

**UPDATE AK
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective August 27, 2012**

SUMMARY OF CHANGES

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New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02386968	Apo-Irbesartan	75mg	Tab	APX	0.3025
02386976	Apo-Irbesartan	150mg	Tab	APX	0.3025
02386984	Apo-Irbesartan (Interchangeable with Avapro)	300mg	Tab	APX	0.3025

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02381907	Auro-Ciprofloxacin	250mg	Tab	AUR	0.6186
02381923	Auro-Ciprofloxacin	500mg	Tab	AUR	0.6979
02381931	Auro-Ciprofloxacin (Interchangeable with Cipro)	750mg	Tab	AUR	1.2780

Reason for Use Code	Clinical Criteria
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332	<p>For the treatment of patients with: <u>SST/BJ(Gram negative bacteria):</u> Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers. LU Authorization Period: 1 year.</p>
333	<p><u>GU Tract:</u> Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases. LU Authorization Period: 1 year.</p>
334	<p><u>COPD with risk:</u> Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors¹; bronchiectasis; pneumonic illness with cystic fibrosis. ¹Risk factors include: poor pulmonary lung function (FEV₁ below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year. LU Authorization Period: 1 year.</p>
336	<p><u>Step-Down:</u> Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia LU Authorization Period: 1 year.</p>
350	<p><u>GI:</u> Traveller's diarrhea; enteric fever syndromes; Crohn's disease. LU Authorization Period: 1 year.</p>
353	<p>For the prophylaxis or treatment of B. anthracis exposure. LU Authorization Period: 1 year.</p>
977	<p>Exceptional cases of allergy or intolerance to all other appropriate therapies. LU Authorization Period: 1 year.</p>

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02381354	Auro-Lamotrigine	25mg	Tab	AUR	0.0936
02381362	Auro-Lamotrigine	100mg	Tab	AUR	0.3735
02381370	Auro-Lamotrigine (Interchangeable with Lamictal)	150mg	Tab	AUR	0.5505
02388251	Co Losartan/HCT	50mg & 12.5mg	Tab	COB	0.3147
02388278	Co Losartan/HCT (Interchangeable with Hyzaar)	100mg & 12.5mg	Tab	COB	0.3082
02388286	Co Losartan/HCT (Interchangeable with Hyzaar DS)	100mg & 25mg	Tab	COB	0.3147
02368897	Jamp-Carvedilol	3.125mg	Tab	JPC	0.3377
02368900	Jamp-Carvedilol	6.25mg	Tab	JPC	0.3377
02368919	Jamp-Carvedilol	12.5mg	Tab	JPC	0.3377
02368927	Jamp-Carvedilol (Interchangeable with Coreg)	25mg	Tab	JPC	0.3377

Reason for Use Code Clinical Criteria

For Patients with:

- 183 a) NYHA Class II or III Congestive Heart Failure (CHF); **and**
b) Currently being treated with an angiotension 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.

02386402	Jamp-Fluoxetine (Interchangeable with Prozac)	20mg	Cap	JPC	0.4598
02373904	Jamp-Indapamide	1.25mg	Tab	JPC	0.0745
02373912	Jamp-Indapamide (Interchangeable with Lozide)	2.5mg	Tab	JPC	0.1182

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02373009	Jamp-Letrozole (Interchangeable with Femara)	2.5mg	Tab	JPC	1.3780

Reason for Use Code

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.
LU Authorization Period: Indefinite.
- 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.
- 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.

02380196	Jamp-Metformin	500mg	Tab	JPC	0.0587
02380722	Jamp-Metformin Blackberry (Interchangeable with Glucophage)	500mg	Tab	JPC	0.0587

02386399	Jamp-Mycophenolate Capsules	250mg	Cap	JPC	0.5155
02380382	Jamp-Mycophenolate (Interchangeable with Cellcept)	500mg	Tab	JPC	1.0310

Reason for Use Code

Clinical Criteria

- 190 For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02368870	Jamp-Paroxetine	20mg	Tab	JPC	0.4514
02368889	Jamp-Paroxetine (Interchangeable with Paxil)	30mg	Tab	JPC	0.4796
02368552	Jamp-Risedronate (Interchangeable with Actonel)	35mg	Tab	JPC	2.4893
02375591	Jamp-Simvastatin	5mg	Tab	JPC	0.2556
02375605	Jamp-Simvastatin	10mg	Tab	JPC	0.5058
02375613	Jamp-Simvastatin	20mg	Tab	JPC	0.6251
02375621	Jamp-Simvastatin	40mg	Tab	JPC	0.6251
02375648	Jamp-Simvastatin (Interchangeable with Zocor)	80mg	Tab	JPC	0.6251
02368625	Jamp-Sotalol (Interchangeable with Sotacor)	160mg	Tab	JPC	0.1623
02387727	Mylan-Nevirapine (Interchangeable with Viramune)	200mg	Tab	MYL	1.2346
<p>Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.</p>					
02381737	Pat-Rabeprazole	10mg	Tab	PAR	0.1672
02381745	Pat-Rabeprazole (Interchangeable with Pariet)	20mg	Tab	PAR	0.3344

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02385643	Sandoz Lansoprazole	15mg	DR Cap	SDZ	0.5000
02385651	Sandoz Lansoprazole (Interchangeable with Prevacid)	30mg	DR Cap	SDZ	0.5000

Reason for Use Code Clinical Criteria

- 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 stepdown 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
- 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
- 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
- 401 **Other Gastrointestinal Disorders**
 For the treatment of gastroduodenal Crohn's 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

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DIN BRAND

STRENGTH

DOSAGE FORM

MFR

DBP

.... Continued from previous page

**Reason for
Use Code**

Clinical Criteria

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

Off Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02381478	Alendronate Sodium Tablets (Interchangeable with Fosamax)	5mg	Tab	ACH	1.0370
02381702	Co Rizatriptan (Interchangeable with Maxalt)	10mg	Tab	COB	11.1150
02380218	Jamp-Metformin	850mg	Tab	JPC	0.2090
02380730	Jamp-Metformin Blackberry (Interchangeable with Glucophage)	850mg	Tab	JPC	0.2090
02368862	Jamp-Paroxetine (Interchangeable with Paxil)	10mg	Tab	JPC	0.8640
02368617	Jamp-Sotalol (Interchangeable with Sotacor)	80mg	Tab	JPC	0.5932
02356805	Jamp-Zopiclone (Interchangeable with Imovane)	7.5mg	Tab	JPC	0.4685
02386771	Mar-Zopiclone	5mg	Tab	MAR	0.2231
02386798	Mar-Zopiclone (Interchangeable with Imovane)	7.5mg	Tab	MAR	0.4685
02378868	Metformin (Interchangeable with Glucophage)	850mg	Tab	MAR	0.2090
02381028	PMS-Atomoxetine	10mg	Cap	PMS	2.3140
02381036	PMS-Atomoxetine	18mg	Cap	PMS	2.6522
02381044	PMS-Atomoxetine	25mg	Cap	PMS	2.9281
02381052	PMS-Atomoxetine	40mg	Cap	PMS	3.3375
02381060	PMS-Atomoxetine (Interchangeable with Strattera)	60mg	Cap	PMS	3.7024

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02387816	Quetiapine Tablets (Interchangeable with Seroquel)	150mg	Tab	ACH	1.3518
02384698	Ran-Alendronate (Interchangeable with Fosamax)	5mg	Tab	RAN	1.0370
02388065	Teva-Clopidogrel (Interchangeable with Plavix)	300mg	Tab	TEV	9.5445

Manufacturer Requested Discontinued Drug(s)

Please note that these discontinued products will remain on the formulary until the current stock is depleted.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02239044	Apo-Benzylamine	0.15%	Oral Rinse	APX
00402699	Apo-Carbamazepine	200mg	Tab	APX
02248732	Apo-Clonidine	0.025mg	Tab	APX
00868949	Apo-Clonidine	0.1mg	Tab	APX
00868957	Apo-Clonidine	0.2mg	Tab	APX
00611158	Apo-Indomethacin	25mg	Cap	APX
00611166	Apo-Indomethacin	50mg	Cap	APX
00842826	Apo-Metoclop	5mg	Tab	APX
00842834	Apo-Metoclop	10mg	Tab	APX
00720941	Euglucon	5mg	Tab	PMS
02331020	Jamp-Simvastatin	5mg	Tab	JPC
02331039	Jamp-Simvastatin	10mg	Tab	JPC
02331047	Jamp-Simvastatin	20mg	Tab	JPC
02331055	Jamp-Simvastatin	40mg	Tab	JPC
02331063	Jamp-Simvastatin	80mg	Tab	JPC
00487805	Midamor	5mg	Tab	MSD
02165546	Nu-Acebutolol	100mg	Tab	NXP
02165554	Nu-Acebutolol	200mg	Tab	NXP
02165562	Nu-Acebutolol	400mg	Tab	NXP
02197421	Nu-Acyclovir	800mg	Tab	NXP
01913239	Nu-Alpraz	0.25mg	Tab	NXP
01913247	Nu-Alpraz	0.5mg	Tab	NXP
00886106	Nu-Amilzide	5mg & 50mg	Tab	NXP
00865567	Nu-Amoxi	250mg	Cap	NXP
00865575	Nu-Amoxi	500mg	Cap	NXP
00865540	Nu-Amoxi	25mg/mL	O/L	NXP
00865559	Nu-Amoxi	50mg/mL	O/L	NXP
00886122	Nu-Atenol	100mg	Tab	NXP
00886114	Nu-Atenol	50mg	Tab	NXP
02136090	Nu-Baclo	10mg	Tab	NXP
02136104	Nu-Baclo	20mg	Tab	NXP
01913824	Nu-Capto	12.5mg	Tab	NXP
01913832	Nu-Capto	25mg	Tab	NXP
01913840	Nu-Capto	50mg	Tab	NXP
01913859	Nu-Capto	100mg	Tab	NXP
02042568	Nu-Carbamazepine	200mg	Tab	NXP
00865877	Nu-Cephalex	250mg	Tab	NXP
00865885	Nu-Cephalex	500mg	Tab	NXP
00865818	Nu-Cimet	300mg	Tab	NXP
00865826	Nu-Cimet	400mg	Tab	NXP
00865834	Nu-Cimet	600mg	Tab	NXP
02173344	Nu-Clonazepam	0.5mg	Tab	NXP
02173352	Nu-Clonazepam	2mg	Tab	NXP
01913786	Nu-Clonidine	0.1mg	Tab	NXP

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
01913220	Nu-Clonidine	0.2mg	Tab	NXP
00865710	Nu-Cotrimox	400mg & 80mg	Tab	NXP
00865729	Nu-Cotrimox	800mg & 160mg	Tab	NXP
02171848	Nu-Cyclobenzaprine	10mg	Tab	NXP
00886017	Nu-Diclo	25mg	Ent Tab	NXP
00886025	Nu-Diclo	50mg	Ent Tab	NXP
00886068	Nu-Diltiaz	30mg	Tab	NXP
00886076	Nu-Diltiaz	60mg	Tab	NXP
02239517	Nu-Divalproex	125mg	Ent Tab	NXP
02239518	Nu-Divalproex	250mg	Ent Tab	NXP
02239519	Nu-Divalproex	500mg	Ent Tab	NXP
02231477	Nu-Domperidone	10mg	Tab	NXP
02024195	Nu-Famotidine	20mg	Tab	NXP
02024209	Nu-Famotidine	40mg	Tab	NXP
02192764	Nu-Fluoxetine	20mg	Cap	NXP
02020661	Nu-Flurbiprofen	50mg	Tab	NXP
02020688	Nu-Flurbiprofen	100mg	Tab	NXP
02231192	Nu-Fluvoxamine	50mg	Tab	NXP
02231193	Nu-Fluvoxamine	100mg	Tab	NXP
02020734	Nu-Glyburide	2.5mg	Tab	NXP
02020742	Nu-Glyburide	5mg	Tab	NXP
02223597	Nu-Indapamide	2.5mg	Tab	NXP
00865850	Nu-Indo	25mg	Cap	NXP
00865869	Nu-Indo	50mg	Cap	NXP
02182831	Nu-Levocarb	100mg & 10mg	Tab	NXP
02182823	Nu-Levocarb	100mg & 25mg	Tab	NXP
02182858	Nu-Levocarb	250mg & 25mg	Tab	NXP
02162822	Nu-Metformin	500mg	Tab	NXP
02143275	Nu-Metoclopramide	5mg	Tab	NXP
02143283	Nu-Metoclopramide	10mg	Tab	NXP
00865605	Nu-Metop	50mg	Tab	NXP
00865613	Nu-Metop	100mg	Tab	NXP
00865648	Nu-Naprox	250mg	Tab	NXP
00865656	Nu-Naprox	375mg	Tab	NXP
00865664	Nu-Naprox	500mg	Tab	NXP
02223139	Nu-Nortriptyline	10mg	Cap	NXP
02223147	Nu-Nortriptyline	25mg	Cap	NXP
02158590	Nu-Oxybutyn	5mg	Tab	NXP
00717568	Nu-Pen VK	300mg	Tab	NXP
00886009	Nu-Pindol	10mg	Tab	NXP
00886130	Nu-Pindol	15mg	Tab	NXP
00886149	Nu-Pindol	5mg	Tab	NXP
00865761	Nu-Pirox	10mg	Cap	NXP
00865788	Nu-Pirox	20mg	Cap	NXP
02244350	Nu-Pravastatin	10mg	Tab	NXP
02244351	Nu-Pravastatin	20mg	Tab	NXP
02244352	Nu-Pravastatin	40mg	Tab	NXP
01913794	Nu-Prazo	1mg	Tab	NXP
01913808	Nu-Prazo	2mg	Tab	NXP
01913816	Nu-Prazo	5mg	Tab	NXP

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00865737	Nu-Ranit	150mg	Tab	NXP
00865745	Nu-Ranit	300mg	Tab	NXP
02230717	Nu-Selegiline	5mg	Tab	NXP
02163772	Nu-Sotalol	160mg	Tab	NXP
02134829	Nu-Sucralfate	1g	Tab	NXP
02042576	Nu-Sulindac	150mg	Tab	NXP
02042584	Nu-Sulindac	200mg	Tab	NXP
02223570	Nu-Temazepam	15mg	Cap	NXP
02223589	Nu-Temazepam	30mg	Cap	NXP
02233047	Nu-Terazosin	1mg	Tab	NXP
02233048	Nu-Terazosin	2mg	Tab	NXP
02233049	Nu-Terazosin	5mg	Tab	NXP
02233050	Nu-Terazosin	10mg	Tab	NXP
02237560	Nu-Ticlopidine	250mg	Tab	NXP
02044609	Nu-Timolol	5mg	Tab	NXP
02044617	Nu-Timolol	10mg	Tab	NXP
00865532	Nu-Triazide	25mg & 50mg	Tab	NXP
02237830	Nu-Valproic	250mg	Cap	NXP
00886033	Nu-Verap	80mg	Tab	NXP
00886041	Nu-Verap	120mg	Tab	NXP

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02284308	Apo-Oxcarbazepine	300mg	Tab	APX	0.9102
02284316	Apo-Oxcarbazepine	600mg	Tab	APX	1.8204
02386194	Co Bosentan	62.5mg	Tab	COB	32.0893
02386208	Co Bosentan	125mg	Tab	COB	32.0893
02294265	Ratio-Tamsulosin	0.4mg	Cap	RPH	0.1500
02386275	Sandoz Bosentan	62.5mg	Tab	SDZ	32.0893
02386283	Sandoz Bosentan	125mg	Tab	SDZ	32.0893

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02249510	Apo-Amiloride	5mg	Tab	AAP
00682020	Apo-Erythro	250mg	Tab	AAP
02137534	Gen-Alprazolam	0.25mg	Tab	MYL
02137542	Gen-Alprazolam	0.5mg	Tab	MYL
02229813	Gen-Alprazolam	1mg	Tab	MYL
02229814	Gen-Alprazolam	2mg	Tab	MYL
02163551	Gen-Captopril	12.5mg	Tab	MYL
02163578	Gen-Captopril	25mg	Tab	MYL
02163586	Gen-Captopril	50mg	Tab	MYL
02163594	Gen-Captopril	100mg	Tab	MYL
02237921	Gen-Verapamil	80mg	Tab	MYL
02237922	Gen-Verapamil	120mg	Tab	MYL
02210347	Gen-Verapamil SR	120mg	LA Tab	MYL
02210355	Gen-Verapamil SR	180mg	LA Tab	MYL
02210363	Gen-Verapamil SR	240mg	LA Tab	MYL
02244462	Gen-Warfarin	1mg	Tab	MYL
02244463	Gen-Warfarin	2mg	Tab	MYL
02244464	Gen-Warfarin	2.5mg	Tab	MYL
02287498	Gen-Warfarin	3mg	Tab	MYL
02244465	Gen-Warfarin	4mg	Tab	MYL
02244466	Gen-Warfarin	5mg	Tab	MYL
02287501	Gen-Warfarin	6mg	Tab	MYL
02244467	Gen-Warfarin	10mg	Tab	MYL
00232823	Novo-Chlorpromazine	25mg	Tab	TEV
00232807	Novo-Chlorpromazine	50mg	Tab	TEV
00232831	Novo-Chlorpromazine	100mg	Tab	TEV
02241710	Novo-Clindamycin	300mg	Cap	TEV
02239355	Novo-Difenac-K	50mg	Tab	TEV
02216582	Novo-Fluoxetine	10mg	Cap	TEV
02216590	Novo-Fluoxetine	20mg	Cap	TEV
02247802	Novo-Fosinopril	10mg	Tab	TEV
02247803	Novo-Fosinopril	20mg	Tab	TEV
01913670	Novo-Glyburide	2.5mg	Tab	TEV
01913689	Novo-Glyburide	5mg	Tab	TEV
00021474	Novo-Hydrazide	25mg	Tab	TEV
00021482	Novo-Hydrazide	50mg	Tab	TEV
02285061	Novo-Lisinopril (Type P)	5mg	Tab	TEV
02285088	Novo-Lisinopril (Type P)	10mg	Tab	TEV
02285096	Novo-Lisinopril (Type P)	20mg	Tab	TEV
02301768	Novo-Lisinopril/HCTZ (Type Z)	10mg & 12.5mg	Tab	TEV
02301776	Novo-Lisinopril/HCTZ (Type Z)	20mg & 12.5mg	Tab	TEV
02301784	Novo-Lisinopril/HCTZ (Type Z)	20mg & 25mg	Tab	TEV
02258315	Novo-Meloxicam	7.5mg	Tab	TEV
02258323	Novo-Meloxicam	15mg	Tab	TEV
00648035	Novo-Metoprol	50mg	Tab	TEV
00648043	Novo-Metoprol	100mg	Tab	TEV

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00842648	Novo-Metoprol (Uncoated)	50mg	Tab	TEV
00842656	Novo-Metoprol (Uncoated)	100mg	Tab	TEV
02276712	Novo-Olanzapine	2.5mg	Tab	TEV
02276720	Novo-Olanzapine	5mg	Tab	TEV
02276739	Novo-Olanzapine	7.5mg	Tab	TEV
02276747	Novo-Olanzapine	10mg	Tab	TEV
02276755	Novo-Olanzapine	15mg	Tab	TEV
02264056	Novo-Ondansetron	4mg	Tab	TEV
02264064	Novo-Ondansetron	8mg	Tab	TEV
02248556	Novo-Paroxetine	10mg	Tab	TEV
02248557	Novo-Paroxetine	20mg	Tab	TEV
02248558	Novo-Paroxetine	30mg	Tab	TEV
02240485	Novo-Sertraline	25mg	Cap	TEV
02240484	Novo-Sertraline	50mg	Cap	TEV
02240481	Novo-Sertraline	100mg	Cap	TEV
00789445	Pancrease MT4	4000 & 12000 & 12000 USP Units	Ent Microsph Cap	JAN
02242320	Toloxin	0.05mg/mL	O/L	PEN
02335700	Toloxin	0.0625mg	Tab	PEN
02335719	Toloxin	0.125mg	Tab	PEN
02335727	Toloxin	0.250mg	Tab	PEN

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02269198	Aclasta	5mg/100mL	Inj Sol-100mL Vial Pk	NOV

Reason for Use Code

Clinical Criteria

319 For the treatment of Paget’s disease.

LU Authorization Period: Indefinite

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 Aclasta should not be receiving concomitant bisphosphonate therapy. The recommended dose of Aclasta (zoledronic acid) is a single IV injection of 5mg, once yearly.

LU Authorization Period: Indefinite.

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00682020	Erythro-Base	250mg	Tab	APX
02249510	Midamor	5mg	Tab	APX
02137534	Mylan-Alprazolam	0.25mg	Tab	GEN
02137542	Mylan-Alprazolam	0.5mg	Tab	GEN
02229813	Mylan-Alprazolam	1mg	Tab	GEN
02229814	Mylan-Alprazolam	2mg	Tab	GEN
02163551	Mylan-Captopril	12.5mg	Tab	GEN
02163578	Mylan-Captopril	25mg	Tab	GEN
02163586	Mylan-Captopril	50mg	Tab	GEN
02163594	Mylan-Captopril	100mg	Tab	GEN
02237921	Mylan-Verapamil	80mg	Tab	GEN
02237922	Mylan-Verapamil	120mg	Tab	GEN
02210347	Mylan-Verapamil SR	120mg	LA Tab	GEN
02210355	Mylan-Verapamil SR	180mg	LA Tab	GEN
02210363	Mylan-Verapamil SR	240mg	LA Tab	GEN
02244462	Mylan-Warfarin	1mg	Tab	GEN
02244463	Mylan-Warfarin	2mg	Tab	GEN
02244464	Mylan-Warfarin	2.5mg	Tab	GEN
02287498	Mylan-Warfarin	3mg	Tab	GEN
02244465	Mylan-Warfarin	4mg	Tab	GEN
02244466	Mylan-Warfarin	5mg	Tab	GEN
02287501	Mylan-Warfarin	6mg	Tab	GEN
02244467	Mylan-Warfarin	10mg	Tab	GEN
00232823	Teva-Chlorpromazine	25mg	Tab	NOP
00232807	Teva-Chlorpromazine	50mg	Tab	NOP
00232831	Teva-Chlorpromazine	100mg	Tab	NOP
02241710	Teva-Ciindamycin	300mg	Cap	NOP
02239355	Teva-Diclofenac-K	50mg	Tab	NOP
02216582	Teva-Fluoxetine	10mg	Cap	NOP
02216590	Teva-Fluoxetine	20mg	Cap	NOP
02247802	Teva-Fosinopril	10mg	Tab	NOP
02247803	Teva-Fosinopril	20mg	Tab	NOP
01913670	Teva-Glyburide	2.5mg	Tab	NOP
01913689	Teva-Glyburide	5mg	Tab	NOP
00021474	Teva-Hydrochlorothiazide	25mg	Tab	NOP
00021482	Teva-Hydrochlorothiazide	50mg	Tab	NOP
02285061	Teva-Lisinopril (Type P)	5mg	Tab	NOP
02285088	Teva-Lisinopril (Type P)	10mg	Tab	NOP
02285096	Teva-Lisinopril (Type P)	20mg	Tab	NOP
02301768	Teva-Lisinopril/HCTZ (Type Z)	10mg & 12.5mg	Tab	NOP
02301776	Teva-Lisinopril/HCTZ (Type Z)	20mg & 12.5mg	Tab	NOP
02301784	Teva-Lisinopril/HCTZ (Type Z)	20mg & 25mg	Tab	NOP
02258315	Teva-Meloxicam	7.5mg	Tab	NOP
02258323	Teva-Meloxicam	15mg	Tab	NOP
00648035	Teva-Metoprolol	50mg	Tab	NOP
00648043	Teva-Metoprolol	100mg	Tab	NOP

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00842648	Teva-Metoprolol (Uncoated)	50mg	Tab	NOP
00842656	Teva-Metoprolol (Uncoated)	100mg	Tab	NOP
02276712	Teva-Olanzapine	2.5mg	Tab	NOP
02276720	Teva-Olanzapine	5mg	Tab	NOP
02276739	Teva-Olanzapine	7.5mg.	Tab	NOP
02276747	Teva-Olanzapine	10mg	Tab	NOP
02276755	Teva-Olanzapine	15mg	Tab	NOP
02264056	Teva-Ondansetron	4mg	Tab	NOP
02264064	Teva-Ondansetron	8mg	Tab	NOP
02248556	Teva-Paroxetine	10mg	Tab	NOP
02248557	Teva-Paroxetine	20mg	Tab	NOP
02248558	Teva-Paroxetine	30mg	Tab	NOP
02240485	Teva-Sertraline	25mg	Cap	NOP
02240484	Teva-Sertraline	50mg	Cap	NOP
02240481	Teva-Sertraline	100mg	Cap	NOP