)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02408414	Jamp-Pantoprazole	20mg	Ent Tab	JPC	0.3246
<i>(Interchangeable with Pantoloc)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02330210	PMS-Betahistine	16mg	Tab	PMS	0.3557
02330237	PMS-Betahistine	24mg	Tab	PMS	0.4983
<i>(Interchangeable with Serc)</i>					

Off-Formulary Interchangeable (OFI) Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02295407	Teva-Omeprazole	10mg	DR Tab	TEV	0.8167
<i>(Interchangeable with Losec DR Tab (DIN 02230737))</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02401606	Zoledronic Acid-Z	4mg/5mL	Inj Sol-5mL Vial Pk	SDZ	415.5600
<i>(Interchangeable with Zometa Concentrate)</i>					

New Product Identification Number (PIN)

PIN	PRODUCT	GENERIC NAME	MFR	DBP
09857463*	Eliquis 2.5mg Tab	APIXABAN	BQU	1.6000

*For Reason For Use (RFU) Code 448 only. Existing Eliquis 2.5mg Tab DIN 02377233 will no longer apply to RFU Code 448.

Reason For Use Code and Clinical Criteria

Code 448

INCLUSION CRITERIA:

At risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND in whom:

1. Anticoagulation is inadequate following at least a 2-month trial on warfarin; OR
2. Anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home)

EXCLUSION CRITERIA:

1. Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate less than 25mL per min); OR
2. Patients who are greater than or equal to 75 years of age and who do not have documented stable renal function; OR
3. Patients who have hemodynamically significant rheumatoid valvular heart disease (especially mitral stenosis); OR
4. Patients who have prosthetic heart valves.

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NOTES:

At-risk patients with atrial fibrillation are defined as those with a CHADS2 score of greater than or equal to 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1.

Inadequate anticoagulation is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).

Documented stable renal function is defined as creatinine clearance or estimated glomerular filtration rate maintained for at least 3 months.

DOSING: the usual recommended dose is 5mg twice daily; a reduced dose of apixaban 2.5mg twice daily is recommended for patients with at least two (2) of the following: age greater than or equal to 80 years old, body weight less than or equal to 60kg, or serum creatinine greater than or equal to 133 micromole per litre.

Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban product monograph).

Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.

There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended for these patient populations.

LU Authorization Period: Indefinite.

Changes to Current Formulary Products

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02322374	Abilify	2mg	Tab	BQU	3.1267
02322382	Abilify	5mg	Tab	BQU	3.5216
02322404	Abilify	15mg	Tab	BQU	4.8784
02322412	Abilify	20mg	Tab	BQU	5.5934
02322455	Abilify	30mg	Tab	BQU	6.9284
02269198	Aclasta	5mg/100mL	Inj Sol-100mL Pk	NOV	690.9200
02232570	Airomir HFA	100mcg/Metered Dose	Inh-200 dose Pk	GRA	5.1500
00004715	Alkeran	2mg	Tab	TRT	1.6468
02382059*	Allerject	0.15mg/0.15mL	Pref Autoinjector	SAC	82.6200
02382067*	Allerject	0.3mg/0.3mL	Pref Autoinjector	SAC	82.6200
00893560	Alomide	0.1%	Oph Sol	ALC	1.1170
02236876	Alphagan	0.2%	Oph Sol	ALL	3.4420
02248151	Alphagan P	0.2%	Oph Sol	ALL	2.4260
02221829	Altace Cap	1.25mg	Cap	SAV	0.7240
02221837	Altace Cap	2.5mg	Cap	SAV	0.8310
02221845	Altace Cap	5mg	Cap	SAV	0.8320
02221853	Altace Cap	10mg	Cap	SAV	1.0553
02221861	Anandron	50mg	Tab	SAV	2.2383
02279460	Apidra	100U/mL	Inj Sol-10mL Vial	SAV	25.0500
02279479	Apidra	100U/mL	Inj 5x3mL Cart ClickStar Pen	SAV	49.5500
02294346	Apidra	100U/mL	Inj Sol-5x3mL SoloSTAR Pref Pen	SAV	50.1000
09857185	Aranesp	200mcg/0.4mL	Pref Syr-0.4mL Pk	AMG	593.0800
02391821	Aranesp	300mcg/0.6mL	Pref Syr-0.6mL Pk	AMG	916.1600
(09857186)					
02392364**	Aranesp	500mcg/1.0mL	Pref Syr-1.0mL Pk	AMG	1,526.9400
(09857187)					
02300699	Atripla	600mg/300mg/200mg	Tab	BQU	43.2478
02331624	Azarga	1% & 0.5%	Oph Susp-5mL Pk	ALC	22.4100
02238873	Azopt	1%	Oph Susp	ALC	3.4120
02248472	BenzaClin Topical Gel	1% & 5%	Top Gel	VAL	0.9458
00637661	Betagan	0.5%	Oph Sol	ALL	3.3560
02060884	Betnesol	5mg/100mL	Enema-100mL Pk	PAL	10.1457

*Allergen Program Product.

**New DIN. See PIN/DIN Change section for details.

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
01908448	Betoptic S	0.3%	Oph Susp	ALC	2.3940
01926691	Calcimar	400IU/2mL	Inj Sol-2mL Pk	SAV	56.5700
00461733	Carbolith	150mg	Cap	VAL	0.1229
00236683	Carbolith	300mg	Cap	VAL	0.0955
02097249	Cardizem CD	120mg	LA Cap	VAL	1.6100
02097257	Cardizem CD	180mg	LA Cap	VAL	2.1373
02097265	Cardizem CD	240mg	LA Cap	VAL	2.8349
02097273	Cardizem CD	300mg	LA Cap	VAL	3.5437
00360430	CeeNU	10mg	Cap	BQU	7.0825
00360422	CeeNU	40mg	Cap	BQU	12.2101
00360414	CeeNU	100mg	Cap	BQU	20.1575
02163675	Cefzil	125mg/5mL	Oral Susp-75mL Pk	BQU	14.1000
09857358	Cefzil	125mg/5mL	Oral Susp-100mL Pk	BQU	18.8000
02163683	Cefzil	250mg/5mL	Oral Susp-75mL Pk	BQU	28.2200
09857359	Cefzil	250mg/5mL	Oral Susp-100mL Pk	BQU	37.6200
02163659	Cefzil	250mg	Tab	BQU	1.9265
02163667	Cefzil	500mg	Tab	BQU	3.7770
02239607	Celexa	20mg	Tab	VLH	1.3717
02239608	Celexa	40mg	Tab	VLH	1.3717
02256193	Cesamet	0.5mg	Cap	VAL	3.2914
00548375	Cesamet	1mg	Cap	VAL	6.5826
02230302	Codeine Contin	50mg	CR Tab	PFP	0.3280
02163748	Codeine Contin	100mg	CR Tab	PFP	0.6560
02163780	Codeine Contin	150mg	CR Tab	PFP	0.9840
02163799	Codeine Contin	200mg	CR Tab	PFP	1.3120
09857298	Combigan	0.2% & 0.5%	Oph Sol-10mL Pk	ALL	41.8900
02374129	Complera	200mg & 25mg & 300mg	Tab	GIL	42.5305
02243763	Comtan	200mg	Tab	NOV	1.6491
02112736	Cortenema	100mg/60mL	Enema-60mL Pk	BFI	7.1286
00579335	Cortifoam	10%	Rect Aero-15g Pk	PAL	88.9200
01918311	Coumadin	1mg	Tab	BQU	0.3600
01918338	Coumadin	2mg	Tab	BQU	0.3810
01918346	Coumadin	2.5mg	Tab	BQU	0.3045

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02240205	Coumadin	3mg	Tab	BQU	0.4720
02007959	Coumadin	4mg	Tab	BQU	0.4720
01918354	Coumadin	5mg	Tab	BQU	0.3050
01918362	Coumadin	10mg	Tab	BQU	0.5480
00016055	Cuprimine	250mg	Cap	ATO	3.4971
02018144	Cyclomen	50mg	Cap	SAV	0.9264
02018152	Cyclomen	100mg	Cap	SAV	1.3748
02018160	Cyclomen	200mg	Cap	SAV	2.1969
02301482	Cymbalta	30mg	DR Cap	LIL	1.9254
02301490	Cymbalta	60mg	DR Cap	LIL	3.8575
00029246	Delatestryl	1000mg/5mL Oily	Inj Sol-5mL Pk	VAL	50.6500
02138018	Demerol	50mg	Tab	SAV	0.1538
01924516	Dexedrine	5mg	Tab	PAL	0.6577
01924559	Dexedrine Spansules	10mg	SR Cap	PAL	0.9433
01924567	Dexedrine Spansules	15mg	SR Cap	PAL	1.1533
02224550	Diabeta	2.5mg	Tab	SAV	0.1367
02224569	Diabeta	5mg	Tab	SAV	0.2447
02238162	Diastat	5mg/mL	Rect Gel-2x 5mg Pk	VAL	153.5800
09853340	Diastat	5mg/mL	Rect Gel-2x10mg Pk	VAL	153.5800
09853430	Diastat	5mg/mL	Rect Gel-2x15mg Pk	VAL	153.5800
02278251	DuoTrav	0.5% & 0.004%	Oph Sol-2.5mL Pk	ALC	32.6600
09857333	DuoTrav	0.5% & 0.004%	Oph Sol-5mL Pk	ALC	65.3200
01947958	Duvoid	10mg	Tab	PAL	0.2974
01947931	Duvoid	25mg	Tab	PAL	0.4818
01947923	Duvoid	50mg	Tab	PAL	0.6346
02349124	Effient	10mg	Tab	LIL	2.7133
02247238	Elidel	1%	Cr	VAL	2.2767
02213192	Eltroxin	0.05mg	Tab	TRT	0.0295
02213206	Eltroxin	0.1mg	Tab	TRT	0.0362
02213214	Eltroxin	0.15mg	Tab	TRT	0.0402
02213222	Eltroxin	0.2mg	Tab	TRT	0.0425
02242903	Enbrel	25mg/Vial	Inj Pd-Vial Pk	IMU	195.3125
02274728	Enbrel	50mg/mL	Inj Pref Syr	IMU	390.7425
09857394	Enbrel SureClick	50mg/mL	Pref AutoInj	IMU	390.7425

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02168898	Estring	2mg	Vag Ring	PFI	67.2300
00247960	Etibi	100mg	Tab	VAL	0.2000
00247979	Etibi	400mg	Tab	VAL	0.6000
02231384	Femara	2.5mg	Tab	NOV	6.5700
01926861	Flagyl	10%	Vag Cr-App	SAV	0.2375
01926853	Flagyl	500mg	Cap	SAV	1.0742
01926829	Flagystatin	500mg & 100000U	Vag Sup	SAV	3.1970
01926845	Flagystatin	500mg & 100000U/g	Vag Cr-App	SAV	0.5813
00756784	Flarex	0.1%	Oph Susp	ALC	1.8960
02086026	Florinef	0.1mg	Tab	PAL	0.2632
02156008	Fluanxol	0.5mg	Tab	VLH	0.2557
02156016	Fluanxol	3mg	Tab	VLH	0.5523
02156032	Fluanxol Depot	20mg/mL	Inj Sol-1mL Amp Pk	VLH	7.4016
02156040	Fluanxol Depot	100mg/mL	Inj Sol-1mL Amp Pk	VLH	37.0079
02246226	Fludara	10mg	Tab	GZM	40.0760
00247855	FML	0.1%	Oph Susp	ALL	3.2120
00029149	Fungizone		Inj Pd-50mg Pk	BQU	79.6500
02099233	Glucophage	500mg	Tab	SAV	0.2508
02229704	Humalog	100U/mL	Inj Sol-10mL Pk	LIL	27.6100
09853715	Humalog	100U/mL	Inj Sol-5x1.5mL Pk	LIL	55.2700
02403412	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL	55.2700
02240294	Humalog Mix25	25% & 75%	Inj Susp-5x3mL Pk	LIL	55.9200
09857353	Humalog Mix25 Kwikpen	25% & 75%	Inj Susp-5x3mL Pk	LIL	55.9200
02240297	Humalog Mix50	50% & 50%	Inj Susp-5x3mL Pk	LIL	54.9900
02403439* (09857355)	Humalog Mix50 Kwikpen	50% & 50%	Inj Susp-5x3mL Pk	LIL	54.9900
00795879	Humulin 30/70	1000U/10mL	Inj Susp-10mL Pk	LIL	22.5400
09853855	Humulin 30/70	100U/mL	Inj Susp-5x3mL Pk	LIL	44.2400
09853804	Humulin N	100U/mL	Inj Susp-5x3mL Pk	LIL	44.2400
00587737	Humulin NPH	1000U/10mL	Inj Susp-10mL Pk	LIL	22.5400
09853766	Humulin R	100U/mL	Inj Sol-5x3mL Pk	LIL	44.2400
00586714	Humulin Regular	1000U/10mL	Inj Sol-10mL Pk	LIL	22.5400
01916580	Hycodan	1mg/mL	O/L	BQU	0.1251
00230316	Hycort	100mg/60mL	Enema-60mL Pk	VAL	5.5986

*New DIN. See PIN/DIN change section

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02125323	Hydromorph Contin	3mg	CR Cap	PFP	0.6890
02359502	Hydromorph Contin	4.5mg	CR Cap	PFP	0.8320
02125331	Hydromorph Contin	6mg	CR Cap	PFP	1.0330
02359510	Hydromorph Contin	9mg	CR Cap	PFP	1.3640
02125366	Hydromorph Contin	12mg	CR Cap	PFP	1.7900
02243562	Hydromorph Contin	18mg	CR Cap	PFP	2.5830
02125382	Hydromorph Contin	24mg	CR Cap	PFP	3.3060
02125390	Hydromorph Contin	30mg	CR Cap	PFP	3.9600
00004596	Imuran	50mg	Tab	TRT	1.0136
00035017	Isopto Atropine	1%	Oph Sol	ALC	0.6540
00000841	Isopto Carpine	1%	Oph Sol	ALC	0.2227
00000868	Isopto Carpine	2%	Oph Sol	ALC	0.2567
00000884	Isopto Carpine	4%	Oph Sol	ALC	0.2913
02026961	Kayexalate	1mEq/g	Oral Pd-454g Pk	SAV	84.0500
01999761	Kenalog-10	50mg/5mL	Inj Susp-5mL Pk	BQU	17.8000
00990876	Kenalog-40	40mg/mL	Inj Susp-1mL Pk	BQU	8.2000
01999869	Kenalog-40	200mg/5mL	Inj Susp-5mL Pk	BQU	28.9500
02294338	Lantus Solostar	100U/mL	Inj Sol-5x3mL Pk	SAV	92.2000
02251930	Lantus-(Cartridge)	100U/mL	Inj Sol-5x3mL Pk	SAV	92.2000
02245689	Lantus-(Vial)	100U/mL	Inj Sol-10mL Vial Pk	SAV	61.0600
00282081	Lanvis	40mg	Tab	GSK	4.4360
02224720	Lasix	10mg/mL	O/L	SAV	0.2822
02224755	Lasix Special	500mg	Tab	SAV	3.0875
02061562	Lescol	20mg	Cap	NOV	0.9104
02061570	Lescol	40mg	Cap	NOV	1.2793
02250527	Lescol XL	80mg	ER Tab	NOV	1.5392
00004626	Leukeran	2mg	Tab	TRT	1.4348
00455881	Lioresal	10mg	Tab	NOV	0.7651
00636576	Lioresal DS	20mg	Tab	NOV	1.4892
00074454	Locacorten-Vioform	0.02% & 1%	Ot Sol	PAL	1.5773
00297143	Loestrin 1.5/30	0.03mg & 1.5mg	Tab-21 Pk	PAL	13.8900
00353027	Loestrin 1.5/30	0.03mg & 1.5mg	Tab-28 Pk	PAL	13.8900

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00397423	Lopresor	50mg	Tab	NOV	0.2993
00397431	Lopresor	100mg	Tab	NOV	0.6529
00658855	Lopresor SR	100mg	LA Tab	NOV	0.3564
00534560	Lopresor SR	200mg	LA Tab	NOV	0.6468
00885835	Lotensin	5mg	Tab	NOV	0.8921
00885851	Lotensin	20mg	Tab	NOV	1.2103
02324997	Lumigan RC	0.01%	Oph Sol-3mL Pk	ALL	33.8580
09857368	Lumigan RC	0.01%	Oph Sol-5mL Pk	ALL	56.4300
09857398	Lumigan RC	0.01%	Oph Sol-7.5mL Pk	ALL	84.6450
00899356	Manerix	150mg	Tab	MAB	0.6427
02166747	Manerix	300mg	Tab	MAB	1.2618
00042579	Maxidex	0.1%	Oph Oint-3.5g Pk	ALC	9.1000
00042560	Maxidex	0.1%	Oph Susp	ALC	1.6780
00869961	Mestinon	60mg	Tab	VAL	0.4756
00869953	Mestinon	180mg	LA Tab	VAL	1.0400
02297809	Metrogel	1%	Top Gel	GAC	0.6287
00315966	Minestrin 1/20	0.02mg & 1mg	Tab-21 Pk	PAL	13.8900
00343838	Minestrin 1/20	0.02mg & 1mg	Tab-28 Pk	PAL	13.8900
02163527	Minitran	0.4mg/Hr/13.3 Sq Cm	Patch	GRA	0.7013
02163535	Minitran	0.6mg/Hr/20 Sq Cm	Patch	GRA	0.7017
02014319	MS Contin	100mg	SR Tab	PFP	2.8280
02015439	MS Contin	15mg	SR Tab	PFP	0.6960
02014327	MS Contin	200mg	SR Tab	PFP	5.2580
02014297	MS Contin	30mg	SR Tab	PFP	1.0530
02014300	MS Contin	60mg	SR Tab	PFP	1.8550
00004618	Myleran	2mg	Tab	TRT	1.5224
01927620	Myochrysine	10mg/mL	Inj Sol-1mL Pk	SAV	12.1700
01927612	Myochrysine	25mg/mL	Inj Sol-1mL Pk	SAV	14.8000
01927604	Myochrysine	50mg/mL	Inj Sol-1mL Pk	SAV	23.0100
01968017	Neupogen	300mcg/mL	1mL Vial	AMG	192.4180
09853464	Neupogen	480mcg/1.6mL	1.6mL Vial	AMG	307.8690
01926454	Nitrol	2%	Oint	PAL	0.6813
02231441	Nitrolingual Pump Spray	0.4mg/Metered Dose	Spray-200 Dose Pk	SAV	14.9400
02156091	Noritate	1%	Top Cr	VAL	0.5738

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
01927698	Nozinan	25mg/mL	Inj Sol-1mL Pk	SAV	3.4170
02143291	Ocuflox	0.3%	Oph Sol	ALL	2.4950
02230619	Pediapred Oral Liquid	6.7mg/5mL	O/L	SAV	0.1299
01926675	Piportil L4	100mg/2mL	Inj Sol-2mL Pk	SAV	53.0200
01926667	Piportil L4	25mg/mL	Inj Sol-1mL Pk	SAV	16.4400
00990507	Piportil L4	50mg/mL	Inj Sol-1mL Pk	SAV	27.8800
02017709	Plaquenil	200mg	Tab	SAV	0.6302
02238682	Plavix	75mg	Tab	SAV	2.7125
02416433	PMS-Ciprofloxacin XL	500mg	ER Tab	PMS	2.3110
00893757	Pravachol	20mg	Tab	BQU	0.8926
00299405	Pred Mild	0.12%	Oph Susp	ALL	1.8320
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG	354.0800
00010219	Propyl-Thyracil	100mg	Tab	PAL	0.3604
00010200	Propyl-Thyracil	50mg	Tab	PAL	0.2304
00869945	Prostigmin	15mg	Tab	VAL	0.4838
00636622	Prozac	20mg	Cap	LIL	1.8485
00004723	Purinethol	50mg	Tab	NOP	2.8610
02242030	QVAR	100mcg/Metered Dose	Aero Inh-200 Dose Pk	GRA	61.6500
02242029	QVAR	50mcg/Metered Dose	Aero Inh-200 Dose Pk	GRA	30.9200
00005606	Ritalin	10mg	Tab	NOV	0.4049
00632775	Ritalin SR	20mg	ER Tab	NOV	0.7103
00393444	Rofact	150mg	Cap	VAL	0.6574
00343617	Rofact	300mg	Cap	VAL	1.0348
02224801	Rythmodan	100mg	Cap	SAV	0.2738
02242146	Salofalk	1000mg	Sup	BFI	1.8517
02112809	Salofalk	4g	Rect Susp-Pk	BFI	6.8971
02112760	Salofalk	500mg	Sup	BFI	1.2603
02112787	Salofalk	500mg	Ent Tab	BFI	0.5703
00511552	Sandomigran DS	1mg	Tab	PAL	0.6861
01926543	Sectral	100mg	Tab	SAV	0.3532
01926551	Sectral	200mg	Tab	SAV	0.5300
01926578	Sectral	400mg	Tab	SAV	1.0548
02224623	Sofracort	5mg & 50mcg & 0.5mg/mL	Oph/Ot Sol	SAV	1.9100

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02283395	Somatuline Autogel	60mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1,146.4100
02283409	Somatuline Autogel	90mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1,529.2400
02283417	Somatuline Autogel	120mg/0.5mL	ER Pref Syr-0.5mL Pk	IPS	1,914.1500
02305933	Stalevo	50 & 12.5 & 200mg	Tab	NOV	1.6810
02337827	Stalevo	75 & 18.75 & 200mg	Tab	NOV	1.6810
02305941	Stalevo	100 & 25 & 200mg	Tab	NOV	1.6810
02337835	Stalevo	125 & 31.25 & 200mg	Tab	NOV	1.6810
02305968	Stalevo	150 & 37.5 & 200mg	Tab	NOV	1.6810
00621935	Statex	20mg/mL	Oral Drops	PAL	0.3934
02100622	Sulcrate	1g	Tab	BFI	0.6057
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.1100
00868965	Suprax	20mg/mL	Oral Susp	SAV	0.4266
00868981	Suprax	400mg	Tab	SAV	3.6229
00253952	Synacthen Depot	1mg/mL	Inj Susp-1mL Pk	NOV	36.9400
00369810	Tegretol	100mg	Chew Tab	NOV	0.1821
02194333	Tegretol	100mg/5mL	Oral Susp	NOV	0.0860
00665088	Tegretol	200mg	Chew Tab	NOV	0.3593
00773611	Tegretol CR	200mg	LA Tab	NOV	0.4460
00755583	Tegretol CR	400mg	LA Tab	NOV	0.8919
02280248	Testim	1%	Top Gel-5g Pk	PAL	3.6030
01966219	Theolair Alcohol Free Oral Liquid	5.3mg/mL	O/L	GRA	0.0260
02231150	Tiazac	120mg	SR Cap	VAL	0.8877
02231151	Tiazac	180mg	SR Cap	VAL	1.1904
02231152	Tiazac	240mg	SR Cap	VAL	1.5790
02231154	Tiazac	300mg	SR Cap	VAL	1.9640
02231155	Tiazac	360mg	SR Cap	VAL	2.3809
00778907	TobraDex	0.3% & 0.1%	Oph Susp	ALC	2.1240
00778915	TobraDex	0.3% & 0.1%	Oph Oint	ALC	3.1314
00513962	Tobrex	0.3%	Oph Sol	ALC	1.8160
00614254	Tobrex	0.3%	Oph Oint	ALC	2.5743
02106272	Trandate	100mg	Tab	PAL	0.3294
02106280	Trandate	200mg	Tab	PAL	0.5823

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00852384	Transderm-Nitro	0.4mg/Hr/20 Sq Cm	Patch	NOV	0.8710
02046156	Transderm-Nitro	0.6mg/Hr/30 Sq Cm	Patch	NOV	0.8710
02318008	Travatan Z	0.004%	Oph Sol-2.5mL Pk	ALC	28.7600
09857332	Travatan Z	0.004%	Oph Sol-5mL Pk	ALC	57.5200
02240000	Trelstar (1 Month)	3.75mg/Vial	Inj Pd-Vial Pk	PAL	340.5200
09857199	Trelstar (1 Month)	3.75mg/Vial	Inj Pd with Sterile Water-Vial Pk	PAL	340.5200
02243856	Trelstar LA (3 Month)	11.25mg/Vial	Inj Pd-Vial Pk	PAL	1,021.6000
09857200	Trelstar LA (3 Month)	11.25mg/Vial	Inj Pd with Sterile Water-Vial Pk	PAL	1,021.6000
02230733	Trinipatch	0.4mg/Hr/14 Sq Cm	Patch	PAL	0.6852
02230734	Trinipatch	0.6mg/Hr/21 Sq Cm	Patch	PAL	0.6852
02274906	Truvada	200mg & 300mg	Tab	GIL	28.0355
02238984	Urso	250mg	Tab	BFI	1.4535
02245894	Urso DS	500mg	Tab	BFI	2.7571
00616192	Vepesid	50mg	Cap	BQU	37.3325
02244596	Videx EC	125mg	Enteric Coated Cap	BQU	3.8550
02244597	Videx EC	200mg	Enteric Coated Cap	BQU	6.1684
02244598	Videx EC	250mg	Enteric Coated Cap	BQU	7.6416
02244599	Videx EC	400mg	Enteric Coated Cap	BQU	12.3617
02247128	Viread	300mg	Tab	GIL	18.7679
00687456	Viroptic	1%	Oph Sol	THE	3.2227
00568627	Viskazide 10/25	10mg & 25mg	Tab	NOV	1.0005
00568635	Viskazide 10/50	10mg & 50mg	Tab	NOV	1.0005
00417270	Visken	5mg	Tab	NOV	0.6529
00443174	Visken	10mg	Tab	NOV	1.1147
00417289	Visken	15mg	Tab	NOV	1.6171
01926462	Vitamin A Acid	0.01%	Gel	VAL	0.3140
01926489	Vitamin A Acid	0.05%	Gel	VAL	0.3140
00514012	Voltaren	50mg	Ent Tab	NOV	0.9902
00632724	Voltaren	50mg	Sup	NOV	1.4870
00632732	Voltaren	100mg	Sup	NOV	2.0016
01940414	Voltaren Ophtha	0.1%	Oph Sol	NOV	3.4560
02237825	Wellbutrin SR	150mg	Tab	VAL	0.9768

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00888400	Zaroxolyn	2.5mg	Tab	SAV	0.1983
02216086	Zerit	15mg	Cap	BQU	4.7000
02216094	Zerit	20mg	Cap	BQU	4.8875
02216108	Zerit	30mg	Cap	BQU	5.0983
02216116	Zerit	40mg	Cap	BQU	5.2850

Exceptional Access Program (EAP) Product Price Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02338327	Adcirca	20mg	Tab	LIL	13.4970
02369257	Afinitor	2.5mg	Tab	NOV	195.2200
02339501	Afinitor	5mg	Tab	NOV	195.2200
02339528	Afinitor	10mg	Tab	NOV	195.2200
09857395	Avonex Pen	30mcg/0.5mL	Pref AutoInj Pen	BIG	405.7575
02269201	Avonex PS	30mcg/0.5mL	Pref Syr	BIG	405.7575
02322854	Nplate	250mcg/0.5mL	Pd for Inj-Vial Pk	AMG	942.4300
02322862	Nplate	500mcg/1mL	Pd for Inj-Vial Pk	AMG	1,884.8700
02402475	Orencia	125mg/mL	Pre-Filled Syringe (1mL Syringe)	BQU	358.8998
02302063	Rasilez	150mg	Tab	NOV	1.2528
02302071	Rasilez	300mg	Tab	NOV	1.2528
02257130	Sensipar	30mg	Tab	AMG	11.5967
02257149	Sensipar	60mg	Tab	AMG	21.1460
02257157	Sensipar	90mg	Tab	AMG	30.7710
02320193	Sprycel	100mg	Tab	BQU	152.8565
02293145	Sprycel	70mg	Tab	BQU	84.2867
02368250	Tasigna	150mg	Cap	NOV	28.7160
02286386	Tysabri	300mg/15mL	Inj Sol-15mL Vial	BIG	3,158.6200
00800430	Vancocin	125mg	Cap	MEU	5.3485
00788716	Vancocin	250mg	Cap	MEU	10.6875
02368153	Xgeva	120mg/1.7mL	Inj Sol-Vial Pk	AMG	569.3500
02260565	Xolair	150mg	Inj Pd-5mL Vial Pk	NOV	612.0000

OFI Product Price Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02258102	Co Alendronate	40mg	Tab	COB	3.0832
02301407	Co Cabergoline	0.5mg	Tab	COB	10.6182

PIN/DIN Changes

CURRENT PIN	NEW DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857187	02392364	Aranesp	500mcg/1mL	Pref Syr-1.0mL Pk	AMG
09857355	02403439	Humalog Mix50 Kwikpen	50% & 50%	Inj Susp-5X3mL Pk	LIL

Product Brand and Manufacturer Name Changes

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02311925*	Ratio-Fentanyl	RPH	Teva-Fentanyl	TEV	12mcg/hr	Trans Patch
02282941	Ratio-Fentanyl	RPH	Teva-Fentanyl	TEV	25mcg/hr	Trans Patch
02282968	Ratio-Fentanyl	RPH	Teva-Fentanyl	TEV	50mcg/hr	Trans Patch
02282976	Ratio-Fentanyl	RPH	Teva-Fentanyl	TEV	75mcg/hr	Trans Patch
02282984	Ratio-Fentanyl	RPH	Teva-Fentanyl	TEV	100mcg/hr	Trans Patch

*OFI Product

Change to Therapeutic Note

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02301881	Isentress	400mg	Tab	MFC

Updated Therapeutic Note

For use as part of an optimized regimen for the treatment of HIV/AIDS in adult patients.

Note: The prescriber must be approved for the Facilitated Access mechanism.

Discontinued Products

(Products will remain on Formulary for six months to facilitate depletion of supply)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09853723	Nepro		Liq-235mL Pk	ABB
01966197	Tambocor	50mg	Tab	GRA
01966200	Tambocor	100mg	Tab	GRA
02244896	Travatan	0.004%	Oph Sol	ALC

Status Change from Discontinued Drug to Not-A-Benefit*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02221993	Renedil	5mg	SR Tab	SAV
02222000	Renedil	10mg	SR Tab	SAV
01966065	Tantum	0.15%	Oral Rinse	GRA

*Remain in Formulary as Not-a-Benefit to serve as reference product in interchangeable group.

Removals from Formulary

(Removals from payment and listing)

Discontinued Drugs (Removed From Payment & Listing)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00642231	Apo-Pen V-K	60mg/mL	O/L	APX
00294926	Benuryl	500mg	Tab	VAL
01912828	Cortisporin	10000U & 5mg & 10mg/mL	Ot Sol	GSK
09857352	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL
02139200	Mylan-Amantadine	100mg	Cap	MYL
02184648	Mylan-Valproic	250mg	Cap	MYL
09853510	Neocate		Pd-400g Pk	SHS
00587834	Nerisone	0.10%	Oint	STI
02229799	Novo-Benzydamine	0.15%	Oral Rinse	NOP
00391603	Novo-Pen-VK-500	60mg/mL	O/L	NOP
00021202	Novo-Pen-VK-500	300mg	Tab	NOP
00263702	Panoxyl	5%	Gel	STI
02214849	Panoxyl Aquagel	5%	Gel	STI
02264757	Ratio-Risperidone	0.25mg	Tab	RPH
02264765	Ratio-Risperidone	0.5mg	Tab	RPH
02264773	Ratio-Risperidone	1mg	Tab	RPH
02264781	Ratio-Risperidone	2mg	Tab	RPH
02264803	Ratio-Risperidone	3mg	Tab	RPH
02264811	Ratio-Risperidone	4mg	Tab	RPH
02221985	Renedil	2.5mg	SR Tab	SAV

Manufacturer Requested Delistings

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02303426	Sandoz Cefprozil	125mg/5mL	Oral Susp-75mL Pk	SDZ
09857363	Sandoz Cefprozil	125mg/5mL	Oral Susp-100mL Pk	SDZ
02303434	Sandoz Cefprozil	250mg/5mL	Oral Susp-75mL Pk	SDZ
09857364	Sandoz Cefprozil	250mg/5mL	Oral Susp-100mL Pk	SDZ