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:

DIN	PRODUCT	GENERIC NAME	MFR	DBP
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.

DIN	PRODUCT	GENERIC NAME	MFR	DBP
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 Use Code — Clinical criteria

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 Use Code — Clinical criteria

368 For use in the monitoring of patients with well-differentiated thyroid cancer.

02245777	Valcyte 450mg Tab	VALGANCICLOVIR	HLR	22.4100

Reason for Use Code — Clinical criteria

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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02244324	Apo-Cyclosporine (Interchangeable with Neoral)	100mg/mL	O/L	APX	3.4500
Reason for Use Code	Clinical criteria				
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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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 Use Code — Clinical criteria

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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02236978	Novo-Fluconazole (Interchangeable with Diflucan)	50mg	Tab	NOP	3.1266
02236979	Novo-Fluconazole (Interchangeable with Diflucan)	100mg	Tab	NOP	5.5465

Reason for Use Code — Clinical criteria

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 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.

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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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 Use Code | Clinical criteria

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 Use Code | Clinical criteria

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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
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-Clopamine	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-Meprazine	5mg	Tab	NOP
01964925	Novo-Meprazine	25mg	Tab	NOP
01964933	Novo-Meprazine	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:

DIN	BRAND	DOSAGE FORM	MFR
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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
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 Use Code | Clinical criteria

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 Use Code | Clinical criteria

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 Use Code | Clinical criteria

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

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02201011	Fosamax	10mg	Tab	FRS	1.7550
02245329	Fosamax	70mg	Tab	FRS	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.

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:

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
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:

PIN	PRODUCT	MFR	COST/PKG	AMT MOH PAYS	AMT PATIENT PAYS
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

CONSOLIDATED INDEX

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