

UPDATE A
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 38
Effective APRIL 16, 2003

SUMMARY OF CHANGES

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New Single Source Drug(s)

The following product(s) have been added to Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02246896	Actonel 35mg Tab NOTE: Actonel is not approved by Health Canada for osteoporosis in men.	RISEDRONATE	PGP	8.8500
Reason for Use Code	Clinical criteria			
	For the treatment of osteoporosis in patients who have:			
369	Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture; or			
370	Failed* or , experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.			
	*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.			
02243158	Clindoxyl 1% & 5% Gel	CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE	STI	0.8620
02243763	Comtan 200mg Tab	ENTACAPONE	NOV	1.4000
Reason for Use Code	Clinical criteria			
367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.			

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02242879	Premplus 0.625mg/5mg Tab-28 Day Pk	CONJUGATED EQUINE ESTROGEN & MEDROXY- PROGESTERONE ACETATE	WAY	7.0000
02241472	Tamiflu 75mg Cap	OSELTAMIVIR PHOSPHATE	HLR	4.2000
Reason for Clinical criteria Use Code				
371	For the prophylaxis (max: 75mg daily) of residents of long-term care facilities during confirmed* outbreaks of influenza A or Influenza B. Note: Network will limit supply to 6 weeks.			
372	For the treatment (max: 75mg bid) of residents of long-term care facilities during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis. Note: Network will limit supply to 5 days.			
*The outbreak must be confirmed by Public Health				
02246016	Thyrogen 0.9mg/mL Inj Pd- 2x1.1mg Vial Pk	THYROTROPIN ALFA	GZM	1,324.0000
Reason for Clinical criteria Use Code				
368	For use in the monitoring of patients with well-differentiated thyroid cancer.			
02245777	Valcyte 450mg Tab	VALGANCICLOVIR	HLR	22.4100
Reason for Clinical criteria Use Code				
374	For the treatment of CMV retinitis in patients with AIDS.			

New Multi-Source Drug(s)

The following product(s) have been added to Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02244324	Apo-Cyclosporine (Interchangeable with Neoral)	100mg/mL	O/L	APX	3.4500
Reason for Clinical criteria Use Code					
177	For the treatment of psoriasis in patients who have failed, or are intolerant to, other systemic therapies, including methotrexate, acitretin or PUVA;				
178	For the treatment of rheumatoid arthritis in patients who have failed, or are intolerant to, other systemic therapies, including Disease-Modifying Antirheumatic Drugs (DMARDs).				
02245246	Apo-Indapamide (Interchangeable with Lozide)	1.25mg	Tab	APX	0.1877
02245230	Apo-Nitrazepam (Interchangeable with Mogadon)	5mg	Tab	APX	0.0857
02245231	Apo-Nitrazepam (Interchangeable with Mogadon)	10mg	Tab	APX	0.1282
02247011	Apo-Simvastatin (Interchangeable with Zocor)	5mg	Tab	APX	0.6300
02247012	Apo-Simvastatin (Interchangeable with Zocor)	10mg	Tab	APX	1.2460
02247013	Apo-Simvastatin (Interchangeable with Zocor)	20mg	Tab	APX	1.5400
02247014	Apo-Simvastatin (Interchangeable with Zocor)	40mg	Tab	APX	1.5400
02247015	Apo-Simvastatin (Interchangeable with Zocor)	80mg	Tab	APX	1.5400
02244814	Co-Temazepam (Interchangeable with Restoril)	15mg	Cap	COB	0.1102
02244815	Co-Temazepam (Interchangeable with Restoril)	30mg	Cap	COB	0.1326

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02245697	Gen-Fluconazole (Interchangeable with Diflucan-150)	150mg	Cap	GEN	9.1854
Reason for Use Code	Clinical criteria				
235	For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.				
NOTE: Repeats within a 25 day period will not be reimbursed.					

02245292	Gen-Fluconazole (Interchangeable with Diflucan)	50mg	Tab	GEN	3.1266
02245293	Gen-Fluconazole (Interchangeable with Diflucan)	100mg	Tab	GEN	5.5465
Reason for Clinical criteria Use Code					
202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations;				
203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients);				
204	For patients with disseminated candidiasis;				
205	For the treatment of acute cryptococcal meningitis.				

02245203	Gen-Nefazodone (Interchangeable with Serzone-5HT2)	100mg	Tab	GEN	0.5040
02245204	Gen-Nefazodone (Interchangeable with Serzone-5HT2)	150mg	Tab	GEN	0.5040
02245205	Gen-Nefazodone (Interchangeable with Serzone-5HT2)	200mg	Tab	GEN	0.5880
02246582	Gen-Simvastatin (Interchangeable with Zocor)	5mg	Tab	GEN	0.6300
02246583	Gen-Simvastatin (Interchangeable with Zocor)	10mg	Tab	GEN	1.2460
02246737	Gen-Simvastatin (Interchangeable with Zocor)	20mg	Tab	GEN	1.5400
02246584	Gen-Simvastatin (Interchangeable with Zocor)	40mg	Tab	GEN	1.5400
02246585	Gen-Simvastatin (Interchangeable with Zocor)	80mg	Tab	GEN	1.5400

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02236978	Novo-Fluconazole (Interchangeable with Diflucan)	50mg	Tab	NOP	3.1266
02236979	Novo-Fluconazole (Interchangeable with Diflucan)	100mg	Tab	NOP	5.5465
Reason for Clinical criteria Use Code					
202	For the treatment of thrush in immunocompromised patients (i.e. patients with malignancies and transplant recipients) who are unresponsive to nystatin or imidazole preparations;				
203	For the treatment of oroesophageal candidiasis in immunocompromised patients (i.e. patients with malignancies and transplant recipients);				
204	For patients with disseminated candidiasis;				
205	For the treatment of acute cryptococcal meningitis.				
02243645	Novo-Fluconazole-150 (Interchangeable with Diflucan-150)	150mg	Cap	NOP	9.1854
Reason for Clinical criteria Use Code					
235	For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.				
NOTE: Repeats within a 25 day period will not be reimbursed.					
02246542	Novo-Lovastatin (Interchangeable with Mevacor)	20mg	Tab	NOP	1.0907
02246543	Novo-Lovastatin (Interchangeable with Mevacor)	40mg	Tab	NOP	2.0118
02245435	Novo-Nefazodone-5HT2 (Interchangeable with Serzone-5HT2)	100mg	Tab	NOP	0.5040
02245436	Novo-Nefazodone-5HT2 (Interchangeable with Serzone-5HT2)	150mg	Tab	NOP	0.5040
02245437	Novo-Nefazodone-5HT2 (Interchangeable with Serzone-5HT2)	200mg	Tab	NOP	0.5880
02231542	PMS-Carbamazepine (Interchangeable with Tegretol Chew Tabs)	100mg	Chew Tab	PMS	0.0856

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02231540	PMS-Carbamazepine (Interchangeable with Tegretol Chew Tabs)	200mg	Chew Tab	PMS	0.1689
02246627	PMS-Medroxyprogesterone (Interchangeable with Provera)	2.5mg	Tab	PMS	0.0794
02246628	PMS-Medroxyprogesterone (Interchangeable with Provera)	5mg	Tab	PMS	0.1569
02246629	PMS-Medroxyprogesterone (Interchangeable with Provera)	10mg	Tab	PMS	0.3169
02246596	PMS-Norfloxacin (Interchangeable with Noroxin)	400mg	Tab	PMS	1.3731
02244646	Ratio-Amoxi Clav 125F (Interchangeable with Clavulin)	25mg & 6.25mg/mL	O/L	RPH	0.0724
02244647	Ratio-Amoxi Clav 250F (Interchangeable with Clavulin)	50mg & 12.5mg/mL	O/L	RPH	0.1217
02243026	Ratio-Brimonidine (Interchangeable with Alphagan)	0.2%	Oph Sol	RPH	2.3100
Reason for Clinical criteria Use Code					
171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;				
172	As adjunctive therapy of elevated intraocular pressure in patients who cannot tolerate oral carbonic anhydrase therapy, or topical pilocarpine therapy, or topical beta-blocker therapy, or in whom these therapies have been ineffective.				
02243352	Ratio-Lamotrigine (Interchangeable with Lamictal)	25mg	Tab	RPH	0.2088
02243353	Ratio-Lamotrigine (Interchangeable with Lamictal)	100mg	Tab	RPH	0.8354
Reason for Clinical criteria Use Code					
136	As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.				
NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months					

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02245787	Ratio-Sertraline (Interchangeable with Zoloft (PIN) 09854126)	25mg	Cap	RPH	0.5040
Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline, Apo-Sertraline and Ratio-Sertraline are interchangeable with Zoloft for the treatment of depression.					
02245788	Ratio-Sertraline (Interchangeable with Zoloft (PIN) 09854134)	50mg	Cap	RPH	1.0080
Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline, Apo-Sertraline and Ratio-Sertraline are interchangeable with Zoloft for the treatment of depression.					
02245789	Ratio-Sertraline (Interchangeable with Zoloft (PIN) 09854142)	100mg	Cap	RPH	1.1025
Note: Novo-Sertraline, Gen-Sertraline, PMS-Sertraline, Rhoxal-Sertraline, Apo-Sertraline and Ratio-Sertraline are interchangeable with Zoloft for the treatment of depression.					
02244403	Taro-Carbamazepine (Interchangeable with Tegretol Chew Tabs)	100mg	Chew Tab	TAR	0.0856
02244404	Taro-Carbamazepine (Interchangeable with Tegretol Chew Tabs)	200mg	Chew Tab	TAR	0.1689

Manufacturer Requested Discontinued Drug(s)

The following product(s) have been revised in Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003. 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>
00005525	Apresoline	10mg	Tab	NOV
00005533	Apresoline	25mg	Tab	CIB
00005541	Apresoline	50mg	Tab	NOV
00872334	Beclomethasone Dipropionate	50mcg	Aero Inh-200 Dose Pk	KNR
00176214	Cafergot-PB		Sup	SAN
01940376	Caltine 50	50IU/0.5mL	Inj Sol-0.5mL Pk	FEI
00287873	Colchicine	0.6mg	Tab	ROG
00206032	Colchicine	1mg	Tab	ROG
02238072	Diamox	250mg	Tab	WAY
00525596	Feldene	10mg	Cap	PFI
00632708	Feldene	10mg	Sup	PFI
00015377	Glucagon		Inj Pd-1mg Pk	LIL
00368393	IMAP	12mg/6mL	Inj Susp-6mL Pk	OMC
00542903	IMAP Forte	10mg/mL	Inj Susp-1mL Pk	OMC
00990981	Intal		Inh-112 Dose Pk	FIS
00029173	Moditen Enanthate	125mg/5mL	Inj Sol-5mL Pk	BQU
02060590	Norplant System Kit	36mg	Subdermal Implant	WAY
00232157	Novo-Chlorpromazine	10mg	Tab	NOP
02130165	Novo-Clopramine	25mg	Tab	NOP
02223325	Novo-Desipramine	25mg	Tab	NOP
02223368	Novo-Desipramine	75mg	Tab	NOP
01981528	Novo-Keto-EC	50mg	Ent Tab	NOP
01981536	Novo-Keto-EC	100mg	Ent Tab	NOP
02158604	Novo-Maprotiline	10mg	Tab	NOP
01964909	Novo-Mepazine	5mg	Tab	NOP
01964925	Novo-Mepazine	25mg	Tab	NOP
01964933	Novo-Mepazine	50mg	Tab	NOP
00021555	Novo-Nidazol	250mg	Tab	NOP
00620955	Novo-Salmol	2mg	Tab	NOP
00620963	Novo-Salmol	4mg	Tab	NOP
00872431	Novo-Triolam	0.25mg	Tab	NOP
01940430	Novo-Tripramine	25mg	Tab	NOP
01940449	Novo-Tripramine	50mg	Tab	NOP
01940457	Novo-Tripramine	100mg	Tab	NOP
00812331	Novo-Veramil	80mg	Tab	NOP
00812358	Novo-Veramil	120mg	Tab	NOP
00093505	Phenobarbital	15mg	Tab	DCL
00093564	Phenobarbital	100mg	Tab	DCL
00476722	Pyridium	200mg	Tab	PDA
02237148	Ulcidine	20mg	Tab	ICN
02237149	Ulcidine	40mg	Tab	ICN
00021067	Vitamin A	25000IU	Cap	NOP

Delisted Nutrition Product(s)

The following product(s) have been removed from Part IX of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
97983470	IsoSource Liquid	Liq-250mL Pk	NON
97984752	NutriSource HN Liquid	Liq-250mL Pk	NON
09854240	NutriSource Liquid	Liq-1000mL Pk	NON
97984736	NutriSource Liquid	Liq-250mL Pk	NON

New Drug Identification Number(s)

The following product(s) have been revised in Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00436895	Koffex	3mg/mL	O/L	ROG

New Drug Benefit Price(s)

The following product(s) have been revised in Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02244842	Apo-Flavoxate	200mg	Tab	APX	0.3112
02237370	Apo-Fluconazole	50mg	Tab	APX	3.1266
02237371	Apo-Fluconazole	100mg	Tab	APX	5.5465
02241895	Apo-Fluconazole-150	150mg	Cap	APX	9.1850
02245208	Apo-Lamotrigine	25mg	Tab	APX	0.2088
02245209	Apo-Lamotrigine	100mg	Tab	APX	0.8354
02241574	Apo-Levobunolol	0.5%	Oph Sol	APX	1.5550
02195933	Apo-Levocarb	100mg & 10mg	Tab	APX	0.2365
02195941	Apo-Levocarb	100mg & 25mg	Tab	APX	0.3532
02242823	Apo-Nefazodone	100mg	Tab	APX	0.5040
02242824	Apo-Nefazodone	150mg	Tab	APX	0.5040
02242825	Apo-Nefazodone	200mg	Tab	APX	0.5880
02229524	Apo-Norflox	400mg	Tab	APX	1.3731
02243324	Apo-Propafenone	150mg	Tab	APX	0.4275
02243325	Apo-Propafenone	300mg	Tab	APX	0.7537
02242924	Apo-Warfarin	1mg	Tab	APX	0.1782
02242925	Apo-Warfarin	2mg	Tab	APX	0.1885
02242926	Apo-Warfarin	2.5mg	Tab	APX	0.1509
02242927	Apo-Warfarin	4mg	Tab	APX	0.2337
02242928	Apo-Warfarin	5mg	Tab	APX	0.1512
02242929	Apo-Warfarin	10mg	Tab	APX	0.2713
02126176	Endo Levodopa/Carbid	100mg & 10mg	Tab	DUP	0.2365
02126168	Endo Levodopa/Carbid	100mg & 25mg	Tab	DUP	0.3532
00682217	Garasone	3mg & 1mg/mL	Oph/Ot Drops	SCH	1.1965
02237398	Lin-Nefazodone	100mg	Tab	LON	0.5040
02237399	Lin-Nefazodone	150mg	Tab	LON	0.5040
02237400	Lin-Nefazodone	200mg	Tab	LON	0.5880
02170698	Methotrexate	2.5mg	Tab	WAY	0.6325
02182963	Methotrexate	2.5mg	Tab	FAU	0.6325
02241709	Novo-Clindamycin	150mg	Cap	NOP	0.4890
02241710	Novo-Clindamycin	300mg	Cap	NOP	0.9780
02238334	Novo-Clobazam	10mg	Tab	NOP	0.2153
02239701	Novo-Divalproex	125mg	Ent Tab	NOP	0.1377
02239702	Novo-Divalproex	250mg	Ent Tab	NOP	0.2475
02239703	Novo-Divalproex	500mg	Ent Tab	NOP	0.4952
00711101	Novo-Lorazem	0.5mg	Tab	NOP	0.0359
00637742	Novo-Lorazem	1mg	Tab	NOP	0.0447
00637750	Novo-Lorazem	2mg	Tab	NOP	0.0699
02239748	Novo-Moclobemide	300mg	Tab	NOP	0.7176
02182831	Nu-Levocarb	100mg & 10mg	Tab	NXP	0.2365
02182823	Nu-Levocarb	100mg & 25mg	Tab	NXP	0.3532
02244790	Ratio-Morphine SR	15mg	SR Tab	RAI	0.3751
02244791	Ratio-Morphine SR	30mg	SR Tab	RAI	0.5664
02244792	Ratio-Morphine SR	60mg	SR Tab	RAI	0.9984
02242680	Taro-Warfarin	1mg	Tab	TAR	0.1782

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02242681	Taro-Warfarin	2mg	Tab	TAR	0.1885
02242682	Taro-Warfarin	2.5mg	Tab	TAR	0.1509
02242683	Taro-Warfarin	3mg	Tab	TAR	0.2337
02242684	Taro-Warfarin	4mg	Tab	TAR	0.2337
02242685	Taro-Warfarin	5mg	Tab	TAR	0.1512
02242687	Taro-Warfarin	10mg	Tab	TAR	0.2713

New Manufacturer Name(s)

The following product(s) have been revised in Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02245523	Clobetasol Propionate	0.05%	Cr	TAR
02245524	Clobetasol Propionate	0.05%	Oint	TAR
02245522	Clobetasol Propionate	0.05%	Scalp Lot	TAR
00012696	Dalmane	15mg	Cap	ICN
00012718	Dalmane	30mg	Cap	ICN
01928783	Koffex	3mg/mL	O/L	TCH
00511528	Mogadon	5mg	Tab	ICN
00511536	Mogadon	10mg	Tab	ICN
02242178	Scheinpharm Fluoxetine	20mg	Cap	RDC

Limited Use Change(s)

The following product(s) have been revised in Part III of Edition 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02242518	Actonel	5mg	Tab	PGP	1.6600
NOTE: Actonel is not approved by Health Canada for osteoporosis in men.					
Reason for Use Code	Clinical criteria				
	For the treatment of osteoporosis in patients who have:				
369	Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture; or				
370	Failed* or , experienced intractable side effects, or have a contraindication to, cyclical etidronate (Didrocal) therapy.				
	*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.				

02224135	Arimidex	1mg	Tab	AZC	4.9500
Reason for Use Code	Clinical criteria				
365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.				

02192748	CellCept	250mg	SG Cap	HLR	2.0620
02237484	CellCept	500mg	Tab	HLR	4.1240
Reason for Use Code	Clinical criteria				
190	For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.				

DIN BRAND STRENGTH DOSAGE FORM MFR DBP

02239028 Evista 60mg Tab LIL 1.5600

Reason for Clinical criteria
Use Code

For the treatment of osteoporosis in postmenopausal women who have:

373 Failed **or**, experienced intractable side effects, **or** have a contraindication to, alendronate **OR** risedronate.

Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

02242115 Exelon 1.5mg Cap NOV 2.2950
02242116 Exelon 3mg Cap NOV 2.2950
02242117 Exelon 4.5mg Cap NOV 2.2950
02242118 Exelon 6mg Cap NOV 2.2950

Reason for Clinical criteria
Use Code

347 Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.

Network note: Maximum duration 3 months.

348 Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

02231384 Femara 2.5mg Tab NOV 4.9500

Reason for Clinical criteria
Use Code

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
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02201011	Fosamax	10mg	Tab	FRS	1.7550
02245329	Fosamax	70mg	Tab	FRS	8.8500

Reason for Clinical criteria
Use Code

For the treatment of osteoporosis in patients who have:

369 Two out of the following three criteria: BMD at least 3.0 standard deviations below the young adult mean, age of 75 or greater, prior osteoporosis-related fracture; **or**

370 Failed* **or**, experienced intractable side effects, **or** have a contraindication to, cyclical etidronate (Didrocal) therapy.

*Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; **or** a new osteoporosis related fracture after one year of therapy.

Trade Name Change(s)

The following product(s) have been revised in Part III of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
01928783	Balminil DM	3mg/mL	O/L	ROG
02242178	Co-Fluoxetine	20mg	Cap	SCE

Change(s) to Nutrition Product(s)

The following product(s) have been added/revised to Part IX of Edition No. 38 of the Drug Benefit Formulary/Comparative Drug Index, effective April 16, 2003:

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/PKG</u>	<u>AMT MOH PAYS</u>	<u>AMT PATIENT PAYS</u>
A. COMPLETE POLYMERIC, 1. LACTOSE FREE					
97982580	Resource Liquid Liq-237mL Pk	NON	1.23	1.23	0.00
97982610	Resource Plus Liquid Liq-237mL Pk	NON	1.55	1.55	0.00
COMPLETE POLYMERIC, 3. FIBRE CONTAINING					
09854460	+Jevity 1.06kcal/mL Liq-1000mL Pk	ABB	8.14	8.14	0.00
09854479	+Jevity 1.06kcal/mL Liq-1500mL Pk	ABB	12.22	12.22	0.00
09857109	+Jevity Plus 1.2kcal/mL Liq-1000mL Pk	ABB	9.13	9.13	0.00
09857117	+Jevity Plus 1.2kcal/mL Liq-1500mL Pk	ABB	13.70	13.70	0.00
COMPLETE POLYMERIC, 4. HIGH NITROGEN					
09854444	+Osmolite HN 1.06kcal/mL Liq-1000mL Pk	ABB	5.34	5.34	0.00
09854452	+Osmolite HN 1.06kcal/mL Liq-1500mL Pk	ABB	8.01	8.01	0.00
09854487	+Osmolite HN Plus 1.2kcal/mL Liq-1000mL Pk	ABB	6.05	6.05	0.00
09857095	+Osmolite HN Plus 1.2kcal/mL Liq-1500mL Pk	ABB	9.07	9.07	0.00
D. CHEMICALLY DEFINED FORMULA					
09853200	Peptinex 1kcal/mL Liq-237mL Pk	NON	6.08	6.08	0.00
09857133	+Peptinex DT 1kcal/mL Liq-250mL Pk	NON	6.42	6.42	0.00
09857125	+Peptinex DT 1kcal/mL Liq-1500mL Pk	NON	38.52	38.52	0.00

+New Nutrition Product

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Actonel 5mg Tab	02242518	PGP	A	15
Actonel 35mg Tab	02246896	PGP	A	2
AMOXICILLIN & CLAVULANIC ACID			A	7
Apo-Cyclosporine 100mg/mL O/L	02244324	APX	A	4
Apo-Flavoxate 200mg Tab	02244842	APX	A	12
Apo-Fluconazole 50mg Tab	02237370	APX	A	12
Apo-Fluconazole 100mg Tab	02237371	APX	A	12
Apo-Fluconazole-150 150mg Cap	02241895	APX	A	12
Apo-Indapamide 1.25mg Tab	02245246	APX	A	4
Apo-Lamotrigine 25mg Tab	02245208	APX	A	12
Apo-Lamotrigine 100mg Tab	02245209	APX	A	12
Apo-Levobunolol 0.5% Oph Sol	02241574	APX	A	12
Apo-Levocarb 100mg & 10mg Tab	02195933	APX	A	12
Apo-Levocarb 100mg & 25mg Tab	02195941	APX	A	12
Apo-Nefazodone 100mg Tab	02242823	APX	A	12
Apo-Nefazodone 150mg Tab	02242824	APX	A	12
Apo-Nefazodone 200mg Tab	02242825	APX	A	12
Apo-Nitrazepam 5mg Tab	02245230	APX	A	4
Apo-Nitrazepam 10mg Tab	02245231	APX	A	4
Apo-Norflox 400mg Tab	02229524	APX	A	12
Apo-Propafenone 150mg Tab	02243324	APX	A	12
Apo-Propafenone 300mg Tab	02243325	APX	A	12
Apo-Simvastatin 5mg Tab	02247011	APX	A	4
Apo-Simvastatin 10mg Tab	02247012	APX	A	4
Apo-Simvastatin 20mg Tab	02247013	APX	A	4
Apo-Simvastatin 40mg Tab	02247014	APX	A	4
Apo-Simvastatin 80mg Tab	02247015	APX	A	4
Apo-Warfarin 1mg Tab	02242924	APX	A	12
Apo-Warfarin 2mg Tab	02242925	APX	A	12
Apo-Warfarin 2.5mg Tab	02242926	APX	A	12
Apo-Warfarin 4mg Tab	02242927	APX	A	12
Apo-Warfarin 5mg Tab	02242928	APX	A	12
Apo-Warfarin 10mg Tab	02242929	APX	A	12
Apresoline 10mg Tab	00005525	NOV	A	9
Apresoline 25mg Tab	00005533	CIB	A	9
Apresoline 50mg Tab	00005541	NOV	A	9
Arimidex 1mg Tab	02224135	AZC	A	15
Balminil DM 3mg/mL O/L	01928783	ROG	A	18
Beclomethasone Dipropionate 50mcg Aero Inh-200 Dose Pk	00872334	KNR	A	9
BRIMONIDINE TARTRATE			A	7
Cafergot-PB Sup	00176214	SAN	A	9
Caltine 50 50IU/0.5mL Inj Sol-0.5mL Pk	01940376	FEI	A	9
CARBAMAZEPINE			A	6
CellCept 250mg SG Cap	02192748	HLR	A	15
CellCept 500mg Tab	02237484	HLR	A	15
CLINDAMYCIN PHOSPHATE & BENZOYL PEROXIDE			A	2
Clindoxyl 1% & 5% Gel	02243158	STI	A	2
Clobetasol Propionate 0.05% Cr	02245523	TAR	A	14

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Clobetasol Propionate 0.05% Oint	02245524	TAR	A	14
Clobetasol Propionate 0.05% Scalp Lot	02245522	TAR	A	14
Co-Fluoxetine 20mg Cap	02242178	SCE	A	18
Co-Temazepam 15mg Cap	02244814	COB	A	4
Co-Temazepam 30mg Cap	02244815	COB	A	4
Colchicine 0.6mg Tab	00287873	ROG	A	9
Colchicine 1mg Tab	00206032	ROG	A	9
Comtan 200mg Tab	02243763	NOV	A	2
CONJUGATED EQUINE ESTROGEN & MEDROXYPROGESTERONE ACETATE			A	3
CYCLOSPORINE			A	4
Dalmane 15mg Cap	00012696	ICN	A	14
Dalmane 30mg Cap	00012718	ICN	A	14
Diamox 250mg Tab	02238072	WAY	A	9
Endo Levodopa/Carbid 100mg & 10mg Tab	02126176	DUP	A	12
Endo Levodopa/Carbid 100mg & 25mg Tab	02126168	DUP	A	12
ENTACAPONE			A	2
Evista 60mg Tab	02239028	LIL	A	16
Exelon 1.5mg Cap	02242115	NOV	A	16
Exelon 3mg Cap	02242116	NOV	A	16
Exelon 4.5mg Cap	02242117	NOV	A	16
Exelon 6mg Cap	02242118	NOV	A	16
Feldene 10mg Cap	00525596	PFI	A	9
Feldene 10mg Sup	00632708	PFI	A	9
Femara 2.5mg Tab	02231384	NOV	A	16
FLUCONAZOLE			A	5
FLUVOXAMINE MALEATE			A	8
Fosamax 10mg Tab	02201011	FRS	A	17
Fosamax 70mg Tab	02245329	FRS	A	17
Garasone 3mg & 1mg/mL Oph/Ot Drops	00682217	SCH	A	12
Gen-Fluconazole 150mg Cap	02245697	GEN	A	5
Gen-Fluconazole 50mg Tab	02245292	GEN	A	5
Gen-Fluconazole 100mg Tab	02245293	GEN	A	5
Gen-Nefazodone 100mg Tab	02245203	GEN	A	5
Gen-Nefazodone 150mg Tab	02245204	GEN	A	5
Gen-Nefazodone 200mg Tab	02245205	GEN	A	5
Gen-Simvastatin 5mg Tab	02246582	GEN	A	5
Gen-Simvastatin 10mg Tab	02246583	GEN	A	5
Gen-Simvastatin 20mg Tab	02246737	GEN	A	5
Gen-Simvastatin 40mg Tab	02246584	GEN	A	5
Gen-Simvastatin 80mg Tab	02246585	GEN	A	5
Glucagon Inj Pd-1mg Pk	00015377	LIL	A	9
IMAP 12mg/6mL Inj Susp-6mL Pk	00368393	OMC	A	9
IMAP Forte 10mg/mL Inj Susp-1mL Pk	00542903	OMC	A	9
INDAPAMIDE			A	4
Intal Inh-112 Dose Pk	00990981	FIS	A	9
IsoSource Liquid Liq-250mL Pk	97983470	NON	A	10
Jevity 1.06kcal/mL Liq-1000mL Pk	09854460	ABB	A	19
Jevity 1.06kcal/mL Liq-1500mL Pk	09854479	ABB	A	19
Jevity Plus 1.2kcal/mL Liq-1000mL Pk	09857109	ABB	A	19

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Jevity Plus 1.2kcal/mL Liq-1500mL Pk	09857117	ABB	A	19
Koffex 3mg/mL O/L	01928783	TCH	A	14
Koffex 3mg/mL O/L	00436895	ROG	A	11
LAMOTRIGINE			A	7
Lin-Nefazodone 100mg Tab	02237398	LON	A	12
Lin-Nefazodone 150mg Tab	02237399	LON	A	12
Lin-Nefazodone 200mg Tab	02237400	LON	A	12
LOVASTATIN			A	6
MEDROXYPROGESTERONE ACETATE			A	7
Methotrexate 2.5mg Tab	02182963	FAU	A	12
Methotrexate 2.5mg Tab	02170698	WAY	A	12
Moditen Enanthate 125mg/5mL Inj Sol-5mL Pk	00029173	BQU	A	9
Mogadon 5mg Tab	00511528	ICN	A	14
Mogadon 10mg Tab	00511536	ICN	A	14
NEFAZODONE HCL			A	5
NITRAZEPAM			A	4
NORFLOXACIN			A	7
Norplant System Kit 36mg Subdermal Implant	02060590	WAY	A	9
Novo-Chlorpromazine 10mg Tab	00232157	NOP	A	9
Novo-Clindamycin 150mg Cap	02241709	NOP	A	12
Novo-Clindamycin 300mg Cap	02241710	NOP	A	12
Novo-Clobazam 10mg Tab	02238334	NOP	A	12
Novo-Clopramine 25mg Tab	02130165	NOP	A	9
Novo-Desipramine 25mg Tab	02223325	NOP	A	9
Novo-Desipramine 75mg Tab	02223368	NOP	A	9
Novo-Divalproex 125mg Ent Tab	02239701	NOP	A	12
Novo-Divalproex 250mg Ent Tab	02239702	NOP	A	12
Novo-Divalproex 500mg Ent Tab	02239703	NOP	A	12
Novo-Fluconazole 50mg Tab	02236978	NOP	A	6
Novo-Fluconazole 100mg Tab	02236979	NOP	A	6
Novo-Fluconazole-150 150mg Cap	02243645	NOP	A	6
Novo-Keto-EC 50mg Ent Tab	01981528	NOP	A	9
Novo-Keto-EC 100mg Ent Tab	01981536	NOP	A	9
Novo-Lorazem 0.5mg Tab	00711101	NOP	A	12
Novo-Lorazem 1mg Tab	00637742	NOP	A	12
Novo-Lorazem 2mg Tab	00637750	NOP	A	12
Novo-Lovastatin 20mg Tab	02246542	NOP	A	6
Novo-Lovastatin 40mg Tab	02246543	NOP	A	6
Novo-Maprotiline 10mg Tab	02158604	NOP	A	9
Novo-Mepazine 5mg Tab	01964909	NOP	A	9
Novo-Mepazine 25mg Tab	01964925	NOP	A	9
Novo-Mepazine 50mg Tab	01964933	NOP	A	9
Novo-Moclobemide 300mg Tab	02239748	NOP	A	12
Novo-Nefazodone-5HT2 100mg Tab	02245435	NOP	A	6
Novo-Nefazodone-5HT2 150mg Tab	02245436	NOP	A	6
Novo-Nefazodone-5HT2 200mg Tab	02245437	NOP	A	6
Novo-Nidazol 250mg Tab	00021555	NOP	A	9
Novo-Salmol 2mg Tab	00620955	NOP	A	9
Novo-Salmol 4mg Tab	00620963	NOP	A	9
Novo-Triolam 0.25mg Tab	00872431	NOP	A	9

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Novo-Tripramine 25mg Tab	01940430	NOP	A	9
Novo-Tripramine 50mg Tab	01940449	NOP	A	9
Novo-Tripramine 100mg Tab	01940457	NOP	A	9
Novo-Veramil 80mg Tab	00812331	NOP	A	9
Novo-Veramil 120mg Tab	00812358	NOP	A	9
Nu-Levocarb 100mg & 10mg Tab	02182831	NXP	A	12
Nu-Levocarb 100mg & 25mg Tab	02182823	NXP	A	12
NutriSource HN Liquid Liq-250mL Pk	97984752	NON	A	10
NutriSource Liquid Liq-1000mL Pk	09854240	NON	A	10
NutriSource Liquid Liq-250mL Pk	97984736	NON	A	10
OSELTAMIVIR PHOSPHATE			A	3
Osmolite HN 1.06kcal/mL Liq-1000mL Pk	09854444	ABB	A	19
Osmolite HN 1.06kcal/mL Liq-1500mL Pk	09854452	ABB	A	19
Osmolite HN Plus 1.2kcal/mL Liq-1000mL Pk	09854487	ABB	A	19
Osmolite HN Plus 1.2kcal/mL Liq-1500mL Pk	09857095	ABB	A	19
Peptinex 1kcal/mL Liq-237mL Pk	09853200	NON	A	19
Peptinex DT 1kcal/mL Liq- 250mL Pk	09857133	NON	A	19
Peptinex DT 1kcal/mL Liq-1500mL Pk	09857125	NON	A	19
Phenobarbital 15mg Tab	00093505	DCL	A	9
Phenobarbital 100mg Tab	00093564	DCL	A	9
PMS-Carbamazepine 100mg Chew Tab	02231542	PMS	A	6
PMS-Carbamazepine 200mg Chew Tab	02231540	PMS	A	7
PMS-Medroxyprogesterone 2.5mg Tab	02246627	PMS	A	7
PMS-Medroxyprogesterone 5mg Tab	02246628	PMS	A	7
PMS-Medroxyprogesterone 10mg Tab	02246629	PMS	A	7
PMS-Norfloxacin 400mg Tab	02246596	PMS	A	7
Premplus 0.625mg/5mg Tab-28 Day Pk	02242879	WAY	A	3
Pyridium 200mg Tab	00476722	PDA	A	9
Ratio-Amoxi Clav 125F 25mg & 6.25mg/mL O/L	02244646	RPH	A	7
Ratio-Amoxi Clav 250F 50mg & 12.5mg/mL O/L	02244647	RPH	A	7
Ratio-Brimonidine 0.2% Oph Sol	02243026	RPH	A	7
Ratio-Lamotrigine 25mg Tab	02243352	RPH	A	7
Ratio-Lamotrigine 100mg Tab	02243353	RPH	A	7
Ratio-Morphine SR 15mg SR Tab	02244790	RAI	A	12
Ratio-Morphine SR 30mg SR Tab	02244791	RAI	A	12
Ratio-Morphine SR 60mg SR Tab	02244792	RAI	A	12
Ratio-Sertraline 25mg Cap	02245787	RPH	A	8
Ratio-Sertraline 50mg Cap	02245788	RPH	A	8
Ratio-Sertraline 100mg Cap	02245789	RPH	A	8
Resource Liquid Liq-237mL Pk	97982580	NON	A	19
Resource Plus Liquid Liq-237mL Pk	97982610	NON	A	19
RISEDRONATE			A	2
Scheinpharm Fluoxetine 20mg Cap	02242178	RDC	A	14
SERTRALINE HCL			A	8
SIMVASTATIN			A	4
Tamiflu 75mg Cap	02241472	HLR	A	3
Taro-Carbamazepine 100mg Chew Tab	02244403	TAR	A	8
Taro-Carbamazepine 200mg Chew Tab	02244404	TAR	A	8
Taro-Warfarin 1mg Tab	02242680	TAR	A	12
Taro-Warfarin 2mg Tab	02242681	TAR	A	13

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Taro-Warfarin 3mg Tab	02242683	TAR	A	13
Taro-Warfarin 4mg Tab	02242684	TAR	A	13
Taro-Warfarin 5mg Tab	02242685	TAR	A	13
Taro-Warfarin 10mg Tab	02242687	TAR	A	13
TEMAZEPAM			A	4
Thyrogen 0.9mg/mL Inj Pd-2x1.1mg Vial Pk	02246016	GZM	A	3
THYROTROPIN ALFA			A	3
Ulcidine 20mg Tab	02237148	ICN	A	9
Ulcidine 40mg Tab	02237149	ICN	A	9
Valcyte 450mg Tab	02245777	HLR	A	3
VALGANCICLOVIR			A	3
Vitamin A 25000IU Cap	00021067	NOP	A	9