



Social Services  
and Seniors

PEI Drug Programs

# Formulary Update

Issue 06-04

October, 2006

The following changes and additions to the July 2006 edition of the PEI Drug Programs Formulary will be effective October 16<sup>th</sup>, 2006 unless otherwise noted within this update. If there are any questions regarding the information presented in this update please call the Drug Program office at 368-4947 or toll free at 1-877-577-3737.

## 1.0 Changes and Additions To The Formulary & MAC Pricing

### **ALMOTRIPTAN (new addition)**

**EDS Criteria:** For the treatment of migraine headaches where other standard therapies, such as analgesics and/or ergotamine products have failed. **Eligibility is restricted to persons over the age of 18 and under 65 years of age.**

**Coverage is limited to 6 tablets per 30 day period.** Persons requiring more than 6 doses per 30 day period should be considered for migraine prophylaxis therapy if they are not already receiving such therapy.

6.25mg tablet

02248128      AXERT (EDS)      JAN      FW

12.5mg tablet

02248129      AXERT (EDS)      JAN      FW

### **DILTIAZEM HYDROCHLORIDE (new addition)**

120mg capsule

02231150      TIAZAC      BVL      FNSW

180mg capsule

02231151      TIAZAC      BVL      FNSW

240mg capsule

02231152      TIAZAC      BVL      FNSW

300mg capsule

02231154      TIAZAC      BVL      FNSW

360mg capsule

02231155      TIAZAC      BVL      FNSW

**DILTIAZEM HYDROCHLORIDE (new addition)**

120mg extended release tablet				
02256738	TIAZAC XC	BVL	FNSW	
180mg extended release tablet				
02256746	TIAZAC XC	BVL	FNSW	
240mg extended release tablet				
02256754	TIAZAC XC	BVL	FNSW	
300mg extended release tablet				
02256762	TIAZAC XC	BVL	FNSW	
360mg extended release tablet				
02256770	TIAZAC XC	BVL	FNSW	

**ETHINYL ESTRADIOL/DROSPIRENONE (new addition)**

3.0mg/0.03mg tablets				
02261723	YASMIN 21 DAY	BEX	FW	
02261731	YASMIN 28 DAY	BEX	FW	

**ESPROSARTAN MESYLATE & HYDROCHLOROTHIAZIDE (new addition)**

600mg & 12.5mg tablet				
02253631	TEVETEN PLUS	SLV	FNSW	

**GABAPENTIN (change)**

**There is no longer an EDS restriction on this drug.**

100mg capsule				
02084260	NEURONTIN	PFI	FNSW	
02243446	PMS-GABAPENTIN	PMS	FNSW	
02244304	APO-GABAPENTIN	APX	FNSW	
02244513	NOVO-GABAPENTIN	NOP	FNSW	
02248259	GEN-GABAPENTIN	GPM	FNSW	
02256142	CO GABAPENTIN	COB	FNSW	
02260883	RATIO-GABAPENTIN	RPH	FNSW	
300mg capsule				
02084279	NEURONTIN	PFI	FNSW	
02243447	PMS-GABAPENTIN	PMS	FNSW	
02244305	APO-GABAPENTIN	APX	FNSW	
02244514	NOVO-GABAPENTIN	NOP	FNSW	
02248260	GEN-GABAPENTIN	GPM	FNSW	
02256150	CO GABAPENTIN	COB	FNSW	
02260891	RATIO-GABAPENTIN	RPH	FNSW	

**GABAPENTIN (continued)**

400mg capsule

02084287	NEURONTIN	PFI	FNSW
02243448	PMS-GABAPENTIN	PMS	FNSW
02244306	APO-GABAPENTIN	APX	FNSW
02244515	NOVO-GABAPENTIN	NOP	FNSW
02248261	GEN-GABAPENTIN	GPM	FNSW
02256169	CO GABAPENTIN	COB	FNSW
02260905	RATIO-GABAPENTIN	RPH	FNSW

**GABAPENTIN (new addition and MAC pricing)****MAC Prices in effect Nov 1, 2006**

600mg capsule

02239717	NEURONTIN	PFI	FNSW	<b>MAC 1.3697</b>
02248457	NOVO-GABAPENTIN	NOP	FNSW	
02255898	PMS-GABAPENTIN	PMS	FNSW	
02260913	RATIO-GABAPENTIN	RPH	FNSW	

800mg capsule

02239718	NEURONTIN	PFI	FNSW	<b>MAC 1.8263</b>
02247346	NOVO-GABAPENTIN	NOP	FNSW	
02255901	PMS-GABAPENTIN	PMS	FNSW	
02260921	RATIO-GABAPENTIN	RPH	FNSW	

**GALANTAMINE (new addition)****See Appendix A ( Page 210) in the formulary for the criteria for coverage of the cholinesterase inhibitors.**

8mg extended release capsule

02266717	REMINYL ER(EDS)	JAN	FNSW
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16mg extended release capsule

02266725	REMINYL ER(EDS)	JAN	FNSW
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24mg extended release capsule

02266733	REMINYL ER(EDS)	JAN	FNSW
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**GOSERELIN ACETATE (change)****Coverage has been approved under the Nursing Home and Institutional Programs.**

10.8mg depot injection

02225905	ZOLADEX LA	AZE	FNSW
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**IMIQUIMOD (change)****There is no longer an EDS restriction on this drug**

5% topical cream

00239505	ALDARA	MDA	FNSW
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**LEUPROLIDE ACETATE (new addition)**

7.5mg depot injection

02248239 ELIGARD AVN FNSW

22.5mg depot injection

02248240 ELIGARD AVN FNSW

**LEUPROLIDE ACETATE (change)****Coverage has been approved under the Nursing Home and Institutional Programs.**

22.5mg/ml depot injection

02230248 LUPRON DEPOT ABB FNSW

**OLANZAPINE (new addition)****The EDS criteria for Zyprexa Zydis are the same as for regular olanzapine tablets. See Appendix A (page 230) for the EDS criteria. Family Health Benefit and Financial Assistance Programs do not require an EDS request to be submitted.**

5mg orally disintegrating tablet

02243086 ZYPREXA ZYDIS (EDS) LIL FNSW

10mg orally disintegrating tablet

02243087 ZYPREXA ZYDIS (EDS) LIL FNSW

15mg orally disintegrating tablet

02243088 ZYPREXA ZYDIS (EDS) LIL FNSW

**RISPERIDONE (new addition and MAC Pricing effective November 1, 2006)****Due to the significant difference in cost between generic regular risperidone tablets and the oral solution, coverage of the oral solution under all eligible programs will require submission of an Exceptional Drug Request. Coverage will be limited to patients unable to use regular risperidone tablets.**

0.25mg tablet

**See Appendix A( Page 236) for EDS criteria ( Family Health Benefit, Financial Assistance and Nursing Home programs do not require an EDS request to be submitted).**

02240551	RISPERDAL (EDS)	JAN	FNSW	<b>MAC 0.3050</b>
02282119	APO-RISPERIDONE (EDS)	APX	FNSW	
02282585	CO RISPERIDONE (EDS)	COB	FNSW	
02282240	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02282690	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252007	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280906	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264757	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279509	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW \	

**RISPERIDONE (continued)**

0.5mg tablet

**See Appendix A (Page 236) for EDS criteria ( Family Health Benefit, Financial Assistance and Nursing Home programs do not require an EDS request to be submitted).**

02240552	RISPERDAL (EDS)	JAN	FNSW	<b>MAC 0.5108</b>
02282127	APO-RISPERIDONE (EDS)	APX	FNSW	
02282593	CO RISPERIDONE (EDS)	COB	FNSW	
02282259	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02264188	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252015	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280914	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264765	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279495	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW	

1mg tablet

**See Appendix A (Page 236) for EDS criteria ( Family Health Benefit, Financial Assistance and Nursing Home programs do not require an EDS request to be submitted).**

02025280	RISPERDAL (EDS)	JAN	FNSW	<b>MAC 0.7056</b>
02282135	APO-RISPERIDONE (EDS)	APX	FNSW	
02282607	CO RISPERIDONE (EDS)	COB	FNSW	
02282267	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02264196	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252023	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280922	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264773	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279800	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW	

2mg tablet

**See Appendix A (Page 236) for EDS criteria ( Family Health Benefit and Financial Assistance programs do not require an EDS request to be submitted).**

02025299	RISPERDAL (EDS)	JAN	FNSW	<b>MAC 1.4087</b>
02282143	APO-RISPERIDONE (EDS)	APX	FNSW	
02282615	CO RISPERIDONE (EDS)	COB	FNSW	
02282275	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02264218	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252031	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280930	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264781	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279819	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW	

**RISPERIDONE (continued)**

3mg tablet

**See Appendix A (Page 236) for EDS criteria ( Family Health Benefit and Financial Assistance programs do not require an EDS request to be submitted).**

02025302	RISPERDAL (EDS)	JAN	FNSW	MAC 2.1131
02282151	APO-RISPERIDONE (EDS)	APX	FNSW	
02282623	CO RISPERIDONE (EDS)	COB	FNSW	
02282283	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02264226	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252058	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280949	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264803	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279827	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW	

4mg tablet

**See Appendix A (Page 236) for EDS criteria ( Family Health Benefit and Financial Assistance programs do not require an EDS request to be submitted).**

02025310	RISPERDAL (EDS)	JAN	FNSW	MAC 2.8175
02282178	APO-RISPERIDONE (EDS)	APX	FNSW	
02282631	CO RISPERIDONE (EDS)	COB	FNSW	
02282291	GEN-RISPERIDONE (EDS)	GPM	FNSW	
02264234	NOVO-RISPERIDONE (EDS)	NOP	FNSW	
02252066	PMS-RISPERIDONE (EDS)	PMS	FNSW	
02280957	RAN-RISPERIDONE (EDS)	RAN	FNSW	
02264811	RATIO-RISPERIDONE (EDS)	RPH	FNSW	
02279835	SANDOZ-RISPERIDONE (EDS)	SDZ	RNSW	

1mg/ml oral solution

**See Appendix A (page 236) for EDS criteria**

02236950	RISPERDAL (EDS)	JAN	FNSW	MAC 0.8722
02280396	APO-RISPERIDONE (EDS)	APX	FNSW	
02273266	PMS-RISPERIDONE (EDS)	PMS	FNSW	

**RISPERIDONE - Orally Disintegrating Tablet (change)**

**Due to the recent introduction of generic regular risperidone tablets there is now a significant difference in cost between regular risperidone tablets and the orally disintegrating tablets. As a result, the coverage of Risperdal M-Tabs under all eligible programs will now require submission of an Exceptional Drug Request. See Appendix A (page 236) for EDS criteria. Coverage will be limited to patients unable to use regular risperidone tablets. Coverage for patients already using Risperdal M-Tabs will be automatically approved.**

0.5mg orally disintegrating tablet

02247704	RISPERDAL M-TAB (EDS)	JAN	FNSW
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1mg orally disintegrating tablet

02247705	RISPERDAL M-TAB (EDS)	JAN	FNSW
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### **RISPERIDONE - Orally Disintegrating Tablet (continued)**

2mg orally disintegrating tablet				
02247706	RISPERDAL M-TAB (EDS)	JAN	FNSW	
3mg orally disintegrating tablet				
02268086	RISPERDAL M-TAB (EDS)	JAN	FNSW	
4mg orally disintegrating tablet				
02268094	RISPERDAL M-TAB (EDS)	JAN	FNSW	

## **2.0 New High Cost Drug Application form for Clients**

The High Cost Drug Application form has been changed . There has been an area added that allows the client to indicate the appropriate program. A copy of the new form is attached to this update.

## **3.0 Discontinued Products**

### **ALLOPURINOL**

100mg tablet				
00004588	ZYLOPRIM	GSK	FNSW	
200mg tablet				
00506370	ZYLOPRIM	GSK	FNSW	
300mg tablet				
00294322	ZYLOPRIM	GSK	FNSW	

### **AMPICILLIN**

25mg/ml oral suspension				
00717495	NU-AMPI	NXP	CFNSW	
50mg/ml oral suspension				
00717649	NU-AMPI	NXP	CFNSW	
250mg capsule				
00603279	APO-AMPI	APX	CFNSW	
00717657	NU-AMPI	NXP	CFNSW	
500mg capsule				
00603295	APO-AMPI	APX	CFNSW	
00717673	NU-AMPI	NXP	CFNSW	

### **CHOLESTYRAMINE**

Regular - 440mg/g oral powder (378g can)				
02207745	PMS-CHOLESTYRAMINE	PMS	FNSW	
02139189	NOVO-CHOLAMINE	NOP	FNSW	
Regular - 4g/Pouch X 30 Pouches				
02139189	NOVO-CHOLAMINE	NOP	FNSW	

**CHOLESTYRAMINE (continued)**

Light - 440mg/g oral powder (can)

02125463	PMS-CHOLESTYRAMINE (400G)	PMS	FNSW
02139197	NOVO-CHOLAMINE	NOP	FNSW

Light - 4g/pouch X 30 pouches

02139197	NOVO-CHOLAMINE LIGHT	NOP	FNSW
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**GALANTIMINE**

4mg tablet

02244298	REMINYL	JAN	FNSW
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8mg tablet

02244299	REMINYL	JAN	FNSW
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12mg tablet

02244300	REMINYL	JAN	FNSW
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**LISINOPRIL**

5mg tablet

02217481	APO-LISINOPRIL	APX	FNSW
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10mg tablet

02217503	APO-LISINOPRIL	APX	FNSW
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20mg tablet

02217511	APO-LISINOPRIL	APX	FNSW
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**METHIMAZOLE**

5mg tablet

02244323	PMS-METHIMAZOLE	PMS	FNSW
02258935	APO-METHIMAZOLE	APX	FNSW

**METHYLCELLULOSE POWDER**

02248225	PRODIEM BULK FIBRE THERAPY	NVR	NW
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**QUETIAPINE**

150mg tablet

02240862	SEROQUEL	AZE	FNSW
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**THIORIDAZINE**

10mg tablet

00360228	APO-THIORIDAZINE	APX	FW
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25mg tablet

00360198	APO-THIORIDAZINE	APX	FW
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50mg tablet

00360236	APO-THIORIDAZINE	APX	FW
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100mg tablet

00360244	APO-THIORIDAZINE	APX	FW
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