

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - April 2015

Effective April 30, 2015

Ministry of Health and Long-Term Care

# Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	5
New Off-Formulary Interchangeable (OFI) Products.....	8
New Diabetic Testing Agent.....	9
New Facilitated Access-Palliative Drug.....	10
Drug Benefit Price (DBP) Changes.....	11
OFI Product Price Changes.....	24
Reason For Use Code Change.....	25
Discontinued Products.....	27
Delisted Products.....	28

# New Single Source Products

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02415194	Creon 6 6000 & 30000 & 19000 USP Units Ent Minimicrosph Cap	PANCRELIPASE EQUIVALENT TO LIPASE & AMYLASE & PROTEASE	ABB	0.1703

## Reason For Use Code and Clinical Criteria

### Code 124

Replacement therapy for pancreatic insufficiency secondary to pancreatic surgery (resection).

LU Authorization Period: Indefinite.

### Code 125

Replacement therapy for pancreatic insufficiency due to chronic pancreatitis.

LU Authorization Period: Indefinite.

### Code 126

Replacement therapy for pancreatic insufficiency due to carcinoma of the pancreas.

LU Authorization Period: Indefinite.

### Code 225

Replacement therapy for pancreatic insufficiency due to cystic fibrosis.

LU Authorization Period: Indefinite.

## New Single Source Products (Cont'd...)

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02423723	Ragwitek 12U SL Tab	STANDARDIZED SHORT RAGWEED POLLEN ALLERGENIC EXTRACT	MEK	3.8000

### Reason For Use Code and Clinical Criteria

#### Code 457

For the seasonal treatment of short ragweed pollen induced allergic rhinitis in patients that have not adequately responded to, or tolerated, conventional pharmacotherapy.

Notes: Treatment with short ragweed pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.

Treatment should be initiated at least twelve (12) weeks before the onset of ragweed pollen season and should only be continued until the end of the season.

LU Authorization Period: 1 year

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02414945	Tivicay 50mg Tab	DOLUTEGRAVIR	VIH	18.6665

#### Therapeutic Note:

For the treatment of HIV in both treatment-naïve and treatment-experienced adults and children 12 years of age and older weighing at least 40kg, in combination with other antiretrovirals.

NOTE: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

# New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429861	Mar-Amitriptyline	10mg	Tab	MAR	0.0435
02326043	Teva-Amitriptyline (Interchangeable with Elavil)	10mg	Tab	TEV	0.0435

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429888	Mar-Amitriptyline	25mg	Tab	MAR	0.0829
00654515	PMS-Amitriptyline	25mg	Tab	PMS	0.0829
02326051	Teva-Amitriptyline (Interchangeable with Elavil)	25mg	Tab	TEV	0.0829

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429896	Mar-Amitriptyline	50mg	Tab	MAR	0.1540
00654507	PMS-Amitriptyline	50mg	Tab	PMS	0.1540
02326078	Teva-Amitriptyline (Interchangeable with Elavil)	50mg	Tab	TEV	0.1540

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417855	Nat-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	NAT	1.2729

## Reason For Use Code and Clinical Criteria

### Code 365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

### Code 396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02433028	Lansoprazole	30mg	DR Cap	PMS	0.5000

(Interchangeable with Prevacid)

### Reason For Use Code and 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.

#### 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/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421585	Nat-Letrozole	2.5mg	Tab	NAT	1.3780
(Interchangeable with Femara)					

### Reason For Use Code and Clinical Criteria

#### Code 365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

#### Code 403

For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy.

LU Authorization Period: 5 years.

#### Code 408

As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.

LU Authorization Period: 5 years.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02432897	Telmisartan	40mg	Tab	PMS	0.2824
02432900	Telmisartan	80mg	Tab	PMS	0.2824
(Interchangeable with Micardis)					

# New Off-Formulary Interchangeable (OFI) Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02436604	Nat-Rizatriptan ODT	5mg	OD Tab	NAT	11.1650
02436612	Nat-Rizatriptan ODT	10mg	OD Tab	NAT	11.1650

(Interchangeable with Maxalt RPD)

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02421534	Nat-Zolmitriptan	2.5mg	Tab	NAT	6.8633

(Interchangeable with Zomig)

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02423979	Ran-Esomeprazole	20mg	DR Tab	RAN	1.8690
02423987	Ran-Esomeprazole	40mg	DR Tab	RAN	1.8690

(Interchangeable with Nexium)



# New Diabetic Testing Agent

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857522	Suretest Blood Glucose Test Strips	SKY	0.7290	0.7290	0.0000

# New Facilitated Access-Palliative Drug

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
09857521*	Glycopyrrolate Injection	0.2mg/mL	Inj Sol-2mL Vial Pk (Preservative Free)	OMG

\*Corresponding DIN 02382857

## Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	ABB	86.6500
01934317	Isoptin SR	180mg	LA Tab	ABB	1.6640
00742554	Isoptin SR	240mg	LA Tab	ABB	2.2191
02242163	Kadian	10mg	SR Cap	ABB	0.3841
02184435	Kadian	20mg	SR Cap	ABB	0.7462
02184443	Kadian	50mg	SR Cap	ABB	1.4116
02184451	Kadian	100mg	SR Cap	ABB	2.4622
02172062	Synthroid	0.025mg	Tab	ABB	0.0903
02172070	Synthroid	0.05mg	Tab	ABB	0.0620
02172089	Synthroid	0.075mg	Tab	ABB	0.0976
02172097	Synthroid	0.088mg	Tab	ABB	0.0976
02171228	Synthroid	0.112mg	Tab	ABB	0.1032
02172119	Synthroid	0.125mg	Tab	ABB	0.1044
02172127	Synthroid	0.15mg	Tab	ABB	0.0819
02172135	Synthroid	0.175mg	Tab	ABB	0.1118
02172100	Synthroid	0.1mg	Tab	ABB	0.0765
02172143	Synthroid	0.2mg	Tab	ABB	0.0874
02172151	Synthroid	0.3mg	Tab	ABB	0.1204
02070847	Soriatane	10mg	Cap	AGP	2.3573
02070863	Soriatane	25mg	Cap	AGP	4.1400
02083523	Bezalip	400mg	SR Tab	AGP	2.2170
00035017	Isopto Atropine	1%	Oph Sol	ALC	0.6700
01908448	Betoptic S	0.25%	Oph Susp	ALC	2.4540
02238873	Azopt	1%	Oph Susp	ALC	3.4680
02331624	Azarga	1% & 0.5%	Oph Susp-5mL Pk	ALC	22.7800
02252716*	Ciprodex	0.3% & 0.1%	Otic Susp-7.5mL Pk	ALC	28.1400
00042560	Maxidex	0.1%	Oph Susp	ALC	1.7200
00042579	Maxidex	0.1%	Oph Oint-3.5g Pk	ALC	9.3300
01940414	Voltaren Ophtha	0.1%	Oph Sol	ALC	3.5420
00756784	Flarex	0.1%	Oph Susp	ALC	1.9440
00893560	Alomide	0.1%	Oph Sol	ALC	1.1620
02410818	Jetrea	2.5mg/mL	Inj Sol-0.2mL Vial Pk (Preservative-Free)	ALC	4015.1800
00000841	Isopto Carpine	1%	Oph Sol	ALC	0.2280

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00000868	Isopto Carpine	2%	Oph Sol	ALC	0.2633
00000884	Isopto Carpine	4%	Oph Sol	ALC	0.2987
00513962	Tobrex	0.3%	Oph Sol	ALC	1.8620
00614254	Tobrex	0.3%	Oph Oint	ALC	2.6400
00778907	TobraDex	0.3% & 0.1%	Oph Susp	ALC	2.1600
00778915	TobraDex	0.3% & 0.1%	Oph Oint	ALC	3.1829
09857512	DuoTrav PQ	0.5% & 0.004%	Oph Sol-2.5mL Pk	ALC	33.2000
09857513	DuoTrav PQ	0.5% & 0.004%	Oph Sol-5mL Pk	ALC	66.4000
02324997	Lumigan RC	0.01%	Oph Sol-3mL Pk	ALL	34.2000
09857368	Lumigan RC	0.01%	Oph Sol-5mL Pk	ALL	57.0000
09857398	Lumigan RC	0.01%	Oph Sol-7.5mL Pk	ALL	85.5000
09857298	Combigan	0.2% & 0.5%	Oph Sol-10mL Pk	ALL	42.3000
00210889	Lacri-Lube	55% & 42.5%	Oph Oint-3.5g Pk	ALL	7.1900
00579408	Tears Plus		Oph-Sol	ALL	0.3840
02257130*	Sensipar	30mg	Tab	AMG	11.7450
02257149*	Sensipar	60mg	Tab	AMG	21.4167
02257157*	Sensipar	90mg	Tab	AMG	31.1647
02391805	Aranesp	200mcg/0.4mL	Pref Syr-0.4mL Pk	AMG	598.4100
02391821	Aranesp	300mcg/0.6mL	Pref Syr-0.6mL Pk	AMG	924.4000
02392364	Aranesp	500mcg/1.0mL	Pref Syr-1.0mL Pk	AMG	1540.6800
02322854*	Nplate	250mcg/0.5mL	Pd for Inj-Vial Pk	AMG	946.4800
02322862*	Nplate	500mcg/1mL	Pd for Inj-Vial Pk	AMG	1892.9700
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG	357.9000
02368153*	Xgeva	120mg/1.7mL	Inj Sol-Vial Pk	AMG	575.5500
00016055	Cuprimine	250mg	Cap	ATO	3.5285
02261723	Yasmin 21	3.0mg & 0.03mg	Tab-21 Pk	BAH	12.2000
02261731	Yasmin 28	3.0mg & 0.03mg	Tab-28 Pk	BAH	12.2000
02321157	Yaz	3.0mg & 0.02mg	Tab-28 Pk	BAH	15.8400
02243005	Mirena	52mg	Insert	BAY	337.9000
00707600	Triquilar 21	3 Phase	Tab-21 Pk	BAY	15.1700
00707503	Triquilar 28	3 Phase	Tab-28 Pk	BAY	15.1700
02112736	Cortenema	100mg/60mL	Enema-60mL Pk	BFI	7.2711
02242146	Salofalk	1000mg	Sup	BFI	1.8887
02112809	Salofalk	4g	Rect Susp-Pk	BFI	7.0351
02112760	Salofalk	500mg	Sup	BFI	1.2855
02112787	Salofalk	500mg	Ent Tab	BFI	0.5817
02100622	Sulcrate	1g	Tab	BFI	0.6178

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.1122
02238984	Urso	250mg	Tab	BFI	1.4826
02245894	Urso DS	500mg	Tab	BFI	2.8122
02230019	Viokase	8000 & 30000 & 30000 USP Units	Tab	BFI	0.2431
02241933	Viokase 16	16mg	Tab	BFI	0.3731
09857395*	Avonex Pen	30mcg/0.5mL	Pref AutoInj Pen	BIG	415.0900
02269201*	Avonex PS	30mcg/0.5mL	Pref Syr	BIG	415.0900
02404508*	Tecfidera	120mg	DR Cap	BIG	16.5164
02420201*	Tecfidera	240mg	DR Cap	BIG	33.0329
02286386*	Tysabri	300mg/15mL	Inj Sol-15mL Vial Pk	BIG	3231.2800
02256738	Tiazac XC	120mg	ER Tab	BIO	0.8422
02256746	Tiazac XC	180mg	ER Tab	BIO	1.1194
02256754	Tiazac XC	240mg	ER Tab	BIO	1.4866
02256762	Tiazac XC	300mg	ER Tab	BIO	1.4821
02256770	Tiazac XC	360mg	ER Tab	BIO	1.4864
02322374	Abilify	2mg	Tab	BQU	3.1899
02322382	Abilify	5mg	Tab	BQU	3.5918
02322390	Abilify	10mg	Tab	BQU	4.2168
02322404	Abilify	15mg	Tab	BQU	4.9768
02322412	Abilify	20mg	Tab	BQU	3.9450
02322455	Abilify	30mg	Tab	BQU	3.9450
02300699	Atripla	600mg/300mg/200mg	Tab	BQU	43.7833
00360430	CeeNU	10mg	Cap	BQU	7.2950
00360422	CeeNU	40mg	Cap	BQU	12.5775
00360414	CeeNU	100mg	Cap	BQU	20.7624
02163675	Cefzil	125mg/5mL	Oral Susp-75mL Pk	BQU	14.5500
09857358	Cefzil	125mg/5mL	Oral Susp-100mL Pk	BQU	19.4000
02163683	Cefzil	250mg/5mL	Oral Susp-75mL Pk	BQU	29.0600
09857359	Cefzil	250mg/5mL	Oral Susp-100mL Pk	BQU	38.7500
02163659	Cefzil	250mg	Tab	BQU	1.9845
02163667	Cefzil	500mg	Tab	BQU	3.8905
01918311	Coumadin	1mg	Tab	BQU	0.3708
01918338	Coumadin	2mg	Tab	BQU	0.3924
01918346	Coumadin	2.5mg	Tab	BQU	0.3136
02240205	Coumadin	3mg	Tab	BQU	0.4862
02007959	Coumadin	4mg	Tab	BQU	0.4862
01918354	Coumadin	5mg	Tab	BQU	0.3142

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
01918362	Coumadin	10mg	Tab	BQU	0.5645
00029149	Fungizone		Inj Pd-50mg Pk	BQU	82.0475
01916580	Hycodan	1mg/mL	O/L	BQU	0.1289
01999761	Kenalog-10	50mg/5mL	Inj Susp-5mL Pk	BQU	18.3500
01999869	Kenalog-40	200mg/5mL	Inj Susp-5mL Pk	BQU	29.8000
00990876	Kenalog-40	40mg/mL	Inj Susp-1mL Pk	BQU	8.4460
02282097*	Orencia	250mg/Vial	Inj Pd-Vial Pk	BQU	490.0470
02402475*	Orencia (Preservative Free)	125mg/mL	Inj Sol-Pref Syr-1mL Pk	BQU	366.0995
02293129*	Sprycel	20mg	Tab	BQU	38.6850
02293137*	Sprycel	50mg	Tab	BQU	77.8567
02293145*	Sprycel	70mg	Tab	BQU	85.8042
02320193*	Sprycel	100mg	Tab	BQU	155.6083
00616192	Vepesid	50mg	Cap	BQU	38.4525
02244596	Videx EC	125mg	Enteric Coated Cap	BQU	3.9718
02244597	Videx EC	200mg	Enteric Coated Cap	BQU	6.3533
02244598	Videx EC	250mg	Enteric Coated Cap	BQU	7.8717
02244599	Videx EC	400mg	Enteric Coated Cap	BQU	12.7334
02216086	Zerit	15mg	Cap	BQU	4.8408
02216094	Zerit	20mg	Cap	BQU	5.0341
02216108	Zerit	30mg	Cap	BQU	5.2509
02216116	Zerit	40mg	Cap	BQU	5.4441
00609129	Diclectin	10mg & 10mg	SR Tab	DUI	1.2803
02019930	M-Eslon	10mg	ER Cap	ETH	0.3070
02177749	M-Eslon	15mg	ER Cap	ETH	0.3540
02019949	M-Eslon	30mg	ER Cap	ETH	0.5290
02019957	M-Eslon	60mg	ER Cap	ETH	0.9390
02019965	M-Eslon	100mg	ER Cap	ETH	2.0220
02177757	M-Eslon	200mg	ER Cap	ETH	4.0450
02374129	Complera	200mg & 25mg & 300mg	Tab	GIL	43.3428
02397137	Stribild	150mg & 150mg & 200mg & 300mg	Tab	GIL	46.3894
02274906	Truvada	200mg & 300mg	Tab	GIL	28.5710
02247128	Viread	300mg	Tab	GIL	19.1264
02232570	Airomir HFA	100mcg/Metered Dose	Inh-200 dose Pk	GRA	5.1900
02163527	Minitran	0.4mg/Hr/13.3 Sq Cm	Patch	GRA	0.7073
02163535	Minitran	0.6mg/Hr/20 Sq Cm	Patch	GRA	0.7077

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02242029	QVAR	50mcg/Metered Dose	Aero Inh-200 Dose Pk	GRA	31.1900
02242030	QVAR	100mcg/Metered Dose	Aero Inh-200 Dose Pk	GRA	62.2000
01966219	Theolair Alcohol Free Oral Liquid	5.3mg/mL	O/L	GRA	0.0262
00282081	Lanvis	40mg	Tab	GSK	4.5380
00582344	Accutane	10mg	Cap	HLR	0.9397
00582352	Accutane	40mg	Cap	HLR	1.9173
02350092*	Actemra	80mg/4mL	Inj Sol-Vial Pk	HLR	180.8100
02350106*	Actemra	200mg/10mL	Inj Sol-Vial Pk	HLR	452.0300
02350114*	Actemra	400mg/20mL	Inj Sol-Vial Pk	HLR	904.0600
02242145	CellCept	200mg/mL	Pd for Oral Susp-175mLPk	HLR	291.2800
02192748	CellCept	250mg	Cap	HLR	2.0806
02237484	CellCept	500mg	Tab	HLR	4.1612
02162695	Cytovene	500mg/Vial	Pd Inj-10mL Pk	HLR	43.0720
02409267*	Erivedge	150mg	Cap	HLR	296.8714
02247725*	Fuzeon	108mg/Vial	Inj-3mL Vial Pk	HLR	40.1178
01911473	Inhibace	2.5mg	Tab	HLR	0.8180
01911481	Inhibace	5mg	Tab	HLR	0.9503
02181479	Inhibace Plus	5mg/12.5mg	Tab	HLR	0.9500
02216965	Invirase	200mg	Cap	HLR	1.9021
02279320	Invirase	500mg	Tab	HLR	4.3895
00518123	Lectopam	3mg	Tab	HLR	0.1707
00518131	Lectopam	6mg	Tab	HLR	0.2495
02399083*	Nutropin AQ NuSpin 20	20mg/2mL	Inj Sol-20mg Cart Pk	HLR	785.8900
02399091*	Nutropin AQ NuSpin 5	5mg/2mL	Inj Sol-5mg Cart Pk	HLR	196.4700
02248077*	Pegasys	180mcg/0.5mL	Pref Syr-0.5mL Pk	HLR	399.4000
09857505*	Pegasys ProClick Autoinjector	180mcg/0.5mL	Pref AutoInj-0.5mL Pk	HLR	399.4000
09857418*	Pegasys RBV	0.5mL Pref Syr & 28 Tabs	Combination Pk	HLR	399.4000
09857420*	Pegasys RBV	0.5mL Pref Syr & 35 Tabs	Combination Pk	HLR	399.4000
02253429*	Pegasys RBV	0.5mL Pref Syr & 42 Tabs	Combination Pk	HLR	399.4000
09857421*	Pegasys RBV	0.5mL 4 Pref Syr Pk & 196 Tabs	Combination Pk	HLR	1597.6100
09857510*	Pegasys RBV ProClick Autoinjector	4X180mcg/0.5mL & 200mgX196 Tabs	Combination Pk	HLR	1597.6100

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857506*	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg x 28 Tabs	Combination Pk	HLR	399.4000
09857507*	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg X 35 Tabs	Combination Pk	HLR	399.4000
09857509*	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg X 42 Tabs	Combination Pk	HLR	399.4000
00522597	Prolopa 50-12.5	50mg & 12.5mg	Cap	HLR	0.2855
00386464	Prolopa 100-25	100mg & 25mg	Cap	HLR	0.4701
00386472	Prolopa 200-50	200mg & 50mg	Cap	HLR	0.7891
02241927*	Rituxan	10mg/mL	Inj-10mL Vial Pk	HLR	457.1800
09857407*	Rituxan	10mg/mL	Inj-50mL Vial Pk	HLR	2285.8900
00382825	Rivotril	0.5mg	Tab	HLR	0.2213
00382841	Rivotril	2mg	Tab	HLR	0.3816
00481823	Rocaltrol	0.25mcg	Cap	HLR	0.9364
00481815	Rocaltrol	0.5mcg	Cap	HLR	1.4891
02304848	Tamiflu	30mg	Cap	HLR	2.0370
02304856	Tamiflu	45mg	Cap	HLR	3.1350
02241472	Tamiflu	75mg	Cap	HLR	4.0750
02245777	Valcyte	450mg	Tab	HLR	23.4212
02238453	Xeloda	150mg	Tab	HLR	1.8465
02238454	Xeloda	500mg	Tab	HLR	6.1549
02240325*	Xenical	120mg	Cap	HLR	1.6249
02242903	Enbrel	25mg/Vial	Inj Pd-Vial Pk	IMU	197.6350
02274728	Enbrel	50mg/mL	Inj Pref Syr	IMU	395.3900
09857394	Enbrel SureClick	50mg/mL	Pref AutoInj	IMU	395.3900
02283395	Somatuline Autogel	60mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1162.4600
02283409	Somatuline Autogel	90mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1550.6500
02283417	Somatuline Autogel	120mg/0.5mL	ER Pref Syr-0.5mL Pk	IPS	1940.9500
02301490	Cymbalta	60mg	DR Cap	LIL	3.9075
02349124	Effient	10mg	Tab	LIL	2.7377
02254689*	Forteo	250mcg/mL	Pref Syr-3mL Pk	LIL	897.2500
02229704	Humalog	100U/mL	Inj Sol-10mL Pk	LIL	28.0200
09853715	Humalog	100U/mL	Inj Sol-5x3mL Pk	LIL	56.3800



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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02240294	Humalog Mix25	25% & 75%	Inj Susp-5x3mL Pk	LIL	56.6500
02240297	Humalog Mix50	50% & 50%	Inj Susp-5x3mL Pk	LIL	55.4800
00795879	Humulin 30/70	1000U/10mL	Inj Susp-10mL Pk	LIL	22.9900
09853855	Humulin 30/70	100U/mL	Inj Susp-5x3mL Pk	LIL	45.1200
09853804	Humulin N	100U/mL	Inj Susp-5x3mL Pk	LIL	45.1200
00587737	Humulin NPH	1000U/10mL	Inj Susp-10mL Pk	LIL	22.9900
09853766	Humulin R	100U/mL	Inj Sol-5x3mL Pk	LIL	45.1200
00586714	Humulin Regular	1000U/10mL	Inj Sol-10mL Pk	LIL	22.9900
00636622	Prozac	20mg	Cap	LIL	1.8910
02229250	Zyprexa	2.5mg	Tab	LIL	1.8132
02229269	Zyprexa	5mg	Tab	LIL	3.6268
02229277	Zyprexa	7.5mg	Tab	LIL	5.4400
02229285	Zyprexa	10mg	Tab	LIL	7.2536
02238850	Zyprexa	15mg	Tab	LIL	10.8804
02243086	Zyprexa Zydis	5mg	Rapid Dissolve Tab	LIL	3.6068
02243087	Zyprexa Zydis	10mg	Rapid Dissolve Tab	LIL	7.2071
00899356	Manerix	150mg	Tab	MAB	0.6483
02166747	Manerix	300mg	Tab	MAB	1.2732
02374803	Saphris	5mg	SL Tab	MEK	1.4500
02374811	Saphris	10mg	SL Tab	MEK	1.4500
02407450	Mylan-Nitro 0.4	0.4mg/Hr	Transdermal Patch	MYL	0.5040
02407469	Mylan-Nitro 0.6	0.6mg/Hr	Transdermal Patch	MYL	0.5040
02412829	Levemir Flextouch	100U/mL	Inj Sol-Pref Disp Pen 5X3mL Pk	NOO	107.2900
02271842	Levemir Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	106.7600
02024217	Novolin ge 30/70	1000U/10mL	Inj Susp-10mL Pk	NOO	22.6800
09853812	Novolin ge 30/70 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	43.8200
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	44.1400
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	44.1400
02024225	Novolin ge NPH	1000U/10mL	Inj Susp-10mL Pk	NOO	22.5600
09853782	Novolin ge NPH Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	44.3400
02024233	Novolin ge Toronto	1000U/10mL	Inj Sol-10mL Pk	NOO	22.0600
09853774	Novolin ge Toronto Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	43.3000
02325462	Vagifem 10	10mcg	Vag Tab with Applicator	NOO	3.7189

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02369257*	Afinitor	2.5mg	Tab	NOV	196.5473
02339501*	Afinitor	5mg	Tab	NOV	196.5473
02339528*	Afinitor	10mg	Tab	NOV	196.5473
02242115	Exelon	1.5mg	Cap	NOV	2.6292
02242116	Exelon	3mg	Cap	NOV	2.6292
02242117	Exelon	4.5mg	Cap	NOV	2.6292
02242118	Exelon	6mg	Cap	NOV	2.6292
02287420*	Exjade	125mg	Tab for Susp	NOV	10.6064
02287439*	Exjade	250mg	Tab for Susp	NOV	21.2125
02287447*	Exjade	500mg	Tab for Susp	NOV	42.4253
02177102	Famvir	500mg	Tab	NOV	7.2828
02231384	Femara	2.5mg	Tab	NOV	6.8983
02365480*	Gilenya	0.5mg	Cap	NOV	85.1650
02253275	Gleevec	100mg	Tab	NOV	28.1445
02253283	Gleevec	400mg	Tab	NOV	112.5783
02061562	Lescol	20mg	Cap	NOV	0.9176
02061570	Lescol	40mg	Cap	NOV	1.2895
02250527	Lescol XL	80mg	ER Tab	NOV	1.5514
00455881	Lioresal	10mg	Tab	NOV	0.8033
00636576	Lioresal DS	20mg	Tab	NOV	1.5636
00397423	Lopresor	50mg	Tab	NOV	0.3142
00397431	Lopresor	100mg	Tab	NOV	0.6855
00658855	Lopresor SR	100mg	LA Tab	NOV	0.3742
00534560	Lopresor SR	200mg	LA Tab	NOV	0.6791
00885835	Lotensin	5mg	Tab	NOV	0.9364
00885851	Lotensin	20mg	Tab	NOV	1.2707
02302063*	Rasilez	150mg	Tab	NOV	1.2589
02302071*	Rasilez	300mg	Tab	NOV	1.2589
02305933	Stalevo	50 & 12.5 & 200mg	Tab	NOV	1.6882
02337827	Stalevo	75 & 18.75 & 200mg	Tab	NOV	1.6882
02305941	Stalevo	100 & 25 & 200mg	Tab	NOV	1.6882
02337835	Stalevo	125 & 31.25 & 200mg	Tab	NOV	1.6882
02305968	Stalevo	150 & 37.5 & 200mg	Tab	NOV	1.6882
02194333	Tegretol	100mg/5mL	Oral Susp	NOV	0.0902
00369810	Tegretol	100mg	Chew Tab	NOV	0.1912

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00665088	Tegretol	200mg	Chew Tab	NOV	0.3772
00773611	Tegretol CR	200mg	LA Tab	NOV	0.4683
00755583	Tegretol CR	400mg	LA Tab	NOV	0.9364
02239630	TOBI	300mg/5mL	Inh Sol-5mL Pk	NOV	54.7626
00852384	Transderm-Nitro	0.4mg/Hr/20 Sq Cm	Patch	NOV	0.9143
02046156	Transderm-Nitro	0.6mg/Hr/30 Sq Cm	Patch	NOV	0.9143
00514012	Voltaren	50mg	Ent Tab	NOV	1.0397
00632724	Voltaren	50mg	Sup	NOV	1.5613
00632732	Voltaren	100mg	Sup	NOV	2.1016
02238348	Rescriptor	100mg	Tab	PFI	0.7387
02238617	Viracept	250mg	Tab	PFI	1.8732
02248761	Viracept	625mg	Tab	PFI	4.6829
02277166	Biphentin	10mg	ER Cap	PFP	0.7030
02277131	Biphentin	15mg	ER Cap	PFP	1.0060
02277158	Biphentin	20mg	ER Cap	PFP	1.3000
02277174	Biphentin	30mg	ER Cap	PFP	1.7840
02277182	Biphentin	40mg	ER Cap	PFP	2.2730
02277190	Biphentin	50mg	ER Cap	PFP	2.7560
02277204	Biphentin	60mg	ER Cap	PFP	3.2080
02277212	Biphentin	80mg	ER Cap	PFP	4.2330
02230302	Codeine Contin	50mg	CR Tab	PFP	0.3330
02163748	Codeine Contin	100mg	CR Tab	PFP	0.6660
02163780	Codeine Contin	150mg	CR Tab	PFP	0.9990
02163799	Codeine Contin	200mg	CR Tab	PFP	1.3320
02125323	Hydromorph Contin	3mg	CR Cap	PFP	0.6950
02359502	Hydromorph Contin	4.5mg	CR Cap	PFP	0.8390
02125331	Hydromorph Contin	6mg	CR Cap	PFP	1.0420
02359510	Hydromorph Contin	9mg	CR Cap	PFP	1.3760
02125366	Hydromorph Contin	12mg	CR Cap	PFP	1.8060
02243562	Hydromorph Contin	18mg	CR Cap	PFP	2.6060
02125382	Hydromorph Contin	24mg	CR Cap	PFP	3.3350

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02125390	Hydromorph Contin	30mg	CR Cap	PFP	3.9950
02015439	MS Contin	15mg	SR Tab	PFP	0.7020
02014297	MS Contin	30mg	SR Tab	PFP	1.0620
02014300	MS Contin	60mg	SR Tab	PFP	1.8710
02014319	MS Contin	100mg	SR Tab	PFP	2.8530
02014327	MS Contin	200mg	SR Tab	PFP	5.3050
02372525*	OxyNEO	10mg	CR Tab	PFP	0.8855
02372533*	OxyNEO	15mg	CR Tab	PFP	1.0695
02372797*	OxyNEO	20mg	CR Tab	PFP	1.3285
02372541*	OxyNEO	30mg	CR Tab	PFP	1.7555
02372568*	OxyNEO	40mg	CR Tab	PFP	2.3030
02382059**	Allerject	0.15mg/0.15mL	Pref Autoinjector Pk	SAC	83.3500
02382067**	Allerject	0.3mg/0.3mL	Pref Autoinjector Pk	SAC	83.3500
02221861	Anandron	50mg	Tab	SAV	2.2719
02294346	Apidra	100U/mL	Inj Sol-5x3mL SoloSTAR Pref Pen	SAV	50.3500
02279460	Apidra	100U/mL	Inj Sol-10mL Vial	SAV	25.2300
02279479	Apidra	100U/mL	Inj 5x3mL Cart ClickStar Pen	SAV	50.0000
01926691	Calcimar	400IU/2mL	Inj Sol-2mL Pk	SAV	57.3600
02018144	Cyclomen	50mg	Cap	SAV	0.9393
02018152	Cyclomen	100mg	Cap	SAV	1.3940
02018160	Cyclomen	200mg	Cap	SAV	2.2276
02138018	Demerol	50mg	Tab	SAV	0.1559
02224550	Diabeta	2.5mg	Tab	SAV	0.1383
02224569	Diabeta	5mg	Tab	SAV	0.2480
01926861	Flagyl	10%	Vag Cr-App	SAV	0.2407
01926829	Flagystatin	500mg & 100000U	Vag Sup	SAV	3.2410
01926845	Flagystatin	500mg & 100000U/g	Vag Cr-App	SAV	0.5893
02294338	Lantus Solostar	100U/mL	Inj Sol-5x3mL Pk	SAV	92.8500
02251930	Lantus- (Cartridge)	100U/mL	Inj Sol-5x3mL Pk	SAV	92.8500
02245689	Lantus-(Vial)	100U/mL	Inj Sol-10mL Vial Pk	SAV	61.6900
02224720	Lasix	10mg/mL	O/L	SAV	0.2861
02224755	Lasix Special	500mg	Tab	SAV	3.1305
02236564	Lovenox	100mg/mL	Inj Sol-3mLVial Pk	SAV	64.8700
02378442	Lovenox	100mg/mL	Pref Syr-1mL Pk	SAV	21.6240

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02012472	Lovenox	30mg/0.3mL	Pref Syr-0.3mL Pk	SAV	6.4870
02236883	Lovenox	40mg/0.4mL	Pref Syr-0.4mL Pk	SAV	8.6490
02378426	Lovenox	60mg/0.6mL	Pref Syr-0.6mL Pk	SAV	12.9740
02378434	Lovenox	80mg/0.8mL	Pref Syr-0.8mL Pk	SAV	17.2990
02242692	Lovenox HP	120mg/0.8mL	Pref Syr-0.8mL Pk	SAV	25.9480
02378469	Lovenox HP	150mg/mL	Pref Syr-1mL Pk	SAV	32.4360
01927620	Myochrysine	10mg/mL	Inj Sol-1mL Pk	SAV	12.3400
01927612	Myochrysine	25mg/mL	Inj Sol-1mL Pk	SAV	15.0000
01927604	Myochrysine	50mg/mL	Inj Sol-1mL Pk	SAV	23.3300
01927698	Nozinan	25mg/mL	Inj Sol-1mL Pk	SAV	3.4640
02230619	Pediapred Oral Liquid	6.7mg/5mL	O/L	SAV	0.1317
02224801	Rythmodan	100mg	Cap	SAV	0.2776
01926543	Sectral	100mg	Tab	SAV	0.3581
01926551	Sectral	200mg	Tab	SAV	0.5374
01926578	Sectral	400mg	Tab	SAV	1.0695
02224623	Sofracort	5mg & 50mcg & 0.5mg/mL	Oph/Ot Sol	SAV	1.9363
02225158	Suprefact	1mg/mL	Nas Sp-10mL Pk	SAV	80.4800
02225166	Suprefact	1mg/mL	Inj Sol-5.5mL Pk	SAV	63.0700
02228955	Suprefact Depot	6.3mg	Implant Kit	SAV	778.9100
02240749	Suprefact Depot	9.45mg	Implant Kit	SAV	1154.3100
00888400	Zaroxolyn	2.5mg	Tab	SAV	0.2010
02287145*	Fosrenol	250mg	Chew Tab	SHI	1.1338
02287153*	Fosrenol	500mg	Chew Tab	SHI	2.2678
02287161*	Fosrenol	750mg	Chew Tab	SHI	3.4126
02287188*	Fosrenol	1000mg	Chew Tab	SHI	4.5243
02347156	Vyvanse	20mg	Cap	SHI	2.6633
02322951	Vyvanse	30mg	Cap	SHI	3.1855
02347164	Vyvanse	40mg	Cap	SHI	3.7077
02322978	Vyvanse	50mg	Cap	SHI	4.2299
02347172	Vyvanse	60mg	Cap	SHI	4.7521
01919342	Luvox	50mg	Tab	SPH	0.9130
01919369	Luvox	100mg	Tab	SPH	1.6417
00687456	Viroptic	1%	Oph Sol	THE	3.2507
00004715	Alkeran	2mg	Tab	TRT	1.6846
02213192	Eltroxin	0.05mg	Tab	TRT	0.0302
02213206	Eltroxin	0.1mg	Tab	TRT	0.0371
02213214	Eltroxin	0.15mg	Tab	TRT	0.0411

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02213222	Eltroxin	0.2mg	Tab	TRT	0.0435
00004596	Imuran	50mg	Tab	TRT	1.0369
00004626	Leukeran	2mg	Tab	TRT	1.4680
00004618	Myleran	2mg	Tab	TRT	1.5576
02248472	BenzaClin Topical Gel	1% & 5%	Top Gel	VAL	0.9542
00461733	Carbolith	150mg	Cap	VAL	0.1240
00236683	Carbolith	300mg	Cap	VAL	0.0963
02097249	Cardizem CD	120mg	LA Cap	VAL	1.6244
02097257	Cardizem CD	180mg	LA Cap	VAL	2.1565
02097265	Cardizem CD	240mg	LA Cap	VAL	2.8604
02097273	Cardizem CD	300mg	LA Cap	VAL	3.5755
02256193	Cesamet	0.5mg	Cap	VAL	3.3210
00548375	Cesamet	1mg	Cap	VAL	6.6418
00029246	Delatestryl	1000mg/5mL Oily	Inj Sol-5mL Pk	VAL	51.1000
00330582	Efudex	5%	Cr	VAL	0.8453
00247960	Etibi	100mg	Tab	VAL	0.2018
00247979	Etibi	400mg	Tab	VAL	0.6054
02373955	Lodalis	625mg	Tab	VAL	1.1154
00869961	Mestinon	60mg	Tab	VAL	0.4798
00869953	Mestinon	180mg	LA Tab	VAL	1.0493
02156091	Noritate	1%	Top Cr	VAL	0.5789
00869945	Prostigmin	15mg	Tab	VAL	0.4881
00393444	Rofact	150mg	Cap	VAL	0.6633
00343617	Rofact	300mg	Cap	VAL	1.0441
02231150	Tiazac	120mg	SR Cap	VAL	0.8956
02231151	Tiazac	180mg	SR Cap	VAL	1.2011
02231152	Tiazac	240mg	SR Cap	VAL	1.5932
02231155	Tiazac	360mg	SR Cap	VAL	2.4023
01926462	Vitamin A Acid	0.01%	Gel	VAL	0.3168
01926489	Vitamin A Acid	0.05%	Gel	VAL	0.3168
02275090	Wellbutrin XL	150mg	ER Tab	VAL	0.5727
02275104	Wellbutrin XL	300mg	ER Tab	VAL	1.1454
02192691	3TC	10mg/mL	O/L	VIH	0.3183
02192683	3TC	150mg	Tab	VIH	4.9035
02247825	3TC	300mg	Tab	VIH	9.8071
02239213	Combivir	150mg & 300mg	Tab	VIH	10.5873
02269341	Kivexa	600mg/300mg	Tab	VIH	23.9498

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02261553	Telzir	50mg/mL	Oral Susp	VIH	0.6085
02261545	Telzir	700mg	Tab	VIH	8.3225
02244757	Trizivir	300mg/150mg/300mg	Tab	VIH	18.1900
02240358	Ziagen	20mg/mL	O/L	VIH	0.4631
02240357	Ziagen	300mg	Tab	VIH	6.9655
02239607	Celexa	20mg	Tab	VLH	1.3909
02239608	Celexa	40mg	Tab	VLH	1.3909
02263238	Ciprallex	10mg	Tab	VLH	1.7512
02263254	Ciprallex	20mg	Tab	VLH	1.8644
02391449	Ciprallex MELTZ	10mg	Orally Disintegrating Tab	VLH	1.7170
02391457	Ciprallex MELTZ	20mg	Orally Disintegrating Tablet	VLH	1.8279
02156008	Fluanxol	0.5mg	Tab	VLH	0.2608
02156016	Fluanxol	3mg	Tab	VLH	0.5633
02156032	Fluanxol Depot	20mg/mL	Inj Sol-1mL Amp Pk	VLH	7.5496
02156040	Fluanxol Depot	100mg/mL	Inj Sol-1mL Amp Pk	VLH	37.7481
02242518	Actonel	5mg	Tab	WAR	1.9469
02239146	Actonel	30mg	Tab	WAR	12.6446
02370417	Actonel DR	35mg	DR Tab	WAR	11.5368
01997580	Asacol	400mg	Tab	WAR	0.5597
02267217	Asacol	800mg	Tab	WAR	1.0938
02063662	MacroBID	100mg	Cap	WAR	0.7289
02239653	Androderm	12.2mg	Transdermal Patch	WAT	2.1646
02245972	Androderm	24.3mg	Transdermal Patch	WAT	4.3291
02361663	Rapaflo	4mg	Cap	WAT	1.8967
02361671	Rapaflo	8mg	Cap	WAT	1.8967

\*Exceptional Access Program product

\*\*Allergen Product

# OFI Product Price Changes

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02262800	Strattera	10mg	Cap	LIL	2.8364
02262819	Strattera	18mg	Cap	LIL	3.1936
02262827	Strattera	25mg	Cap	LIL	3.5664
02262835	Strattera	40mg	Cap	LIL	4.0939
02262843	Strattera	60mg	Cap	LIL	4.4954



# Reason For Use Code Change

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02408090	Mylan-Buprenorphine/Naloxone	2mg & 0.5mg	SL Tab	MYL
02408104	Mylan-Buprenorphine/Naloxone	8mg & 2mg	SL Tab	MYL
02295695	Suboxone	2mg & 0.5mg	SL Tab	RBP
02295709	Suboxone	8mg & 2mg	SL Tab	RBP
02424851	Teva-Buprenorphine/Naloxone	2mg & 0.5mg	SL Tab	TEV
02424878	Teva-Buprenorphine/Naloxone	8mg & 2mg	SL Tab	TEV

## Changes to Reason For Use Code and Clinical Criteria

(Revised text underlined)

### **Code 437**

For the treatment of opioid dependence in patients who have failed, have significant intolerance, have a contraindication to, or who are at high risk for toxicity with methadone.

NOTE: High risk for toxicity with methadone defined as:

use of benzodiazepines, alcohol abuse or dependence, elderly, patients who are dependent on codeine or abuse opioids on a less than daily basis, on medications that interfere with methadone metabolism, at high risk for prolonged QT interval.

NOTE: Physicians should complete an accredited course on opioid addiction and buprenorphine treatment before prescribing Suboxone or its generics.

LU Authorization Period: 1 year.

### **Code 438**

For the treatment of opioid dependence when a methadone maintenance program is not available or accessible (i.e. No methadone maintenance programs available in the area, or waiting list is 3 months or longer).

NOTE: Physicians should complete an accredited course on opioid addiction and buprenorphine treatment before prescribing Suboxone or its generics.

LU Authorization Period: 1 year.

## Reason for Use Code Change (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02381885	Oralair	100IR	SL Tab	PAL
02381893	Oralair	300IR	SL Tab	PAL

## Changes to Reason For Use Code and Clinical Criteria

(Revised text underlined)

### Code 451

For the seasonal treatment of grass pollen allergic rhinitis in patients that have not adequately responded to, or tolerated, conventional pharmacotherapy.

Notes:

- Treatment with grass pollen allergen extract must be initiated by physicians with adequate training and experience in the treatment of respiratory allergic diseases.
- Treatment should be initiated four (4) months before the onset of pollen season and should only be continued until the end of the season.
- Treatment should not be taken for more than three (3) consecutive years.

LU Authorization Period: 1 year.

# Discontinued Products

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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
09857512	DuoTrav PQ	0.5% & 0.004%	Oph Sol-2.5mL Pk	ALC
02236842	Levaquin	500mg	Tab	JAN
02246804	Levaquin	750mg	Tab	JAN
02042533	Ortho-Cept	0.15mg & 0.03mg	Tab-28 Pk	JAN
02324016	Prezista	400mg	Tab	JAN
01910140	Rhotral	100mg	Tab	SAV
01910159	Rhotral	200mg	Tab	SAV
01910167	Rhotral	400mg	Tab	SAV
09857212*	Sandoz Glycopyrrolate	0.2mg/mL	Inj-1mL Amp Pk	SDZ

\*Product listed under Facilitated Access-Palliative Care

# Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02239007	Creon 5	5000 & 16600 & 18750 USP Units	Ent Minimicrosph Cap	SPH
09854029	FastTake		Strip	LIF
00000655	Isopto Carbachol	1.5%	Oph Sol	ALC
00000663	Isopto Carbachol	3%	Oph Sol	ALC
02231781	Novo-Nortriptyline	10mg	Cap	NOP
02231782	Novo-Nortriptyline	25mg	Cap	NOP
09853243	One Touch		Strip	LIF
02389274	Pat-Tramadol/Acet	37.5mg & 325mg	Tab	PAR
00575240	Pilopine HS	4%	Oph Gel	ALC
02140063	Ratio-Valproic	50mg/mL	O/L	RPH
09853634	Surestep		Strip	LIF
02388332	Teva-Ramipril/HCTZ	2.5mg & 12.5mg	Tab	TEV
02388340	Teva-Ramipril/HCTZ	5mg & 12.5mg	Tab	TEV
02388359	Teva-Ramipril/HCTZ	10mg & 12.5mg	Tab	TEV
02388367	Teva-Ramipril/HCTZ	5mg & 25mg	Tab	TEV
02388375	Teva-Ramipril/HCTZ	10mg & 25mg	Tab	TEV

