

Bulletin # 965

January 22, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective January 22, 2018.

Included in this bulletin:

- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

To unsubscribe from the NB Drug Plans Formulary emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca. The Updates are available on the NBPDP webpage: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>.

Special Authorization Benefit Additions

Effective January 22, 2018, etanercept (Erelzi™) will be added to the Formulary for the treatment of ankylosing spondylitis, polyarticular juvenile idiopathic arthritis and rheumatoid arthritis according to the special authorization (SA) criteria listed below. All new SA requests for coverage of etanercept for these indications will be eligible for coverage of the biosimilar versions of etanercept only.

Patients who received SA approval for the Enbrel® brand of etanercept for polyarticular juvenile idiopathic arthritis before January 22, 2018 will continue to have this brand covered and will also be eligible for coverage of Erelzi™. As a reminder, Brenzys® is already covered for the treatment of ankylosing spondylitis and rheumatoid arthritis.

Product	Strength	DIN	MFR	Plans	Cost Base
Etanercept (Erelzi™)	50mg/mL prefilled syringe	02462869			
	50mg/mL auto-injector	02462850	SDZ	(SA)	MLP
	25mg/0.5mL prefilled syringe	02462877			

Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
 - Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- All new requests for coverage of etanercept will be approved for the biosimilar versions only.
- Approvals will be for a maximum of 50mg per week.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.

Polyarticular Juvenile Idiopathic Arthritis

- For the treatment of children (age 4-17) with moderately to severely active polyarticular juvenile idiopathic arthritis (pJIA) who have had inadequate response to one or more disease modifying antirheumatic drugs (DMARDs).

Claim Notes:

- Must be prescribed by, or in consultation with, a rheumatologist, who is familiar with the use of biologic DMARDs in children.
- All new requests for coverage of etanercept will be approved for the biosimilar version only.
- Approvals will be for a maximum of 0.8mg/kg, up to 50mg per week.

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks; and
 - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
 - Combined use of more than one biologic DMARD will not be reimbursed.
 - All new requests for coverage of etanercept will be approved for the biosimilar versions only.
 - Approvals will be for a maximum of 50mg per week.
 - Initial Approval: 6 months.
 - Renewal Approval: 1 year. Confirmation of continued response is required.
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Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication and Revised Criteria					
Denosumab (Prolia®)	60mg/mL pre-filled syringe	02343541	AGA	(SA)	MLP
<p>For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:</p> <ul style="list-style-type: none"> • Have a contraindication to oral bisphosphonates and • High risk for fracture, or refractory or intolerant to other available osteoporosis therapies. <p><u>Clinical Note:</u></p> <ul style="list-style-type: none"> • High fracture risk is defined as: <ul style="list-style-type: none"> – A moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or – A high 10-year fracture risk ($\geq 20\%$) as defined by the CAROC or FRAX tool. 					

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Adefovir (Hepsera®)	10mg tablet	02247823	GIL		MAP
Apo-Adefovir	10mg tablet	02420333	APX		MAP
<p>Effective January 22, 2018, adefovir 10mg tablets will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.</p> <p>There are more effective agents for the treatment of hepatitis B that are significantly less costly.</p>					
Special authorization now required					
Lamivudine (Heptovir®)	100mg tablet 5mg/mL oral solution	02239193 02239194	GSK	(SA)	MAP
Apo-Lamivudine HBV	100mg tablet	02393239	APX	(SA)	MAP
<p>For the treatment of hepatitis B.</p>					

Claim Note:

- Must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other physician with experience in the treatment of hepatitis B.

Delisted

Methocarbamol/acetylsalicylic acid/codeine (Robaxial®-C1/4)

400mg/325mg/16.2mg tablet 01934783 WCH

Methocarbamol/acetylsalicylic acid/codeine (Robaxial®-C1/2)

400mg/325mg/32.4mg tablet 01934791 WCH

Effective January 22, 2018, methocarbamol plus codeine-containing products which include Robaxial®-C1/4 and Robaxial®-C1/2 tablets will be delisted as benefits of the Extra-Mural Program. Methocarbamol plus codeine-containing products were previously delisted as a New Brunswick Prescription Drug Plan benefit in 1994. Requests for special authorization will not be considered.

There is no evidence for the efficacy or safety of methocarbamol plus codeine-containing products in the treatment of skeletal muscle spasms. They are also associated with anticholinergic side effects, sedation and an increased risk of falls in the elderly.

Delisted

Metronidazole/nystatin (Flagystatin®)

500mg/100,000IU vaginal ovules 01926829 SAV
500mg/100,000IU vaginal cream 01926845

Effective January 22, 2018, metronidazole/nystatin (Flagystatin®) 500mg/100,000IU vaginal ovules and cream will be delisted as benefits under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

Empiric treatment of vaginal infections with Flagystatin® is not recommended. Vaginal trichomoniasis is more effectively treated with oral metronidazole and vaginal candidiasis is more effectively treated with an “azole” antifungal.

Delisted

Acetylsalicylic acid/oxycodone (Ratio-Oxycodan)

5mg/325mg tablet 00608157 RPH

Effective January 22, 2018, oxycodone and acetylsalicylic acid (ratio-Oxycodan) 5mg/325mg tablets will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

There are other equally effective agents for the treatment of mild to moderately severe pain that are significantly less costly.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Ixazomib (Ninlaro™)	2.3mg capsule	02456796	TAK	In combination with lenalidomide and dexamethasone for patients with multiple myeloma who have received at least one prior treatment and have high-risk cytogenetics or have received at least two prior therapies
	3mg capsule	02456818		
	4mg capsule	02456826		
Sarilumab (Kevzara™)	150mg/1.14mL pre-filled syringe	02460521	SAV	Rheumatoid arthritis
	200mg/1.14mL pre-filled syringe	02460548		

Bulletin #966

January 30, 2018

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective January 30, 2018.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to January 30, 2018 will be reimbursed up to the new category MAP effective February 20, 2018. Prior to February 20, 2018 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective February 20, 2018.

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Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Benzylamine Liq Buc Liq	Odan-Benzylamine	2463105	ODN	ADEFGVW	0.0548
Buprenorphine / Naloxone Buprénorphine / Naloxone Slt Orl Co.S.L.	Act Buprenorphine/Naloxone	2453908	TEV	(SA)	0.6675
	Act Buprenorphine/Naloxone	2453916	TEV	(SA)	1.1825
Clarithromycin Clarithromycine Tab Orl Co.	Clarithromycin	2466120	SAS	ABDEFGVW	0.4122
Hydroxyurea Hydroxyurée Cap Orl Caps	Apo-Hydroxyurea	2247937	APX	ADEFGVW	1.0203
Letrozole Létrozole Tab Orl Co.	CCP-Letrozole	2459884	CCM	ADEFVW	1.3780
Scopolamine Liq Inj Liq	Scopolamine Hydrobromide	2242810	OMG	ADEFVW	5.1000

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Adefovir Adéfovir Tab Orl Co.	Apo-Adefovir	2420333	APX	(SA)	18.2518
Buprenorphine / Naloxone Buprénorphine / Naloxone Slt Orl Co.S.L.	Mylan-Buprenorphine/Naloxone	2408090	MYL	(SA)	0.6675
	pms-Buprenorphine/Naloxone	2424851	PMS		
	Mylan-Buprenorphine/Naloxone	2408104	MYL	(SA)	1.1825
	pms-Buprenorphine/Naloxone	2424878	PMS		

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Ceftriaxone							
Pws.	Inj	2g	Ceftriaxone	2292882	APX		
Pds.			Ceftriaxone	2292289	SDZ	ADEFGVW	24.1300
			Ceftriaxone Sodium	2325624	STR		
Cyproterone Cyprotérone							
Tab	Orl	50mg	Androcur	704431	PMS	ADEFVW	1.4000
Co.			Med-Cyproterone	2390760	GMP		
Desogestrel / Ethinyl Estradiol Désogestrel / Éthinylestradiol							
Tab	Orl	0.15mg / 0.03mg	Apri (28)	2317206	TEV		
Co.			Freya (28)	2396610	MYL	DEFGV	0.2775
			Mirvala (28)	2410257	APX		
			Apri (21)	2317192	TEV		
			Freya (21)	2396491	MYL	DEFGV	0.3700
			Mirvala (21)	2410249	APX		
Diclofenac / Misoprostol							
Tab	Orl	50mg / 200mcg	GD-Diclofenac/Misoprostol	2341689	GMD	ADEFGVW	0.3027
Co.		75mg / 200mcg	GD-Diclofenac/Misoprostol	2341697	GMD	ADEFGVW	0.4120
Indapamide							
Tab	Orl	2.5mg	Apo-Indapamide	2223678	APX		
Co.			Jamp-Indapamide	2373912	JPC	ADEFGVW	0.1182
			Mylan-Indapamide	2153483	MYL		
			pms-Indapamide	2239620	PMS		
Irbesartan Irbésartan							
Tab	Orl	75mg	Apo-Irbesartan	2386968	APX		
Co.			Auro-Irbesartan	2406098	ARO		
			Irbesartan	2365197	PDL		
			Irbesartan	2372347	SAS		
			Irbesartan	2385287	SIV		
			Jamp-Irbesartan	2418193	JPC	ADEFGVW	0.3025
			Mini-Irbesartan	2422980	MNT		
			Mylan-Irbesartan	2347296	MYL		
			pms-Irbesartan	2317060	PMS		
			Ran-Irbesartan	2406810	RAN		
			ratio-Irbesartan	2316390	RPH		
			Sandoz Irbesartan	2328461	SDZ		

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Irbesartan							
Irbésartan							
Tab	Orl	150mg	Apo-Irbesartan	2386976	APX		
Co.			Auro-Irbesartan	2406101	ARO		
			Irbesartan	2365200	PDL		
			Irbesartan	2372371	SAS		
			Irbesartan	2385295	SIV		
			Jamp-Irbesartan	2418207	JPC		
			Mint-Irbesartan	2422999	MNT	ADEFGVW	0.3025
			Mylan-Irbesartan	2347318	MYL		
			pms-Irbesartan	2317079	PMS		
			Ran-Irbesartan	2406829	RAN		
			ratio-Irbesartan	2316404	RPH		
			Sandoz Irbesartan	2328488	SDZ		
			Teva-Irbesartan	2315998	TEV		
		300mg	Apo-Irbesartan	2386984	APX		
			Auro-Irbesartan	2406128	ARO		
			Irbesartan	2365219	PDL		
			Irbesartan	2372398	SAS		
			Irbesartan	2385309	SIV		
			Jamp-Irbesartan	2418215	JPC	ADEFGVW	0.3025
			Mint-Irbesartan	2423006	MNT		
			pms-Irbesartan	2317087	PMS		
			Ran-Irbesartan	2406837	RAN		
			ratio-Irbesartan	2316412	RPH		
			Sandoz Irbesartan	2328496	SDZ		
Linezolid							
Linézolide							
Tab	Orl	600mg	Apo-Linezolid	2426552	APX	(SA)	37.0500
Co.			Sandoz Linezolid	2422689	SDZ		
Methylphenidate							
Méthyphénidate							
ERT	Orl	18mg	Apo-Methylphenidate ER	2452731	APX		
Co.L.P.			pms-Methylphenidate ER	2413728	PMS	(SA)	0.5099
			Teva-Methylphenidate ER	2315068	TEV		
		27mg	Apo-Methylphenidate ER	2452758	APX		
			pms-Methylphenidate ER	2413736	PMS	(SA)	0.5884
			Teva-Methylphenidate ER	2315076	TEV		
		54mg	Apo-Methylphenidate ER	2330377	APX		
			pms-Methylphenidate ER	2413752	PMS	(SA)	0.8240
			Teva-Methylphenidate ER	2315092	TEV		
Modafinil							
Tab	Orl	100mg	Apo-Modafinil	2285398	APX		
Co.			Auro-Modafinil	2430487	ARO	(SA)	0.3171
			Mar-Modafinil	2432560	MAR		
			Teva-Modafinil	2420260	TEV		

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Prochlorperazine Prochlorpérazine Sup Rt 10mg Supp	Sandoz Prochlorperazine pms-Prochlorperazine	789720 753688	SDZ PMS	ADEFGVW	1.6736
Scopolamine Liq Inj 0.4mg/mL Liq	Scopolamine Hydrobromide	541869	HOS	ADEFVW	5.1000
Tranexamic Acid Acide Tranexamique Tab Orl 500mg Co.	GD-Tranexamic Acid Tranexamic Acid	2409097 2401231	GMD STR	ADEFGVW	0.5765

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage	Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Benzylamine Liq Buc 0.15% Liq	Pharixia	2229777	PDP	ADEFGVW
Cyproterone Cyprotérone Tab Orl 50mg Co.	Cyproterone	2245898	AAP	ADEFVW
Desogestrel / Ethinyl Estradiol Désogestrel / Éthinylestradiol Tab Orl 0.15mg / 0.03mg Co.	Reclipsen (28) Reclipsen (21)	2417464 2420813	ATV ATV	DEFGV DEFGV
Indapamide Tab Orl 2.5mg Co.	Indapamide Teva-Indapamide	2445832 2231184	SAS TEV	ADEFGVW
Irbesartan Irbésartan Tab Orl 75mg Co.	Act Irbesartan	2328070	ATV	ADEFGVW
	Act Irbesartan	2328089	ATV	ADEFGVW
	Act Irbesartan Mylan-Irbesartan	2328100 2347326	ATV MYL	ADEFGVW
Lactulose Syr Orl 667mg Sir	Teva-Lactulose	2331551	TEV	(SA)

Bulletin # 967

February 12, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective February 12, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Drugs Reviewed and Not Listed
- Update on Special Authorization Request Forms

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Levocabastine (Livostin®)	0.5mg/mL nasal spray	02020017	JAN	ADEFGV	MLP
Methotrexate (Metoject® Subcutaneous)	17.5mg/0.35mL prefilled syringe	02454769	MDX	ADEFGV	MLP
	20mg/0.4mL prefilled syringe	02454866			
	22.5mg/0.45mL prefilled syringe	02454777			
	25mg/0.5mL prefilled syringe	02454874			

Special authorization no longer required

Raloxifene (Evista® and generic brands)	60mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFV	MAP
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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Mepolizumab (Nucala™)	100mg/mL single-use vial	02449781	GSK	(SA)	MLP

For the adjunctive treatment of severe eosinophilic asthma in adult patients who are inadequately controlled with high-dose inhaled corticosteroids and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist), and have a blood eosinophil count of $\geq 0.15 \times 10^9/L$ at initiation of treatment with mepolizumab or $\geq 0.3 \times 10^9/L$ in the past 12 months, if one of the following clinical criteria are met:

- Patients who have experienced two or more clinically significant asthma exacerbations in the past 12 months and who show reversibility (at least 12% and 200 mL) on spirometry, or
- Are treated with daily oral corticosteroids (OCS).

Stopping Criteria:

- Failure to achieve a decrease in any clinically significant exacerbations at 12 months; or
- Failure to achieve a decrease in the daily maintenance OCS dose at 12 months.

Clinical Notes:

1. Significant clinical exacerbation is defined as worsening of asthma such that the treating physician elected to administer systemic glucocorticoids for at least 3 days or the patient visited an emergency department or was hospitalized.
2. A decrease in the daily maintenance OCS dose is defined as a decrease of at least 25%.

Claim Notes:

- Must be prescribed by a respirologist, clinical immunologist or allergist.
- Approvals will be for a maximum of 100mg every four weeks.
- Initial approval: 1 year.
- Renewal approval: 1 year.

Palbociclib (Ibrance™)	75mg capsule	02453150			
	100mg capsule	02453169	PFI	(SA)	MLP
	125mg capsule	02453177			

In combination with an aromatase inhibitor (e.g., letrozole) for the treatment of estrogen receptor positive, HER2 negative advanced breast cancer in postmenopausal women who:

- have not received prior therapy for metastatic disease, and
- are not resistant to (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and
- do not have active or uncontrolled metastases to the central nervous system.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Resistance is defined as disease progression occurring during or within 12 months following (neo)adjuvant NSAI therapy.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Sequential use of palbociclib and everolimus will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Changes to Existing Special Authorization Benefits

New Indication

Adalimumab (Humira®)	40mg/0.8mL (50mg/mL)	02258595	ABV	(SA)	MLP
	pen or pre-filled syringe				

Hidradenitis Suppurativa

For the treatment of adult patients with active moderate to severe hidradenitis suppurativa (HS) who have not responded to conventional therapy and who meet all of the following criteria:

- A total abscess and nodule count of 3 or greater
- Lesions in at least two distinct anatomic areas, one of which must be Hurley Stage II or III
- An inadequate response to a 90-day trial of oral antibiotics

Initial renewal criteria:

Requests for renewal should provide objective evidence of a treatment response, defined as at least a 50% reduction in inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12.

Subsequent renewal criteria:

Requests for renewal should provide objective evidence of the preservation of treatment

effect (i.e. the current abscess and inflammatory nodule count and draining fistula count should be compared to the count prior to initiating treatment with adalimumab).

Claim Notes:

- Must be prescribed by a dermatologist or physician with experience in the treatment of HS.
- Approvals will be for a maximum of 160mg followed by 80mg two weeks later, then 40mg every week beginning four weeks after the initial dose.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.

New Format

Certolizumab pegol
(Cimzia®)

200mg/mL auto-injector	02465574	UCB	(SA)	MLP
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Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:
 - Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
 - Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks).
- Initial Approval: 6 months.
- Renewal Approval: 1 year.

Psoriatic Arthritis

- For the treatment of moderate to severe psoriatic arthritis in patients who:
 - Have at least three active and tender joints, and
 - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks).
- Initial Approval: 24 weeks.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Rheumatoid Arthritis

- For the treatment of severely active rheumatoid arthritis, in combination with methotrexate or other disease-modifying antirheumatic drugs (DMARDs), in adult patients who are refractory or intolerant to:
 - Methotrexate (oral or parenteral), alone or in combination with another DMARD, at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 12 weeks; and
 - Methotrexate in combination with at least two other DMARDs, such as hydroxychloroquine and sulfasalazine, for a minimum of 12 weeks.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.
2. Optimal treatment response to DMARDs may take up to 24 weeks, however coverage of a biologic therapy can be considered if no improvement is seen after 12 weeks of triple DMARD use.
3. For patients who have intolerances preventing the use of triple DMARD therapy, these must be described and dual therapy with DMARDs must be tried.
4. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
5. Intolerant is defined as demonstrating serious adverse effects or contraindications to treatments as defined in product monographs. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for a maximum of 400mg at weeks 0, 2, and 4, then 200mg every two weeks (or 400mg every four weeks)
- Initial Approval: 6 months.
- Renewal Approval: 1 year. Confirmation of continued response is required.

Revised Criteria

Denosumab (Prolia®)

60mg/mL prefilled syringe 02343541 AGA (SA) MLP

For the treatment of osteoporosis in postmenopausal women and in men who meet the following criteria:

- Have a contraindication to oral bisphosphonates and
- High risk for fracture, or refractory or intolerant to other available osteoporosis therapies

Clinical Notes:

1. Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year to other available osteoporosis therapies.
2. High fracture risk is defined as:
 - Moderate 10-year fracture risk (10% to 20%) as defined by the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture; or
 - High 10-year fracture risk ($\geq 20\%$) as defined by the CAROC or FRAX tool.

Revised Criteria

Zoledronic acid
(Aclasta® and generic
brands)

5mg/100mL
solution for IV infusion

See NB Drug Plans Formulary
or MAP List for products

(SA)

MAP

Osteoporosis

For the treatment of osteoporosis in patients who are refractory, intolerant or have a contraindication to oral bisphosphonates.

Clinical Notes:

1. Intolerance is defined as esophageal ulceration, erosion or stricture, or lower gastrointestinal symptoms severe enough to cause discontinuation of oral bisphosphonates, or swallowing disorders that will increase the risk of esophageal ulceration from oral bisphosphonates.
2. Refractory is defined as a fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline level, despite adherence to oral bisphosphonates for one year.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
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Delisted

Lansoprazole/Amoxicillin/
Clarithromycin (Hp-PAC®)

30mg capsule/500mg
capsule/500mg film-coated
tablet

02238525

BGP

(SA)

Effective February 12, 2018, lansoprazole 30mg delayed-release capsules, clarithromycin 500mg tablets and amoxicillin 500mg capsules (Hp-PAC®) will be delisted as a benefit under the New Brunswick Drug Plans Formulary. Requests for special authorization will not be considered.

There are more effective and less costly treatment regimens for the eradication of *Helicobacter pylori* infections. The individual drugs used as part of these regimens are covered as benefits under the NB Drug Plans Formulary.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Dabrafenib (Tafinlar®)	50mg capsule 75mg capsule	02409607 02409615	NVR	In combination for the treatment of patients with advanced non-small cell lung cancer (NSCLC) with a BRAF V600 mutation and who have been previously treated with chemotherapy.
Trametinib (Mekinist®)	0.5mg tablet 2.0mg tablet	02409623 02409658		
Ticagrelor (Brilinta®)	60mg tablet	02368544	AZE	Secondary prevention of atherothrombotic events in patients with a history of myocardial infarction and a high risk of developing an atherothrombotic event.

Update on Special Authorization Request Forms

The Long-Acting Insulin Analogue Special Authorization Request Form to request coverage of insulin detemir or insulin glargine should no longer be used. Requests for insulin detemir (Levemir®) must now be submitted on the standard Special Authorization Request Form which can be found at <https://www.gnb.ca/SAonlineform.pdf>.

As a reminder, insulin glargine (Basaglar™) is listed as a regular benefit and therefore does not require special authorization.

Bulletin #968

February 22, 2018

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective February 22, 2018.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to February 22, 2018 will be reimbursed up to the new category MAP effective March 15, 2018. Prior to March 15, 2018 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective March 15, 2018.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Naltrexone Tab Orl Co.			50mg Naltrexone Hydrochloride	2451883	JPC	(SA)	2.8075
Sertraline Cap Orl Caps			25mg Sertraline	2469626	JPC	ADEFGVW	0.2004
			50mg Sertraline	2469634	JPC	ADEFGVW	0.4008
			100mg Sertraline	2469642	JPC	ADEFGVW	0.4200
Simvastatin Simvastatine Tab Orl Co.			20mg pharma-Simvastatin	2469995	PMS	ADEFGVW	0.3751
			40mg pharma-Simvastatin	2470004	PMS	ADEFGVW	0.3751

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acebutolol Acébutolol Tab Orl Co.			100mg Acebutolol	2286246	SAS	ADEFGVW	0.0787
			Apo-Acebutolol	2147602	APX		
			Mylan-Acebutolol	2237721	MYL		
			Teva-Acebutolol	2204517	TEV		
			200mg Acebutolol	2286254	SAS	ADEFGVW	0.1177
			Apo-Acebutolol	2147610	APX		
			Mylan-Acebutolol	2237722	MYL		
			Teva-Acebutolol	2204525	TEV		
Allopurinol Tab Orl Co.			100mg Zyloprim	402818	AAP	ADEFGVW	0.0780
			Apo-Allopurinol	2402769	APX		
			Mar-Allopurinol	2396327	MAR		
			200mg Zyloprim	479799	AAP	ADEFGVW	0.1300
			Apo-Allopurinol	2402777	APX		
			Mar-Allopurinol	2396335	MAR		
			300mg Zyloprim	402796	AAP	ADEFGVW	0.2125
			Apo-Allopurinol	2402785	APX		
			Mar-Allopurinol	2396343	MAR		

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Amiloride / Hydrochlorothiazide Tab Orl 5mg / 50mg Co.			Apo-Amilzide	784400	APX	ADEFGVW	0.0838
Amitriptyline Tab Orl 50mg Co.			Elavil Apo-Amitriptyline	335088 2403153	AAP APX	ADEFGVW	0.1540
Azithromycin Azithromycine Pws Orl 100mg/5mL Pds.			Azithromycin GD-Azithromycin pms-Azithromycin Sandoz Azithromycin	2274388 2274566 2418452 2332388	PMS GMD PMS SDZ	ABDEFGVW	0.3726
200mg/5mL			Azithromycin GD-Azithromycin pms-Azithromycin Sandoz Azithromycin	2274396 2274574 2418460 2332396	PMS GMD PMS SDZ	ABDEFGVW	0.5280
Naltrexone Tab Orl 50mg Co.			Apo-Naltrexone	2444275	APX	(SA)	2.8075

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Acebutolol Acébutolol Tab Orl 100mg Co.			Mylan-Acebutolol (Type S)	2237885	MYL	ADEFGVW
100mg			Mylan-Acebutolol (Type S)	2237886	MYL	ADEFGVW
Amiloride / Hydrochlorothiazide Tab Orl 5mg / 50mg Co.			Novamilor	1937219	TEV	ADEFGVW
Azithromycin Azithromycine Pws Orl 100mg/5mL Pds.			Novo-Azithromycin	2315157	TEV	ABDEFGVW
200mg/5mL			Novo-Azithromycin	2315165	TEV	ABDEFGVW

Bulletin #969

February 28, 2018

NB Drug Plans Formulary Update

Provinces and territories establish price points for the most commonly prescribed generic drugs through the pan-Canadian Pharmaceutical Alliance. Effective April 1, 2018, the prices of these generic drugs will be set at 10% or 18% of the brand name drug price.

Attached is the list of generic drug product updates for the New Brunswick Drug Plans Formulary. To request an Excel file of the updates included in this bulletin, please send an email to info@nbdugs-medicamentsnb.ca.

Generic drug price changes

- The Maximum Allowable Prices (MAPs) are effective April 1, 2018.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective April 1, 2018.

Generic Drug Price Changes / Changements de prix des médicaments génériques

GENERIC NAME / NOM GÉNÉRIQUE	STRENGTH / DOSAGE	TRADENAME / MARQUE DE COMMERCE	DIN / PIN	MFR / FAB	MAP / PAM
Alendronate / Alendronate	Tab/Co. Orl 70mg	Fosamax	02245329	FRS	2.1014
		Alendronate	02352966	SAS	2.1014
		Alendronate-70	02303078	PDL	2.1014
		Alendronate FC	02299712	SIV	2.1014
		Alendronate Sodium	02381494	AHI	2.1014
		Apo-Alendronate	02248730	APX	2.1014
		Auro-Alendronate	02388553	ARO	2.1014
		Jamp-Alendronate	02385031	JPC	2.1014
		Mint-Alendronate	02394871	MNT	2.1014
		Mylan-Alendronate	02286335	MYL	2.1014
		pms-Alendronate FC	02284006	PMS	2.1014
		Sandoz Alendronate	02288109	SDZ	2.1014
		Teva-Alendronate	02261715	TEV	2.1014
		Almotriptan / Almotriptan	Tab/Co. Orl 12.5mg	Axert	02248129
Apo-Almotriptan	02405806			APX	2.3478
Mylan-Almotriptan	02398443			MYL	2.3478
Sandoz Almotriptan	02405334			SDZ	2.3478
Amiodarone / Amiodarone	Tab/Co. Orl 200mg	Cordarone	02036282	PFI	0.3706
		Amiodarone	02364336	SAS	0.3706
		Amiodarone	02385465	SIV	0.3706
		Apo-Amiodarone	02246194	APX	0.3706
		Mylan-Amiodarone	02240604	MYL	0.3706
		pms-Amiodarone	02242472	PMS	0.3706
		Sandoz Amiodarone	02243836	SDZ	0.3706
		Teva-Amiodarone	02239835	TEV	0.3706
Amlodipine / Amlodipine	Tab/Co. Orl 2.5mg	Act Amlodipine	02297477	ATV	0.0767
		Amlodipine	02326795	PDL	0.0767
		Amlodipine	02385783	SIV	0.0767
		Jamp-Amlodipine	02357186	JPC	0.0767
		Mar-Amlodipine	02371707	MAR	0.0767
		pms-Amlodipine	02295148	PMS	0.0767
		Sandoz Amlodipine	02330474	SDZ	0.0767
Amlodipine / Amlodipine	Tab/Co. Orl 5mg	Norvasc	00878928	PFI	0.1343
		Act Amlodipine	02297485	ATV	0.1343
		Amlodipine	02429217	JPC	0.1343
		Amlodipine	02326809	PDL	0.1343
		Amlodipine	02331284	SAS	0.1343
		Amlodipine	02385791	SIV	0.1343
		Apo-Amlodipine	02273373	APX	0.1343
		Auro-Amlodipine	02397072	ARO	0.1343
		GD-Amlodipine	02280132	GMD	0.1343
		Mar-Amlodipine	02371715	MAR	0.1343
		Mint-Amlodipine	02362651	MNT	0.1343
		Mylan-Amlodipine	02272113	MYL	0.1343
		pms-Amlodipine	02284065	PMS	0.1343
		Ran-Amlodipine	02321858	RAN	0.1343
		Sandoz Amlodipine	02284383	SDZ	0.1343
		Septa-Amlodipine	02357712	SPT	0.1343
		Teva-Amlodipine	02250497	TEV	0.1343
Van-Amlodipine	02426986	VAN	0.1343		
Amlodipine / Amlodipine	Tab/Co. Orl 10mg	Norvasc	00878936	PFI	0.1993
		Act Amlodipine	02297493	ATV	0.1993
		Amlodipine	02429225	JPC	0.1993
		Amlodipine	02326817	PDL	0.1993
		Amlodipine	02331292	SAS	0.1993
		Amlodipine	02385805	SIV	0.1993
		Apo-Amlodipine	02273381	APX	0.1993
		Auro-Amlodipine	02397080	ARO	0.1993
		GD-Amlodipine	02280140	GMD	0.1993
		Jamp-Amlodipine	02357208	JPC	0.1993
		Mar-Amlodipine	02371723	MAR	0.1993
		Mint-Amlodipine	02362678	MNT	0.1993
		Mylan-Amlodipine	02272121	MYL	0.1993
		pms-Amlodipine	02284073	PMS	0.1993
		Ran-Amlodipine	02321866	RAN	0.1993
		Sandoz Amlodipine	02284391	SDZ	0.1993
		Septa-Amlodipine	02357720	SPT	0.1993
Teva-Amlodipine	02250500	TEV	0.1993		
Van-Amlopodine	02426994	VAN	0.1993		
Anastrozole / Anastrozole	Tab/Co. Orl 1mg	Arimidex	02224135	AZE	0.9522
		Act Anastrozole	02394898	ATV	0.9522
		Anastrozole	02351218	AHI	0.9522
		Anastrozole	02442736	SAS	0.9522
		Apo-Anastrozole	02374420	APX	0.9522
		CCP-Anastrozole	02458799	CCM	0.9522
		Jamp-Anastrozole	02339080	JPC	0.9522

		Mar-Anastrozole	02379562	MAR	0.9522
		Med-Anastrozole	02379104	GMD	0.9522
		Mint-Anastrozole	02393573	MNT	0.9522
		Nat-Anastrozole	02417855	NAT	0.9522
		pms-Anastrozole	02320738	PMS	0.9522
		Sandoz Anastrozole	02338467	SDZ	0.9522
		Taro-Anastrozole	02365650	TAR	0.9522
Atenolol / Aténolol	Tab/Co. Orl 25mg	Atenolol	02247182	SIV	0.0521
		Jamp-Atenolol	02367556	JPC	0.0521
		Mar-Atenolol	02371979	MAR	0.0521
		Mint-Atenolol	02368013	MNT	0.0521
		Mylan-Atenolol	02303647	MYL	0.0521
		pms-Atenolol	02246581	PMS	0.0521
		Ran-Atenolol	02373963	RAN	0.0521
		Teva-Atenolol	02266660	TEV	0.0521
Atenolol / Aténolol	Tab/Co. Orl 50mg	Tenormin	02039532	AZE	0.1107
		Act Atenolol	02255545	ATV	0.1107
		Apo-Atenol	00773689	APX	0.1107
		Atenolol	02466465	SAS	0.1107
		Atenolol	02238316	SIV	0.1107
		Jamp-Atenolol	02367564	JPC	0.1107
		Mar-Atenolol	02371987	MAR	0.1107
		Mint-Atenolol	02368021	MNT	0.1107
		Mylan-Atenolol	02146894	MYL	0.1107
		pms-Atenolol	02237600	PMS	0.1107
		Ran-Atenolol	02267985	RAN	0.1107
		Septa-Atenolol	02368641	SPT	0.1107
Atenolol / Aténolol	Tab/Co. Orl 100mg	Tenormin	02039540	AZE	0.1821
		Act Atenolol	02255553	ATV	0.1821
		Apo-Atenol	00773697	APX	0.1821
		Atenolol	02466473	SAS	0.1821
		Atenolol	02238318	SIV	0.1821
		Jamp-Atenolol	02367572	JPC	0.1821
		Mar-Atenolol	02371995	MAR	0.1821
		Mint-Atenolol	02368048	MNT	0.1821
		Mylan-Atenolol	02147432	MYL	0.1821
		pms-Atenolol	02237601	PMS	0.1821
		Ran-Atenolol	02267993	RAN	0.1821
		Septa-Atenolol	02368668	SPT	0.1821
Atomoxetine / Atomoxétine	Cap/Caps. Orl 10mg	Strattera	02262800	LIL	0.5106
		Apo-Atomoxetine	02318024	APX	0.5106
		pms-Atomoxetine	02381028	PMS	0.5106
		Sandoz Atomoxetine	02386410	SDZ	0.5106
Atomoxetine / Atomoxétine	Cap/Caps. Orl 18mg	Strattera	02262819	LIL	0.5748
		Apo-Atomoxetine	02318032	APX	0.5748
		Mylan-Atomoxetine	02378930	MYL	0.5748
		pms-Atomoxetine	02381036	PMS	0.5748
		Sandoz Atomoxetine	02386429	SDZ	0.5748
Atomoxetine / Atomoxétine	Cap/Caps. Orl 25mg	Strattera	02262827	LIL	0.6420
		Apo-Atomoxetine	02318040	APX	0.6420
		Mylan-Atomoxetine	02378949	MYL	0.6420
		pms-Atomoxetine	02381044	PMS	0.6420
		Sandoz Atomoxetine	02386437	SDZ	0.6420
Atomoxetine / Atomoxétine	Cap/Caps. Orl 40mg	Strattera	02262835	LIL	0.7369
		Apo-Atomoxetine	02318059	APX	0.7369
		Mylan-Atomoxetine	02378957	MYL	0.7369
		pms-Atomoxetine	02381052	PMS	0.7369
		Sandoz Atomoxetine	02386445	SDZ	0.7369
Atomoxetine / Atomoxétine	Cap/Caps. Orl 60mg	Strattera	02262843	LIL	0.8092
		Apo-Atomoxetine	02318067	APX	0.8092
		Mylan-Atomoxetine	02378965	MYL	0.8092
		pms-Atomoxetine	02381060	PMS	0.8092
		Sandoz Atomoxetine	02386453	SDZ	0.8092
Atorvastatin / Atorvastatine	Tab/Co. Orl 10mg	Lipitor	02230711	PFI	0.1743
		Apo-Atorvastatin	02295261	APX	0.1743
		Atorvastatin	02346486	PDL	0.1743
		Atorvastatin	02348705	SAS	0.1743
		Atorvastatin	02411350	SIV	0.1743
		Auro-Atorvastatin	02407256	ARO	0.1743
		Jamp-Atorvastatin	02391058	JPC	0.1743
		Mylan-Atorvastatin	02392933	MYL	0.1743
		pms-Atorvastatin	02399377	PMS	0.1743
		Ran-Atorvastatin	02313707	RAN	0.1743
		ratio-Atorvastatin	02350297	RPH	0.1743
		Reddy-Atorvastatin	02417936	RCH	0.1743
		Sandoz Atorvastatin	02324946	SDZ	0.1743
		Teva-Atorvastatin	02310899	TEV	0.1743
Atorvastatin / Atorvastatine	Tab/Co. Orl 20mg	Lipitor	02230713	PFI	0.2179
		Apo-Atorvastatin	02295288	APX	0.2179
		Atorvastatin	02346494	PDL	0.2179

		Atorvastatin	02348713	SAS	0.2179
		Atorvastatin	02411369	SIV	0.2179
		Auro-Atorvastatin	02407264	ARO	0.2179
		Jamp-Atorvastatin	02391066	JPC	0.2179
		Mylan-Atorvastatin	02392941	MYL	0.2179
		pms-Atorvastatin	02399385	PMS	0.2179
		Ran-Atorvastatin	02313715	RAN	0.2179
		ratio-Atorvastatin	02350319	RPH	0.2179
		Reddy-Atorvastatin	02417944	RCH	0.2179
		Sandoz Atorvastatin	02324954	SDZ	0.2179
		Teva-Atorvastatin	02310902	TEV	0.2179
Atorvastatin / Atorvastatine	Tab/Co. Orl 40mg	Lipitor	02230714	PFI	0.2342
		Apo-Atorvastatin	02295296	APX	0.2342
		Atorvastatin	02346508	PDL	0.2342
		Atorvastatin	02348721	SAS	0.2342
		Atorvastatin	02411377	SIV	0.2342
		Auro-Atorvastatin	02407272	ARO	0.2342
		Jamp-Atorvastatin	02391074	JPC	0.2342
		Mylan-Atorvastatin	02392968	MYL	0.2342
		pms-Atorvastatin	02399393	PMS	0.2342
		Ran-Atorvastatin	02313723	RAN	0.2342
		ratio-Atorvastatin	02350327	RPH	0.2342
		Reddy-Atorvastatin	02417952	RCH	0.2342
		Sandoz Atorvastatin	02324962	SDZ	0.2342
		Teva-Atorvastatin	02310910	TEV	0.2342
Atorvastatin / Atorvastatine	Tab/Co. Orl 80mg	Lipitor	02243097	PFI	0.2342
		Apo-Atorvastatin	02295318	APX	0.2342
		Atorvastatin	02346516	PDL	0.2342
		Atorvastatin	02348748	SAS	0.2342
		Atorvastatin	02411385	SIV	0.2342
		Auro-Atorvastatin	02407280	ARO	0.2342
		Jamp-Atorvastatin	02391082	JPC	0.2342
		Mylan-Atorvastatin	02392976	MYL	0.2342
		pms-Atorvastatin	02399407	PMS	0.2342
		Ran-Atorvastatin	02313758	RAN	0.2342
		Reddy-Atorvastatin	02417960	RCH	0.2342
		Sandoz Atorvastatin	02324970	SDZ	0.2342
		Teva-Atorvastatin	02310929	TEV	0.2342
Azithromycin / Azithromycine	Tab/Co. Orl 250mg	Zithromax	02212021	PFI	0.9410
		Apo-Azithromycin Z	02415542	APX	0.9410
		Azithromycin	02330881	SAS	0.9410
		Azithromycin	02442434	SIV	0.9410
		Jamp-Azithromycin	02452308	JPC	0.9410
		Mar-Azithromycin	02452324	MAR	0.9410
		Mylan-Azithromycin	02278359	MYL	0.9410
		Novo-Azithromycin	02267845	TEV	0.9410
		pms-Azithromycin	02261634	PMS	0.9410
		Sandoz Azithromycin	02265826	SDZ	0.9410
Bicalutamide / Bicalutamide	Tab/Co. Orl 50mg	Casodex	02184478	AZE	1.2690
		Act Bicalutamide	02274337	ATV	1.2690
		Apo-Bicalutamide	02296063	APX	1.2690
		Bicalutamide	02325985	AHI	1.2690
		Bicalutamide	02382423	SIV	1.2690
		Jamp-Bicalutamide	02357216	JPC	1.2690
		pms-Bicalutamide	02275589	PMS	1.2690
		Teva-Bicalutamide	02270226	TEV	1.2690
Bisoprolol / Bisoprolol	Tab/Co. Orl 5mg	Apo-Bisoprolol	02256134	APX	0.0715
		Bisoprolol	02391589	SAS	0.0715
		Bisoprolol	02383055	SIV	0.0715
		Sandoz Bisoprolol	02247439	SDZ	0.0715
		Teva-Bisoprolol	02267470	TEV	0.0715
Bisoprolol / Bisoprolol	Tab/Co. Orl 10mg	Apo-Bisoprolol	02256177	APX	0.1044
		Bisoprolol	02391597	SAS	0.1044
		Bisoprolol	02383063	SIV	0.1044
		Sandoz Bisoprolol	02247440	SDZ	0.1044
		Teva-Bisoprolol	02267489	TEV	0.1044
Candesartan / Candésartan	Tab/Co. Orl 8mg	Atacand	02239091	AZE	0.2281
		Ach-Candesartan	02379279	AHI	0.2281
		Act Candesartan	02376539	ATV	0.2281
		Apo-Candesartan	02365359	APX	0.2281
		Candesartan	02388928	SAS	0.2281
		Candesartan	02388707	SIV	0.2281
		Jamp-Candesartan	02386518	JPC	0.2281
		Mylan-Candesartan	02379139	MYL	0.2281
		pms-Candesartan	02391198	PMS	0.2281
		Ran-Candesartan	02380692	RAN	0.2281
		Sandoz Candesartan	02326965	SDZ	0.2281
		Teva-Candesartan	02366312	TEV	0.2281
Candesartan / Candésartan	Tab/Co. Orl 16mg	Atacand	02239092	AZE	0.2281
		Ach-Candesartan	02379287	AHI	0.2281

		Act Candesartan	02376547	ATV	0.2281
		Apo-Candesartan	02365367	APX	0.2281
		Candesartan	02388936	SAS	0.2281
		Candesartan	02388715	SIV	0.2281
		Jamp-Candesartan	02386526	JPC	0.2281
		Mylan-Candesartan	02379147	MYL	0.2281
		pms-Candesartan	02391201	PMS	0.2281
		Ran-Candesartan	02380706	RAN	0.2281
		Sandoz Candesartan	02326973	SDZ	0.2281
		Teva-Candesartan	02366320	TEV	0.2281
Candesartan / Candésartan	Tab/Co. Orl 32mg	Atacand	02311658	AZE	0.2281
		Ach-Candesartan	02379295	AHI	0.2281
		Act Candesartan	02376555	ATV	0.2281
		Apo-Candesartan	02399105	APX	0.2281
		Candesartan	02435845	SAS	0.2281
		Jamp-Candesartan	02386534	JPC	0.2281
		Mylan-Candesartan	02379155	MYL	0.2281
		pms-Candesartan	02391228	PMS	0.2281
		Ran-Candesartan	02380714	RAN	0.2281
		Sandoz Candesartan	02417340	SDZ	0.2281
		Teva-Candesartan	02366339	TEV	0.2281
Candesartan/Hydrochlorothiazide / Candésartan/Hydrochlorothiazide	Tab/Co. Orl 16mg/12.5mg	Atacand Plus	02244021	AZE	0.2156
		Apo-Candesartan/HCTZ	02367866	APX	0.2156
		Auro-Candesartan HCT	02421038	ARO	0.2156
		Candesartan HCT	02394812	SIV	0.2156
		Candesartan/HCTZ	02394804	SAS	0.2156
		pms-Candesartan-HCTZ	02391295	PMS	0.2156
		Sandoz Candesartan Plus	02327902	SDZ	0.2156
		Teva-Candesartan/HCTZ	02395541	TEV	0.2156
Candesartan/Hydrochlorothiazide / Candésartan/Hydrochlorothiazide	Tab/Co. Orl 32mg/12.5mg	Atacand Plus	02332922	AZE	0.2156
		Apo-Candesartan/HCTZ	02395126	APX	0.2156
		Auro-Candesartan HCT	02421046	ARO	0.2156
		Sandoz Candesartan Plus	02420732	SDZ	0.2156
		Teva-Candesartan/HCTZ	02395568	TEV	0.2156
Carvedilol / Carvédilol	Tab/Co. Orl 3.125mg	Apo-Carvedilol	02247933	APX	0.2431
		Auro-Carvedilol	02418495	ARO	0.2431
		Carvedilol	02364913	SAS	0.2431
		Carvedilol	02248752	SIV	0.2431
		Jamp-Carvedilol	02368897	JPC	0.2431
		pms-Carvedilol	02245914	PMS	0.2431
		ratio-Carvedilol	02252309	TEV	0.2431
Carvedilol / Carvedilol	Tab/Co. Orl 6.25mg	Apo-Carvedilol	02247934	APX	0.2431
		Auro-Carvedilol	02418509	ARO	0.2431
		Carvedilol	02364921	SAS	0.2431
		Carvedilol	02248753	SIV	0.2431
		Jamp-Carvedilol	02368900	JPC	0.2431
		pms-Carvedilol	02245915	PMS	0.2431
		ratio-Carvedilol	02252317	TEV	0.2431
Carvedilol / Carvedilol	Tab/Co. Orl 12.5mg	Apo-Carvedilol	02247935	APX	0.2431
		Auro-Carvedilol	02418517	ARO	0.2431
		Carvedilol	02364948	SAS	0.2431
		Carvedilol	02248754	SIV	0.2431
		Jamp-Carvedilol	02368919	JPC	0.2431
		pms-Carvedilol	02245916	PMS	0.2431
		ratio-Carvedilol	02252325	TEV	0.2431
Carvedilol / Carvedilol	Tab/Co. Orl 25mg	Apo-Carvedilol	02247936	APX	0.2431
		Auro-Carvedilol	02418525	ARO	0.2431
		Carvedilol	02364956	SAS	0.2431
		Carvedilol	02248755	SIV	0.2431
		Jamp-Carvedilol	02368927	JPC	0.2431
		pms-Carvedilol	02245917	PMS	0.2431
		ratio-Carvedilol	02252333	TEV	0.2431
Celecoxib / Célécoxib	Cap/Caps Orl 100mg	Celebrex	02239941	PFI	0.1279
		Act-Celecoxib	02420155	ATV	0.1279
		Apo-Celecoxib	02418932	APX	0.1279
		Auro-Celecoxib	02445670	ARO	0.1279
		Celecoxib	02436299	SAS	0.1279
		Celecoxib	02429675	SIV	0.1279
		Jamp-Celecoxib	02424533	JPC	0.1279
		Mar-Celecoxib	02420058	MAR	0.1279
		Mint-Celecoxib	02412497	MNT	0.1279
		Mylan-Celecoxib	02423278	MYL	0.1279
		pms-Celecoxib	02355442	PMS	0.1279
		Ran-Celecoxib	02412373	RAN	0.1279
		SDZ Celecoxib	02442639	SDZ	0.1279
Celecoxib / Célécoxib	Cap/Caps Orl 200mg	Celebrex	02239942	PFI	0.2558
		Act-Celecoxib	02420163	ATV	0.2558
		Apo-Celecoxib	02418940	APX	0.2558
		Auro-Celecoxib	02445689	ARO	0.2558
		Celecoxib	02436302	SAS	0.2558

		Celecoxib	02429683	SIV	0.2558
		Jamp-Celecoxib	02424541	JPC	0.2558
		Mar - Celecoxib	02420066	MAR	0.2558
		Mint-Celecoxib	02412500	MNT	0.2558
		Mylan-Celecoxib	02399881	MYL	0.2558
		pms-Celecoxib	02355450	PMS	0.2558
		Ran-Celecoxib	02412381	RAN	0.2558
		SDZ Celecoxib	02442647	SDZ	0.2558
Ciprofloxacin / Ciprofloxacin	Tab/Co. Orl 250mg	Cipro	02155958	BAY	0.4454
		Act Ciprofloxacin	02247339	TEV	0.4454
		Apo-Ciproflox	02229521	APX	0.4454
		Auro-Ciprofloxacin	02381907	ARO	0.4454
		Ciprofloxacin	02353318	SAS	0.4454
		Ciprofloxacin	02386119	SIV	0.4454
		Jamp-Ciprofloxacin	02380358	JPC	0.4454
		Mar-Ciprofloxacin	02379686	MAR	0.4454
		Mint-Ciproflox	02423553	MNT	0.4454
		Mylan-Ciprofloxacin	02245647	MYL	0.4454
		pms-Ciprofloxacin	02248437	PMS	0.4454
		Ran-Ciproflox	02303728	RAN	0.4454
		Sandoz Ciprofloxacin	02248756	SDZ	0.4454
		Septa-Ciprofloxacin	02379627	SPT	0.4454
		Teva-Ciprofloxacin	02161737	TEV	0.4454
Ciprofloxacin / Ciprofloxacin	Tab/Co. Orl 500mg	Cipro	02155966	BAY	0.5025
		Act Ciprofloxacin	02247340	TEV	0.5025
		Apo-Ciproflox	02229522	APX	0.5025
		Auro-Ciprofloxacin	02381923	ARO	0.5025
		Ciprofloxacin	02353326	SAS	0.5025
		Ciprofloxacin	02386127	SIV	0.5025
		Jamp-Ciprofloxacin	02380366	JPC	0.5025
		Mar-Ciprofloxacin	02379694	MAR	0.5025
		Mint-Ciproflox	02423561	MNT	0.5025
		Mylan-Ciprofloxacin	02245648	MYL	0.5025
		pms-Ciprofloxacin	02248438	PMS	0.5025
		Ran-Ciproflox	02303736	RAN	0.5025
		Sandoz Ciprofloxacin	02248757	SDZ	0.5025
		Septa-Ciprofloxacin	02379635	SPT	0.5025
Ciprofloxacin / Ciprofloxacin	Tab/Co. Orl 750mg	Cipro	02155974	BAY	0.9201
		Act Ciprofloxacin	02247341	TEV	0.9201
		Apo-Ciproflox	02229523	APX	0.9201
		Auro-Ciprofloxacin	02381931	ARO	0.9201
		Jamp-Ciprofloxacin	02380374	JPC	0.9201
		Mar-Ciprofloxacin	02379708	MAR	0.9201
		Mint-Ciproflox	02423588	MNT	0.9201
		pms-Ciprofloxacin	02248439	PMS	0.9201
		Ran-Ciproflox	02303744	RAN	0.9201
		Sandoz Ciprofloxacin	02248758	SDZ	0.9201
		Septa-Ciprofloxacin	02379643	SPT	0.9201
Citalopram / Citalopram	Tab/Co. Orl 10mg	Citalopram	02387948	SIV	0.0796
		Citalopram	02430517	JPC	0.0796
		Citalopram	02445719	SAS	0.0796
		Citalopram-10	02325047	PDL	0.0796
		Mar-Citalopram	02371871	MAR	0.0796
		Mint-Citalopram	02429691	MNT	0.0796
		Nat-Citalopram	02409003	NAT	0.0796
		pms-Citalopram	02270609	PMS	0.0796
		Septa-Citalopram	02431629	SPT	0.0796
		Teva-Citalopram	02312336	TEV	0.0796
Citalopram / Citalopram	Tab/Co. Orl 20mg	Celexa	02239607	VLH	0.1332
		Act Citalopram	02248050	ATV	0.1332
		Apo-Citalopram	02246056	APX	0.1332
		Auro-Citalopram	02275562	ARO	0.1332
		CCP-Citalopram	02459914	CCM	0.1332
		Citalopram	02430541	JPC	0.1332
		Citalopram	02353660	SAS	0.1332
		Citalopram	02387956	SIV	0.1332
		Citalopram-20	02257513	PDL	0.1332
		Mar-Citalopram	02371898	MAR	0.1332
		Mint-Citalopram	02429705	MNT	0.1332
		Mylan-Citalopram	02246594	MYL	0.1332
		Nat-Citalopram	02409011	NAT	0.1332
		pms-Citalopram	02248010	PMS	0.1332
		Ran-Citalo	02285622	RAN	0.1332
		Sandoz Citalopram	02248170	SDZ	0.1332
		Septa-Citalopram	02355272	SPT	0.1332
		Teva-Citalopram	02293218	TEV	0.1332
Citalopram / Citalopram	Tab/Co. Orl 40mg	Celexa	02239608	VLH	0.1332
		Act Citalopram	02248051	ATV	0.1332
		Apo-Citalopram	02246057	APX	0.1332
		Auro-Citalopram	02275570	ARO	0.1332

		CCP-Citalopram	02459922	CCM	0.1332
		Citalopram	02430568	JPC	0.1332
		Citalopram	02353679	SAS	0.1332
		Citalopram	02387964	SIV	0.1332
		Citalopram-40	02257521	PDL	0.1332
		Mar-Citalopram	02371901	MAR	0.1332
		Mint-Citalopram	02429713	MNT	0.1332
		Mylan-Citalopram	02246595	MYL	0.1332
		Nat-Citalopram	02409038	NAT	0.1332
		pms-Citalopram	02248011	PMS	0.1332
		Ran-Citalo	02285630	RAN	0.1332
		Sandoz Citalopram	02248171	SDZ	0.1332
		Septa-Citalopram	02355280	SPT	0.1332
		Teva-Citalopram	02293226	TEV	0.1332
Clonazepam / Clonazépam	Tab/Co. Orl 0.5mg	Rivotril	00382825	HLR	0.0418
		Apo-Clonazepam	02177889	APX	0.0418
		pms-Clonazepam R	02207818	PMS	0.0418
		Teva-Clonazepam	02239024	TEV	0.0418
Clonazepam / Clonazépam	Tab/Co. Orl 2mg	Rivotril	00382841	HLR	0.0721
		Apo-Clonazepam	02177897	APX	0.0721
		Clonazepam	02442051	SIV	0.0721
		Mylan-Clonazepam	02230951	MYL	0.0721
		pms-Clonazepam	02048736	PMS	0.0721
		Teva-Clonazepam	02239025	TEV	0.0721
Clopidogrel / Clopidogrel	Tab/Co. Orl 75mg	Plavix	02238682	BRI	0.2631
		Act Clopidogrel	02303027	ATV	0.2631
		Apo-Clopidogrel	02252767	APX	0.2631
		Auro-Clopidogrel	02416387	ARO	0.2631
		Clopidogrel	02394820	PDL	0.2631
		Clopidogrel	02400553	SAS	0.2631
		Clopidogrel	02385813	SIV	0.2631
		Jamp-Clopidogrel	02415550	JPC	0.2631
		Mar-Clopidogrel	02422255	MAR	0.2631
		Mint-Clopidogrel	02408910	MNT	0.2631
		Mylan-Clopidogrel	02351536	MYL	0.2631
		pms-Clopidogrel	02348004	PMS	0.2631
		Ran-Clopidogrel	02379813	RAN	0.2631
		Sandoz Clopidogrel	02359316	SDZ	0.2631
		Teva-Clopidogrel	02293161	TEV	0.2631
Cyclobenzaprine / Cyclobenzaprine	Tab/Co. Orl 10mg	Apo-Cyclobenzaprine	02177145	APX	0.1022
		Auro-Cyclobenzaprine	02348853	ARO	0.1022
		Cyclobenzaprine	02287064	SAS	0.1022
		Jamp-Cyclobenzaprine	02357127	JPC	0.1022
		Mylan-Cyclobenzaprine	02231353	MYL	0.1022
		Novo-Cycloprine	02080052	TEV	0.1022
		pms-Cyclobenzaprine	02212048	PMS	0.1022
Domperidone / Dompéridone	Tab/Co. Orl 10mg	Apo-Domperidone	02103613	APX	0.0428
		Domperidone	02350440	SAS	0.0428
		Domperidone	02238341	SIV	0.0428
		Jamp-Domperidone	02369206	JPC	0.0428
		Mar-Domperidone	02403870	MAR	0.0428
		pms-Domperidone	02236466	PMS	0.0428
		Ran-Domperidone	02268078	RAN	0.0428
		ratio-Domperidone	01912070	RPH	0.0428
Donepezil / Donépézil	Tab/Co. Orl 5mg	Aricept	02232043	PFI	0.4586
		Act Donepezil	02397595	ATV	0.4586
		Apo-Donepezil	02362260	APX	0.4586
		Auro-Donepezil	02400561	ARO	0.4586
		Donepezil	02402645	AHI	0.4586
		Donepezil	02420597	SIV	0.4586
		Jamp-Donepezil	02404419	JPC	0.4586
		Jamp-Donepezil	02416948	JPC	0.4586
		Mar-Donepezil	02402092	MAR	0.4586
		Mylan-Donepezil	02359472	MYL	0.4586
		Nat-Donepezil	02439557	NAT	0.4586
		pms-Donepezil	02322331	PMS	0.4586
		Ran-Donepezil	02381508	RAN	0.4586
		Sandoz Donepezil	02328666	SDZ	0.4586
		Septa-Donepezil	02428482	SPT	0.4586
		Teva-Donepezil	02340607	TEV	0.4586
Donepezil / Donépézil	Tab/Co. Orl 10mg	Aricept	02232044	PFI	0.4586
		Act Donepezil	02397609	ATV	0.4586
		Apo-Donepezil	02362279	APX	0.4586
		Auro-Donepezil	02400588	ARO	0.4586
		Donepezil	02402653	AHI	0.4586
		Donepezil	02420600	SIV	0.4586
		Jamp-Donepezil	02404427	JPC	0.4586
		Jamp-Donepezil	02416956	JPC	0.4586
		Mar-Donepezil	02402106	MAR	0.4586
		Mylan-Donepezil	02359480	MYL	0.4586

		Nat-Donepezil	02439565	NAT	0.4586
		pms-Donepezil	02322358	PMS	0.4586
		Ran-Donepezil	02381516	RAN	0.4586
		Sandoz Donepezil	02328682	SDZ	0.4586
		Septa-Donepezil	02428490	SPT	0.4586
		Teva-Donepezil	02340615	TEV	0.4586
Dutasteride / Dutastéride	Cap/Caps Orl 0.5mg	Avodart	02247813	GSK	0.3027
		Act Dutasteride	02412691	ATV	0.3027
		Apo-Dutasteride	02404206	APX	0.3027
		Dutasteride	02443058	SAS	0.3027
		Dutasteride	02429012	SIV	0.3027
		Med-Dutasteride	02416298	GMP	0.3027
		Mint-Dutasteride	02428873	MNT	0.3027
		pms-Dutasteride	02393220	PMS	0.3027
		Sandoz Dutasteride	02424444	SDZ	0.3027
		Teva-Dutasteride	02408287	TEV	0.3027
Escitalopram / Escitalopram	Tab/Co. Orl 10mg	Cipralext	02263238	VLH	0.3109
		ACH-Escitalopram	02434652	AHI	0.3109
		Apo-Escitalopram	02295016	APX	0.3109
		Auro-Escitalopram	02397358	ARO	0.3109
		Escitalopram	02430118	SAS	0.3109
		Escitalopram	02429039	SIV	0.3109
		Jamp-Escitalopram	02429780	JPC	0.3109
		Mar-Escitalopram	02423480	MAR	0.3109
		Mylan-Escitalopram	02309467	MYL	0.3109
		Nat-Escitalopram	02440296	NAT	0.3109
		Ran-Escitalopram	02385481	RAN	0.3109
		Sandoz Escitalopram	02364077	SDZ	0.3109
		Teva-Escitalopram	02318180	TEV	0.3109
Escitalopram / Escitalopram	Tab/Co. Orl 20mg	Cipralext	02263254	VLH	0.3310
		ACH-Escitalopram	02434660	AHI	0.3310
		Apo-Escitalopram	02295024	APX	0.3310
		Auro-Escitalopram	02397374	ARO	0.3310
		Escitalopram	02430126	SAS	0.3310
		Escitalopram	02429047	SIV	0.3310
		Jamp-Escitalopram	02429799	JPC	0.3310
		Mar-Escitalopram	02423502	MAR	0.3310
		Mylan-Escitalopram	02309475	MYL	0.3310
		Nat-Escitalopram	02440318	NAT	0.3310
		Ran-Escitalopram	02385503	RAN	0.3310
		Sandoz Escitalopram	02364085	SDZ	0.3310
		Teva-Escitalopram	02318202	TEV	0.3310
Ezetimibe / Ézétimibe	Tab/Co. Orl 10mg	Ezetrol	02247521	FRS	0.1811
		Apo-Ezetimibe	02427826	APX	0.1811
		Ezetimibe	02422549	PDL	0.1811
		Ezetimibe	02431300	SAS	0.1811
		Ezetimibe	02429659	SIV	0.1811
		Jamp-Ezetimibe	02423235	JPC	0.1811
		Mar-Ezetimibe	02422662	MAR	0.1811
		Mint-Ezetimibe	02423243	MNT	0.1811
		pms-Ezetimibe	02416409	PMS	0.1811
		Ran-Ezetimibe	02419548	RAN	0.1811
		Sandoz Ezetimibe	02416778	SDZ	0.1811
		Teva-Ezetimibe	02354101	TEV	0.1811
Famciclovir / Famciclovir	Tab/Co. Orl 125mg	Famvir	02229110	NVR	0.5564
		Act Famciclovir	02305682	ATV	0.5564
		Apo-Famciclovir	02292025	APX	0.5564
		pms-Famciclovir	02278081	PMS	0.5564
		Sandoz Famciclovir	02278634	SDZ	0.5564
Famciclovir / Famciclovir	Tab/Co. Orl 250mg	Famvir	02229129	NVR	0.7541
		Act Famciclovir	02305690	ATV	0.7541
		Apo-Famciclovir	02292041	APX	0.7541
		pms-Famciclovir	02278103	PMS	0.7541
		Sandoz Famciclovir	02278642	SDZ	0.7541
Famciclovir / Famciclovir	Tab/Co. Orl 500mg	Famvir	02177102	NVR	1.3436
		Act Famciclovir	02305704	ATV	1.3436
		Apo-Famciclovir	02292068	APX	1.3436
		pms-Famciclovir	02278111	PMS	1.3436
		Sandoz Famciclovir	02278650	SDZ	1.3436
Finasteride / Finastéride	Tab/Co. Orl 5mg	Proscar	02010909	FRS	0.4138
		Act Finasteride	02354462	ATV	0.4138
		Ach-Finasteride	02355043	AHI	0.4138
		Apo-Finasteride	02365383	APX	0.4138
		Auro-Finasteride	02405814	ARO	0.4138
		Finasteride	02445077	SAS	0.4138
		Finasteride	02447541	SIV	0.4138
		Jamp-Finasteride	02357224	JPC	0.4138
		Mint-Finasteride	02389878	MNT	0.4138
		pms-Finasteride	02310112	PMS	0.4138
		Sandoz Finasteride	02322579	SDZ	0.4138

		Teva-Finasteride	02348500	TEV	0.4138		
Fluoxetine / Fluoxétine	Cap/Caps Orl 10mg	Prozac	02018985	LIL	0.3404		
		Ach-Fluoxetine	02393441	AHI	0.3404		
		Apo-Fluoxetine	02216353	APX	0.3404		
		Auro-Fluoxetine	02385627	ARO	0.3404		
		Fluoxetine	02286068	SAS	0.3404		
		Fluoxetine	02374447	SIV	0.3404		
		Jamp-Fluoxetine	02401894	JPC	0.3404		
		Mar-Fluoxetine	02392909	MAR	0.3404		
		Mint-Fluoxetine	02380560	MNT	0.3404		
		Mylan-Fluoxetine	02237813	MYL	0.3404		
		pms-Fluoxetine	02177579	PMS	0.3404		
		Teva-Fluoxetine	02216582	TEV	0.3404		
		Fluoxetine / Fluoxétine	Cap/Caps Orl 20mg	Prozac	00636622	LIL	0.3311
Ach-Fluoxetine	02383241			AHI	0.3311		
Act Fluoxetine	02242178			ATV	0.3311		
Apo-Fluoxetine	02216361			APX	0.3311		
Auro-Fluoxetine	02385635			ARO	0.3311		
Fluoxetine	02286076			SAS	0.3311		
Fluoxetine	02374455			SIV	0.3311		
Jamp-Fluoxetine	02386402			JPC	0.3311		
Mar-Fluoxetine	02392917			MAR	0.3311		
Mint-Fluoxetine	02380579			MNT	0.3311		
Mylan-Fluoxetine	02237814			MYL	0.3311		
pms-Fluoxetine	02177587			PMS	0.3311		
Teva-Fluoxetine	02216590			TEV	0.3311		
Gabapentin / Gabapentine	Cap/Caps. Orl 100mg	Neurontin	02084260	PFI	0.0416		
		Act Gabapentin	02256142	ATV	0.0416		
		Apo-Gabapentin	02244304	APX	0.0416		
		Auro-Gabapentin	02321203	ARO	0.0416		
		Gabapentin	02353245	SAS	0.0416		
		Gabapentin	02246314	SIV	0.0416		
		Jamp-Gabapentin	02361469	JPC	0.0416		
		Mar-Gabapentin	02391473	MAR	0.0416		
		pms-Gabapentin	02243446	PMS	0.0416		
		Ran Gabapentin	02319055	RAN	0.0416		
		Teva-Gabapentin	02244513	TEV	0.0416		
		Gabapentin / Gabapentine	Cap/Caps. Orl 300mg	Neurontin	02084279	PFI	0.1012
				Act Gabapentin	02256150	ATV	0.1012
Apo-Gabapentin	02244305			APX	0.1012		
Auro-Gabapentin	02321211			ARO	0.1012		
Gabapentin	02353253			SAS	0.1012		
Gabapentin	02246315			SIV	0.1012		
Jamp-Gabapentin	02361485			JPC	0.1012		
Mar-Gabapentin	02391481			MAR	0.1012		
pms-Gabapentin	02243447			PMS	0.1012		
Ran Gabapentin	02319063			RAN	0.1012		
Teva-Gabapentin	02244514			TEV	0.1012		
Gabapentin / Gabapentine	Cap/Caps. Orl 400mg			Neurontin	02084287	PFI	0.1206
				Act Gabapentin	02256169	ATV	0.1206
		Apo-Gabapentin	02244306	APX	0.1206		
		Auro-Gabapentin	02321238	ARO	0.1206		
		Gabapentin	02353261	SAS	0.1206		
		Gabapentin	02246316	SIV	0.1206		
		Jamp-Gabapentin	02361493	JPC	0.1206		
		Furosemide	02391503	MAR	0.1206		
		pms-Gabapentin	02243448	PMS	0.1206		
		Ran Gabapentin	02319071	RAN	0.1206		
		Teva-Gabapentin	02244515	TEV	0.1206		
		Gabapentin / Gabapentine	Tab/Co. Orl 600mg	Neurontin	02239717	PFI	0.1809
				Apo-Gabapentin	02293358	APX	0.1809
Gabapentin	02392526			AHI	0.1809		
Gabapentin	02410990			GLM	0.1809		
Gabapentin	02431289			SAS	0.1809		
Gabapentin	02388200			SIV	0.1809		
Jamp-Gabapentin	02402289			JPC	0.1809		
Teva-Gabapentin	02248457			TEV	0.1809		
Gabapentin / Gabapentine	Tab/Co. Orl 800 mg	Neurontin	02239718	PFI	0.2412		
		Apo-Gabapentin	02293366	APX	0.2412		
		Gabapentin	02392534	AHI	0.2412		
		Gabapentin	02411008	GLM	0.2412		
		Gabapentin	02431297	SAS	0.2412		
		Gabapentin	02388219	SIV	0.2412		
		Jamp-Gabapentin	02402297	JPC	0.2412		
		Teva-Gabapentin	02247346	TEV	0.2412		
Imatinib / Imatinib	Tab/Co. Orl 100mg	Gleevec	02253275	NVR	5.2079		
		Nat-Imatinib	02397285	NAT	5.2079		
		Apo-Imatinib	02355337	APX	5.2079		
		pms-Imatinib	02431114	PMS	5.2079		
		Teva-Imatinib	02399806	TEV	5.2079		

Imatinib / Imatinib	Tab/Co. Ori 400mg	Gleevec	02253283	NVR	20.8314		
		Nat-Imatinib	02397293	NAT	20.8314		
		Apo-Imatinib	02355345	APX	20.8314		
		pms-Imatinib	02431122	PMS	20.8314		
		Teva-Imatinib	02399814	TEV	20.8314		
Irbesartan / Irbésartan	Tab/Co. Ori 75mg	Avapro	02237923	BRI	0.2281		
		Apo-Irbesartan	02386968	APX	0.2281		
		Auro-Irbesartan	02406098	ARO	0.2281		
		Irbesartan	02365197	PDL	0.2281		
		Irbesartan	02372347	SAS	0.2281		
		Irbesartan	02385287	SIV	0.2281		
		Jamp-Irbesartan	02418193	JPC	0.2281		
		Mint-Irbesartan	02422980	MNT	0.2281		
		Mylan-Irbesartan	02347296	MYL	0.2281		
		pms-Irbesartan	02317060	PMS	0.2281		
		Ran-Irbesartan	02406810	RAN	0.2281		
		ratio-Irbesartan	02316390	RPH	0.2281		
		Sandoz Irbesartan	02328461	SDZ	0.2281		
		Irbesartan / Irbésartan	Tab/Co. Ori 150mg	Avapro	02237924	BRI	0.2281
				Apo-Irbesartan	02386976	APX	0.2281
Auro-Irbesartan	02406101			ARO	0.2281		
Irbesartan	02365200			PDL	0.2281		
Irbesartan	02372371			SAS	0.2281		
Irbesartan	02385295			SIV	0.2281		
Jamp-Irbesartan	02418207			JPC	0.2281		
Mint-Irbesartan	02422999			MNT	0.2281		
Mylan-Irbesartan	02347318			MYL	0.2281		
pms-Irbesartan	02317079			PMS	0.2281		
Ran-Irbesartan	02406829			RAN	0.2281		
ratio-Irbesartan	02316404			RPH	0.2281		
Sandoz Irbesartan	02328488			SDZ	0.2281		
Irbesartan / Irbésartan	Tab/Co. Ori 300mg			Avapro	02237925	BRI	0.2281
				Apo-Irbesartan	02386984	APX	0.2281
		Auro-Irbesartan	02406128	ARO	0.2281		
		Irbesartan	02365219	PDL	0.2281		
		Irbesartan	02372398	SAS	0.2281		
		Irbesartan	02385309	SIV	0.2281		
		Jamp-Irbesartan	02418215	JPC	0.2281		
		Mint-Irbesartan	02423006	MNT	0.2281		
		pms-Irbesartan	02317087	PMS	0.2281		
		Ran-Irbesartan	02406837	RAN	0.2281		
		ratio-Irbesartan	02316412	RPH	0.2281		
		Sandoz Irbesartan	02328496	SDZ	0.2281		
		Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Ori 150 mg/12.5mg	Avalide	02241818	BRI	0.2281
				Act Irbesartan/HCT	02357399	ATV	0.2281
				Apo-Irbesartan/HCTZ	02387646	APX	0.2281
Auro-Irbesartan HCT	02447878			ARO	0.2281		
Irbesartan/HCTZ	02372886			SAS	0.2281		
Irbesartan HCT	02385317			SIV	0.2281		
Jamp-Irbesartan/Hydrochlorothiazide	02418223			JPC	0.2281		
Mint-Irbesartan/HCTZ	02392992			MNT	0.2281		
pms-Irbesartan/HCTZ	02328518			PMS	0.2281		
ratio-Irbesartan/HCTZ	02330512			TEV	0.2281		
Sandoz Irbesartan/HCT	02337428			SDZ	0.2281		
Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Ori 300 mg/12.5mg			Avalide	02241819	BRI	0.2281
		Act Irbesartan/HCT	02357402	ATV	0.2281		
		Apo-Irbesartan/HCTZ	02387654	APX	0.2281		
		Auro-Irbesartan HCT	02447886	ARO	0.2281		
		Irbesartan/HCTZ	02372894	SAS	0.2281		
		Irbesartan HCT	02385325	SIV	0.2281		
		Jamp-Irbesartan/Hydrochlorothiazide	02418231	JPC	0.2281		
		Mint-Irbesartan/HCTZ	02393018	MNT	0.2281		
		pms-Irbesartan/HCTZ	02328526	PMS	0.2281		
		ratio-Irbesartan/HCTZ	02330520	TEV	0.2281		
		Sandoz Irbesartan/HCT	02337436	SDZ	0.2281		
		Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Ori 300 mg/25mg	Avalide	02280213	BRI	0.2184
Act Irbesartan/HCT	02357410			ATV	0.2184		
Apo-Irbesartan/HCTZ	02387662			APX	0.2184		
Auro-Irbesartan HCT	02447894			ARO	0.2184		
Irbesartan/HCTZ	02372908			SAS	0.2184		
Irbesartan HCT	02385333			SIV	0.2184		
Jamp-Irbesartan/Hydrochlorothiazide	02418258			JPC	0.2184		
Mint-Irbesartan/HCTZ	02393026			MNT	0.2184		
pms-Irbesartan/HCTZ	02328534			PMS	0.2184		
ratio-Irbesartan/HCTZ	02330539			TEV	0.2184		
Sandoz Irbesartan/HCT	02337444			SDZ	0.2184		
Lamotrigine / Lamotrigine	Tab/Co. Ori 25mg			Lamictal	02142082	GSK	0.0698
		Apo-Lamotrigine	02245208	APX	0.0698		
		Auro-Lamotrigine	02381354	ARO	0.0698		
		Lamotrigine	02343010	SAS	0.0698		

		Lamotrigine	02428202	SIV	0.0698
		Mylan-Lamotrigine	02265494	MYL	0.0698
		pms-Lamotrigine	02246897	PMS	0.0698
		Teva-Lamotrigine	02248232	TEV	0.0698
Lamotrigine / Lamotrigine	Tab/Co. Ori 100mg	Lamictal	02142104	GSK	0.2787
		Apo-Lamotrigine	02245209	APX	0.2787
		Auro-Lamotrigine	02381362	ARO	0.2787
		Lamotrigine	02343029	SAS	0.2787
		Lamotrigine	02428210	SIV	0.2787
		Mylan-Lamotrigine	02265508	MYL	0.2787
		pms-Lamotrigine	02246898	PMS	0.2787
		Teva-Lamotrigine	02248233	TEV	0.2787
Lamotrigine / Lamotrigine	Tab/Co. Ori 150mg	Lamictal	02142112	GSK	0.4107
		Apo-Lamotrigine	02245210	APX	0.4107
		Auro-Lamotrigine	02381370	ARO	0.4107
		Lamotrigine	02343037	SAS	0.4107
		Lamotrigine	02428229	SIV	0.4107
		Mylan-Lamotrigine	02265516	MYL	0.4107
		pms-Lamotrigine	02246899	PMS	0.4107
		Teva-Lamotrigine	02248234	TEV	0.4107
Levetiracetam / Lévétiacétam	Tab/Co. Ori 250mg	Keppra	02247027	VLH	0.3210
		Act Levetiracetam	02274183	ATV	0.3210
		Apo-Levetiracetam	02285924	APX	0.3210
		Auro-Levetiracetam	02375249	ARO	0.3210
		Jamp-Levetiracetam	02403005	JPC	0.3210
		Nat-Levetiracetam	02440202	NAT	0.3210
		Levetiracetam	02454653	PMS	0.3210
		Levetiracetam	02353342	SAS	0.3210
		Levetiracetam	02442531	SIV	0.3210
		Sandoz Levetiracetam	02461986	SDZ	0.3210
Levetiracetam / Lévétiacétam	Tab/Co. Ori 500mg	Keppra	02247028	VLH	0.3911
		Act Levetiracetam	02274191	ATV	0.3911
		Apo-Levetiracetam	02285932	APX	0.3911
		Auro-Levetiracetam	02375257	ARO	0.3911
		Jamp-Levetiracetam	02403021	JPC	0.3911
		Nat-Levetiracetam	02440210	NAT	0.3911
		Levetiracetam	02454661	PMS	0.3911
		Levetiracetam	02353350	SAS	0.3911
		Levetiracetam	02442558	SIV	0.3911
		Pro-Levetiracetam	02311380	PDL	0.3911
		Sandoz Levetiracetam	02461994	SDZ	0.3911
Levetiracetam / Lévétiacétam	Tab/Co. Ori 750mg	Keppra	02247029	VLH	0.5416
		Act Levetiracetam	02274205	ATV	0.5416
		Apo-Levetiracetam	02285940	APX	0.5416
		Auro-Levetiracetam	02375265	ARO	0.5416
		Jamp-Levetiracetam	02403048	JPC	0.5416
		Nat-Levetiracetam	02440229	NAT	0.5416
		Levetiracetam	02454688	PMS	0.5416
		Levetiracetam	02353369	SAS	0.5416
		Levetiracetam	02442566	SIV	0.5416
		Pro-Levetiracetam	02311399	PDL	0.5416
		Sandoz Levetiracetam	02462001	SDZ	0.5416
Metformin / Metformine	Tab/Co. Ori 500mg	Glucophage	02099233	SAV	0.0247
		Act Metformin	02257726	ATV	0.0247
		Apo-Metformin	02167786	APX	0.0247
		Auro-Metformin	02438275	ARO	0.0247
		Jamp-Metformin	02380196	JPC	0.0247
		Mar-Metformin	02378620	MAR	0.0247
		Metformin	02353377	SAS	0.0247
		Metformin FC	02385341	SIV	0.0247
		Mylan-Metformin	02148765	MYL	0.0247
		pms-Metformin	02223562	PMS	0.0247
		Pro-Metformin	02314908	PDL	0.0247
		Ran-Metformin	02269031	RAN	0.0247
		ratio-Metformin	02242974	RPH	0.0247
		Sandoz Metformin FC	02246820	SDZ	0.0247
		Septa-Metformin	02379767	SPT	0.0247
Metformin / Metformine	Tab/Co. Ori 850mg	Glucophage	02162849	SAV	0.0339
		Act Metformin	02257734	ATV	0.0339
		Apo-Metformin	02229785	APX	0.0339
		Auro-Metformin	02438283	ARO	0.0339
		Jamp-Metformin	02380218	JPC	0.0339
		Mar-Metformin	02378639	MAR	0.0339
		Metformin	02353385	SAS	0.0339
		Metformin FC	02385368	SIV	0.0339
		Mylan-Metformin	02229656	MYL	0.0339
		pms-Metformin	02242589	PMS	0.0339
		Pro-Metformin	02314894	PDL	0.0339
		Ran-Metformin	02269058	RAN	0.0339
		ratio-Metformin	02242931	RPH	0.0339
		Sandoz Metformin FC	02246821	SDZ	0.0339
		Septa-Metformin	02379775	SPT	0.0339

Minocycline / Minocycline	Cap/Caps Orl 50mg	Apo-Minocycline	02084090	APX	0.1101
		Minocycline	02287226	SAS	0.1101
		Mylan-Minocycline	02230735	MYL	0.1101
		pms-Minocycline	02294419	PMS	0.1101
		Teva-Minocycline	02108143	TEV	0.1101
Minocycline / Minocycline	Cap/Caps Orl 100mg	Apo-Minocycline	02084104	APX	0.2125
		Minocycline	02287234	SAS	0.2125
		Mylan-Minocycline	02230736	MYL	0.2125
		Teva-Minocycline	02108151	TEV	0.2125
Montelukast / Montélukast	TabC/Co.C 4mg	Singulair	02243602	FRS	0.2758
		Apo-Montelukast (Chewable)	02377608	APX	0.2758
		Auro-Montelukast Chewable	02422867	ARO	0.2758
		Mar-Montelukast	02399865	MAR	0.2758
		Mint-Montelukast	02408627	MNT	0.2758
		Montelukast	02379317	SAS	0.2758
		Montelukast	02382458	SIV	0.2758
		pms-Montelukast	02354977	PMS	0.2758
		Sandoz Montelukast	02330385	SDZ	0.2758
		Teva-Montelukast	02355507	TEV	0.2758
		Montelukast / Montélukast	TabC/Co.C 5mg	Singulair	02238216
Apo-Montelukast (Chewable)	02377616			APX	0.3082
Auro-Montelukast Chewable	02422875			ARO	0.3082
Mar-Montelukast	02399873			MAR	0.3082
Montelukast	02379325			SAS	0.3082
Montelukast	02382466			SIV	0.3082
pms-Montelukast	02354985			PMS	0.3082
Sandoz Montelukast	02330393			SDZ	0.3082
Teva-Montelukast	02355515			TEV	0.3082
Montelukast / Montélukast	Tab/Co. 10mg			Singulair	02238217
		Apo-Montelukast	02374609	APX	0.4231
		Auro-Montelukast	02401274	ARO	0.4231
		Jamp-Montelukast	02391422	JPC	0.4231
		Mar-Montelukast	02399997	MAR	0.4231
		Mint-Montelukast	02408643	MNT	0.4231
		Montelukast	02379333	SAS	0.4231
		Montelukast	02382474	SIV	0.4231
		Montelukast Sodium	02379236	AHI	0.4231
		pms-Montelukast FC	02373947	PMS	0.4231
		Ran-Montelukast	02389517	RAN	0.4231
		Sandoz Montelukast	02328593	SDZ	0.4231
		Teva-Montelukast	02355523	TEV	0.4231
		Mycophenolate / Mycophénolate	Cap/Caps Orl 250mg	Cellcept	02192748
Ach-Mycophenolate	02383780			AHI	0.3712
Apo-Mycophenolate	02352559			APX	0.3712
Jamp-Mycophenolate	02386399			JPC	0.3712
Mycophenolate Mofetil	02457369			SAS	0.3712
Novo-Mycophenolate	02364883			TEV	0.3712
Sandoz Mycophenolate	02320630			SDZ	0.3712
Van-Mycophenolate	02433680			VAN	0.3712
Mycophenolate / Mycophénolate	Tab/Co. Orl 500mg			Cellcept	02237484
		Ach-Mycophenolate	02378574	AHI	0.7423
		Apo-Mycophenolate	02352567	APX	0.7423
		Jamp-Mycophenolate	02380382	JPC	0.7423
		Mycophenolate Mofetil	02457377	SAS	0.7423
		Novo-Mycophenolate	02348675	TEV	0.7423
		Sandoz Mycophenolate	02313855	SDZ	0.7423
		Van-Mycophenolate	02432625	VAN	0.7423
		Olanzapine / Olanzapine	ODT/Co. D.O. Orl 5mg	Zyprexa Zydis	02243086
Act Olanzapine ODT	02327562			ATV	0.3574
Apo-Olanzapine ODT	02360616			APX	0.3574
Auro-Olanzapine ODT	02448726			ARO	0.3574
Jamp-Olanzapine ODT	02406624			JPC	0.3574
Mar-Olanzapine ODT	02389088			MAR	0.3574
Mint-Olanzapine ODT	02436965			MNT	0.3574
Olanzapine ODT	02338645			PDL	0.3574
Olanzapine ODT	02352974			SAS	0.3574
Olanzapine ODT	02343665			SIV	0.3574
pms-Olanzapine ODT	02303191			PMS	0.3574
Ran-Olanzapine ODT	02414090			RAN	0.3574
Sandoz Olanzapine ODT	02327775			SDZ	0.3574
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 10mg			Zyprexa Zydis	02243087
		Act Olanzapine ODT	02327570	ATV	0.7143
		Apo-Olanzapine ODT	02360624	APX	0.7143
		Auro-Olanzapine ODT	02448734	ARO	0.7143
		Jamp-Olanzapine ODT	02406632	JPC	0.7143
		Mar-Olanzapine ODT	02389096	MAR	0.7143
		Mint-Olanzapine ODT	02436973	MNT	0.7143
		Olanzapine ODT	02338653	PDL	0.7143
		Olanzapine ODT	02352982	SAS	0.7143
		Olanzapine ODT	02343673	SIV	0.7143

		pms-Olanzapine ODT	02303205	PMS	0.7143
		Ran-Olanzapine ODT	02414104	RAN	0.7143
		Sandoz Olanzapine ODT	02327783	SDZ	0.7143
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 15mg	Zyprexa Zydys	02243088	LIL	1.0711
		Act Olanzapine ODT	02327589	ATV	1.0711
		Apo-Olanzapine ODT	02360632	APX	1.0711
		Auro-Olanzapine ODT	02448742	ARO	1.0711
		Jamp-Olanzapine ODT	02406640	JPC	1.0711
		Mar-Olanzapine ODT	02389118	MAR	1.0711
		Mint-Olanzapine ODT	02436981	MNT	1.0711
		Olanzapine ODT	02338661	PDL	1.0711
		Olanzapine ODT	02352990	SAS	1.0711
		Olanzapine ODT	02343681	SIV	1.0711
		pms-Olanzapine ODT	02303213	PMS	1.0711
		Ran-Olanzapine ODT	02414112	RAN	1.0711
		Sandoz Olanzapine ODT	02327791	SDZ	1.0711
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 20mg	Zyprexa Zydys	02243089	LIL	1.4137
		Act Olanzapine ODT	02327597	ATV	1.4137
		Apo-Olanzapine ODT	02360640	APX	1.4137
		Auro-Olanzapine ODT	02448750	ARO	1.4137
		Jamp-Olanzapine ODT	02406659	JPC	1.4137
		Mar-Olanzapine ODT	02389126	MAR	1.4137
		Olanzapine ODT	02425114	PDL	1.4137
		Olanzapine ODT	02343703	SIV	1.4137
		Ran-Olanzapine ODT	02414120	RAN	1.4137
		Sandoz Olanzapine ODT	02327805	SDZ	1.4137
Olanzapine / Olanzapine	Tab/Co. Orl 2.5mg	Zyprexa	02229250	LIL	0.1772
		Act Olanzapine	02325659	ATV	0.1772
		Apo-Olanzapine	02281791	APX	0.1772
		Jamp-Olanzapine FC	02417243	JPC	0.1772
		Mar-Olanzapine	02421232	MAR	0.1772
		Mylan-Olanzapine	02337878	MYL	0.1772
		Olanzapine	02311968	PDL	0.1772
		Olanzapine	02372819	SAS	0.1772
		Olanzapine	02385864	SIV	0.1772
		pms-Olanzapine	02303116	PMS	0.1772
		Sandoz Olanzapine	02310341	SDZ	0.1772
		Teva-Olanzapine	02276712	TEV	0.1772
Olanzapine / Olanzapine	Tab/Co. Orl 5mg	Zyprexa	02229269	LIL	0.3544
		Act Olanzapine	02325667	ATV	0.3544
		Apo-Olanzapine	02281805	APX	0.3544
		Jamp-Olanzapine FC	02417251	JPC	0.3544
		Mar-Olanzapine	02421240	MAR	0.3544
		Mylan-Olanzapine	02337886	MYL	0.3544
		Olanzapine	02311976	PDL	0.3544
		Olanzapine	02372827	SAS	0.3544
		Olanzapine	02385872	SIV	0.3544
		pms-Olanzapine	02303159	PMS	0.3544
		Sandoz Olanzapine	02310368	SDZ	0.3544
		Teva-Olanzapine	02276720	TEV	0.3544
Olanzapine / Olanzapine	Tab/Co. Orl 7.5mg	Zyprexa	02229277	LIL	0.5316
		Act Olanzapine	02325675	ATV	0.5316
		Apo-Olanzapine	02281813	APX	0.5316
		Jamp-Olanzapine FC	02417278	JPC	0.5316
		Mar-Olanzapine	02421259	MAR	0.5316
		Mylan-Olanzapine	02337894	MYL	0.5316
		Olanzapine	02311984	PDL	0.5316
		Olanzapine	02372835	SAS	0.5316
		Olanzapine	02385880	SIV	0.5316
		pms-Olanzapine	02303167	PMS	0.5316
		Sandoz Olanzapine	02310376	SDZ	0.5316
		Teva-Olanzapine	02276739	TEV	0.5316
Olanzapine / Olanzapine	Tab/Co. Orl 10mg	Zyprexa	02229285	LIL	0.7088
		Act Olanzapine	02325683	ATV	0.7088
		Apo-Olanzapine	02281821	APX	0.7088
		Jamp-Olanzapine FC	02417286	JPC	0.7088
		Mar-Olanzapine	02421267	MAR	0.7088
		Mylan-Olanzapine	02337908	MYL	0.7088
		Olanzapine	02311992	PDL	0.7088
		Olanzapine	02372843	SAS	0.7088
		Olanzapine	02385899	SIV	0.7088
		pms-Olanzapine	02303175	PMS	0.7088
		Sandoz Olanzapine	02310384	SDZ	0.7088
		Teva-Olanzapine	02276747	TEV	0.7088
Olanzapine / Olanzapine	Tab/Co. Orl 15mg	Zyprexa	02238850	LIL	1.0631
		Act Olanzapine	02325691	ATV	1.0631
		Apo-Olanzapine	02281848	APX	1.0631
		Jamp-Olanzapine FC	02417294	JPC	1.0631
		Mar-Olanzapine	02421275	MAR	1.0631
		Mylan-Olanzapine	02337916	MYL	1.0631

		Olanzapine	02312018	PDL	1.0631
		Olanzapine	02372851	SAS	1.0631
		Olanzapine	02385902	SIV	1.0631
		pms-Olanzapine	02303183	PMS	1.0631
		Sandoz Olanzapine	02310392	SDZ	1.0631
		Teva-Olanzapine	02276755	TEV	1.0631
Olanzapine / Olanzapine	Tab/Co. Orl 20mg	Zyprexa	02238851	LIL	1.4378
		Act Olanzapine	02325713	ATV	1.4378
		Apo-Olanzapine	02333015	APX	1.4378
		Jamp-Olanzapine FC	02417308	JPC	1.4378
		Olanzapine	02421704	PDL	1.4378
		pms-Olanzapine	02367483	PMS	1.4378
		Teva-Olanzapine	02359707	TEV	1.4378
Omeprazole / Oméprazole	SRC/Caps.L.L. Orl 20mg	Losec	00846503	AZE	0.2287
		Apo-Omeprazole	02245058	APX	0.2287
		Mylan-Omeprazole	02329433	MYL	0.2287
		Omeprazole	02348691	SAS	0.2287
		Omeprazole	02411857	SIV	0.2287
		pms-Omeprazole	02320851	PMS	0.2287
		Sandoz Omeprazole	02296446	SDZ	0.2287
Omeprazole / Oméprazole	SRT/Co.L.L. Orl 20mg	Losec	02190915	AZE	0.2287
		Jamp-Omeprazole	02420198	JPC	0.2287
		Nat-Omeprazole DR	02439549	NAT	0.2287
		Omeprazole	02416549	AHI	0.2287
		pms-Omeprazole DR	02310260	PMS	0.2287
		Teva-Omeprazole	02295415	TEV	0.2287
		Van-Omeprazole	02432404	VAN	0.2287
Pantoprazole Sodium / Pantoprazole sodique	ECT/Co. Ent. Orl 20mg	Pantoloc	02241804	NYC	0.1803
		Apo-Pantoprazole	02292912	APX	0.1803
		Jamp-Pantoprazole	02408414	JPC	0.1803
		Pantoprazole-20	02428172	SIV	0.1803
		Ran-Pantoprazole	02305038	RAN	0.1803
		Sandoz Pantoprazole	02301075	SDZ	0.1803
		Teva-Pantoprazole	02285479	TEV	0.1803
Pantoprazole Sodium / Pantoprazole sodique	ECT/Co. Ent. Orl 40mg	Pantoloc	02229453	NYC	0.2016
		Apo-Pantoprazole	02292920	APX	0.2016
		Auro-Pantoprazole	02415208	ARO	0.2016
		Jamp-Pantoprazole	02357054	JPC	0.2016
		Mar-Pantoprazole	02416565	MAR	0.2016
		Mint-Pantoprazole	02417448	MNT	0.2016
		Mylan-Pantoprazole	02299585	MYL	0.2016
		Pantoprazole	02318695	PDL	0.2016
		Pantoprazole	02437945	PMS	0.2016
		Pantoprazole	02370808	SAS	0.2016
		Pantoprazole-40	02428180	SIV	0.2016
		Ran-Pantoprazole	02305046	RAN	0.2016
		Sandoz Pantoprazole	02301083	SDZ	0.2016
		Teva-Pantoprazole	02285487	TEV	0.2016
Paroxetine / Paroxetine	Tab/Co. Orl 20mg	Paxil	01940481	GSK	0.3250
		Act Paroxetine	02262754	ATV	0.3250
		Apo-Paroxetine	02240908	APX	0.3250
		Auro-Paroxetine	02383284	ARO	0.3250
		Jamp-Paroxetine	02368870	JPC	0.3250
		Mar-Paroxetine	02411954	MAR	0.3250
		Mint-Paroxetine	02421380	MNT	0.3250
		Mylan-Paroxetine	02248013	MYL	0.3250
		Paroxetine	02248914	PDL	0.3250
		Paroxetine	02282852	SAS	0.3250
		Paroxetine	02388235	SIV	0.3250
		pms-Paroxetine	02247751	PMS	0.3250
		Sandoz Paroxetine Tablets	02431785	SDZ	0.3250
		Teva-Paroxetine	02248557	TEV	0.3250
Paroxetine / Paroxetine	Tab/Co. Orl 30mg	Paxil	01940473	GSK	0.3453
		Apo-Paroxetine	02240909	APX	0.3453
		Auro-Paroxetine	02383292	ARO	0.3453
		Jamp-Paroxetine	02368889	JPC	0.3453
		Mar-Paroxetine	02411962	MAR	0.3453
		Mint-Paroxetine	02421399	MNT	0.3453
		Mylan-Paroxetine	02248014	MYL	0.3453
		Paroxetine	02248915	PDL	0.3453
		Paroxetine	02282860	SAS	0.3453
		Paroxetine	02388243	SIV	0.3453
		pms-Paroxetine	02247752	PMS	0.3453
		Sandoz Paroxetine Tablets	02431793	SDZ	0.3453
		Teva-Paroxetine	02248558	TEV	0.3453
Pramipexole / Pramipexole	Tab/Co. Orl 0.25mg	Mirapex	02237145	BOE	0.1950
		Act Pramipexole	02297302	ATV	0.1950
		Apo-Pramipexole	02292378	APX	0.1950
		Auro-Pramipexole	02424061	ARO	0.1950
		pms-Pramipexole	02290111	PMS	0.1950

		Pramipexole	02367602	SAS	0.1950
		Pramipexole	02309122	SIV	0.1950
		Sandoz Pramipexole	02315262	SDZ	0.1950
		Teva-Pramipexole	02269309	TEV	0.1950
Pramipexole / Pramipexole	Tab/Co. Orl 0.5mg	Mirapex	02241594	BOE	0.4018
		Act Pramipexole	02297310	ATV	0.4018
		Apo-Pramipexole	02292386	APX	0.4018
		Auro-Pramipexole	02424088	ARO	0.4018
		pms-Pramipexole	02290138	PMS	0.4018
		Pramipexole	02367610	SAS	0.4018
		Pramipexole	02309130	SIV	0.4018
		Sandoz Pramipexole	02315270	SDZ	0.4018
		Teva-Pramipexole	02269317	TEV	0.4018
Pramipexole / Pramipexole	Tab/Co. Orl 1mg	Mirapex	02237146	BOE	0.3901
		Act Pramipexole	02297329	ATV	0.3901
		Apo-Pramipexole	02292394	APX	0.3901
		Auro-Pramipexole	02424096	ARO	0.3901
		pms-Pramipexole	02290146	PMS	0.3901
		Pramipexole	02367629	SAS	0.3901
		Pramipexole	02309149	SIV	0.3901
		Sandoz Pramipexole	02315289	SDZ	0.3901
		Teva-Pramipexole	02269325	TEV	0.3901
Pramipexole / Pramipexole	Tab/Co. Orl 1.5mg	Mirapex	02237147	BOE	0.3901
		Act Pramipexole	02297337	ATV	0.3901
		Apo-Pramipexole	02292408	APX	0.3901
		Auro-Pramipexole	02424118	ARO	0.3901
		pms-Pramipexole	02290154	PMS	0.3901
		Pramipexole	02309157	SIV	0.3901
		Sandoz Pramipexole	02315297	SDZ	0.3901
		Teva-Pramipexole	02269333	TEV	0.3901
Pravastatin / Pravastatine	Tab/Co. Orl 10mg	Act Pravastatin	02248182	ATV	0.2916
		Apo-Pravastatin	02243506	APX	0.2916
		Jamp-Pravastatin	02330954	JPC	0.2916
		Mint-Pravastatin	02317451	MNT	0.2916
		pms-Pravastatin	02247655	PMS	0.2916
		Pravastatin	02356546	SAS	0.2916
		Pravastatin	02389703	SIV	0.2916
		Pravastatin-10	02243824	PDL	0.2916
		Ran-Pravastatin	02284421	RAN	0.2916
		Teva-Pravastatin	02247008	TEV	0.2916
Pravastatin / Pravastatine	Tab/Co. Orl 20mg	Pravachol	00893757	BRI	0.3440
		Act Pravastatin	02248183	ATV	0.3440
		Apo-Pravastatin	02243507	APX	0.3440
		Jamp-Pravastatin	02330962	JPC	0.3440
		Mint-Pravastatin	02317478	MNT	0.3440
		pms-Pravastatin	02247656	PMS	0.3440
		Pravastatin	02356554	SAS	0.3440
		Pravastatin	02389738	SIV	0.3440
		Pravastatin-20	02243825	PDL	0.3440
		Ran-Pravastatin	02284448	RAN	0.3440
		Teva-Pravastatin	02247009	TEV	0.3440
Pravastatin / Pravastatine	Tab/Co. Orl 40mg	Pravachol	02222051	BRI	0.4143
		Act Pravastatin	02248184	ATV	0.4143
		Apo-Pravastatin	02243508	APX	0.4143
		Jamp-Pravastatin	02330970	JPC	0.4143
		Mint-Pravastatin	02317486	MNT	0.4143
		pms-Pravastatin	02247657	PMS	0.4143
		Pravastatin-40	02243826	PDL	0.4143
		Pravastatin	02356562	SAS	0.4143
		Pravastatin	02389746	SIV	0.4143
		Ran-Pravastatin	02284456	RAN	0.4143
		Teva-Pravastatin	02247010	TEV	0.4143
Pregabalin / Pregabalin	Cap/Caps Orl 25mg	Lyrica	02268418	PFI	0.1481
		Act Pregabalin	02402912	ATV	0.1481
		Apo-Pregabalin	02394235	APX	0.1481
		Auro-Pregabalin	02433869	ARO	0.1481
		Jamp-Pregabalin	02435977	JPC	0.1481
		Mar-Pregabalin	02417529	MAR	0.1481
		Mint-Pregabalin	02423804	MNT	0.1481
		Mylan-Pregabalin	02382210	MYL	0.1481
		pms-Pregabalin	02359596	PMS	0.1481
		Pregabalin	02396483	PDL	0.1481
		Pregabalin	02405539	SAS	0.1481
		Pregabalin	02403692	SIV	0.1481
		Ran-Pregabalin	02392801	RAN	0.1481
		Sandoz Pregabalin	02390817	SDZ	0.1481
		Teva-Pregabalin	02361159	TEV	0.1481
Pregabalin / Pregabalin	Cap/Caps Orl 50mg	Lyrica	02268426	PFI	0.2324
		Act Pregabalin	02402920	ATV	0.2324
		Apo-Pregabalin	02394243	APX	0.2324

		Auro-Pregabalin	02433877	ARO	0.2324
		Jamp-Pregabalin	02435985	JPC	0.2324
		Mar-Pregabalin	02417537	MAR	0.2324
		Mint-Pregabalin	02423812	MNT	0.2324
		Mylan-Pregabalin	02382229	MYL	0.2324
		pms-Pregabalin	02359618	PMS	0.2324
		Pregabalin	02396505	PDL	0.2324
		Pregabalin	02405547	SAS	0.2324
		Pregabalin	02403706	SIV	0.2324
		Ran-Pregabalin	02392828	RAN	0.2324
		Sandoz Pregabalin	02390825	SDZ	0.2324
		Teva-Pregabalin	02361175	TEV	0.2324
Pregabalin / Pregabalin	Cap/Caps Orl 75mg	Lyrica	02268434	PFI	0.3007
		Act Pregabalin	02402939	ATV	0.3007
		Apo-Pregabalin	02394251	APX	0.3007
		Auro-Pregabalin	02433885	ARO	0.3007
		Jamp-Pregabalin	02435993	JPC	0.3007
		Mar-Pregabalin	02417545	MAR	0.3007
		Mint-Pregabalin	02424185	MNT	0.3007
		Mylan-Pregabalin	02382237	MYL	0.3007
		pms-Pregabalin	02359626	PMS	0.3007
		Pregabalin	02396513	PDL	0.3007
		Pregabalin	02405555	SAS	0.3007
		Pregabalin	02403714	SIV	0.3007
		Ran-Pregabalin	02392836	RAN	0.3007
		Sandoz Pregabalin	02390833	SDZ	0.3007
		Teva-Pregabalin	02361183	TEV	0.3007
Pregabalin / Pregabalin	Cap/Caps Orl 150mg	Lyrica	02268450	PFI	0.4145
		Act Pregabalin	02402955	ATV	0.4145
		Apo-Pregabalin	02394278	APX	0.4145
		Auro-Pregabalin	02433907	ARO	0.4145
		Jamp-Pregabalin	02436000	JPC	0.4145
		Mar-Pregabalin	02417561	MAR	0.4145
		Mint-Pregabalin	02424207	MNT	0.4145
		Mylan-Pregabalin	02382245	MYL	0.4145
		pms-Pregabalin	02359634	PMS	0.4145
		Pregabalin	02396521	PDL	0.4145
		Pregabalin	02405563	SAS	0.4145
		Pregabalin	02403722	SIV	0.4145
		Ran-Pregabalin	02392844	RAN	0.4145
		Sandoz Pregabalin	02390841	SDZ	0.4145
		Teva-Pregabalin	02361205	TEV	0.4145
Pregabalin / Pregabalin	Cap/Caps Orl 300mg	Lyrica	02268485	PFI	0.4145
		Act Pregabalin	02402998	ATV	0.4145
		Apo-Pregabalin	02394294	APX	0.4145
		Mylan-Pregabalin	02382253	MYL	0.4145
		pms-Pregabalin	02359642	PMS	0.4145
		Pregabalin	02396548	PDL	0.4145
		Pregabalin	02405598	SAS	0.4145
		Pregabalin	02403730	SIV	0.4145
		Ran-Pregabalin	02392860	RAN	0.4145
		Sandoz Pregabalin	02390868	SDZ	0.4145
		Teva-Pregabalin	02361248	TEV	0.4145
Quetiapine / Quétiapine	Tab/Co. Orl 25mg	Seroquel	02236951	AZE	0.0494
		Act Quetiapine	02316080	ATV	0.0494
		Apo-Quetiapine	02313901	APX	0.0494
		Auro-Quetiapine	02390205	ARO	0.0494
		Jamp-Quetiapine	02330415	JPC	0.0494
		Mar-Quetiapine	02399822	MAR	0.0494
		Mint-Quetiapine	02438003	MNT	0.0494
		Nat-Quetiapine	02439158	NAT	0.0494
		pms-Quetiapine	02296551	PMS	0.0494
		Pro-Quetiapine	02317346	PDL	0.0494
		Quetiapine	02387794	AHI	0.0494
		Quetiapine	02353164	SAS	0.0494
		Quetiapine	02317893	SIV	0.0494
		Ran-Quetiapine	02397099	RAN	0.0494
		Sandoz Quetiapine	02313995	SDZ	0.0494
		Teva-Quetiapine	02284235	TEV	0.0494
Quetiapine / Quétiapine	Tab/Co. Orl 100mg	Seroquel	02236952	AZE	0.1318
		Act Quetiapine	02316099	ATV	0.1318
		Apo-Quetiapine	02313928	APX	0.1318
		Auro-Quetiapine	02390213	ARO	0.1318
		Jamp-Quetiapine	02330423	JPC	0.1318
		Mar-Quetiapine	02399830	MAR	0.1318
		Mint-Quetiapine	02438011	MNT	0.1318
		Nat-Quetiapine	02439166	NAT	0.1318
		pms-Quetiapine	02296578	PMS	0.1318
		Pro-Quetiapine	02317354	PDL	0.1318
		Quetiapine	02387808	AHI	0.1318

		Quetiapine	02353172	SAS	0.1318
		Quetiapine	02317907	SIV	0.1318
		Ran-Quetiapine	02397102	RAN	0.1318
		Sandoz Quetiapine	02314002	SDZ	0.1318
		Teva-Quetiapine	02284243	TEV	0.1318
Quetiapine / Quétiapine	Tab/Co. Orl 200mg	Seroquel	02236953	AZE	0.2647
		Act Quetiapine	02316110	ATV	0.2647
		Apo-Quetiapine	02313936	APX	0.2647
		Auro-Quetiapine	02390248	ARO	0.2647
		Jamp-Quetiapine	02330458	JPC	0.2647
		Mar-Quetiapine	02399849	MAR	0.2647
		Mint-Quetiapine	02438046	MNT	0.2647
		Nat-Quetiapine	02439182	NAT	0.2647
		pms-Quetiapine	02296594	PMS	0.2647
		Pro-Quetiapine	02317362	PDL	0.2647
		Quetiapine	02387824	AHI	0.2647
		Quetiapine	02353199	SAS	0.2647
		Quetiapine	02317923	SIV	0.2647
		Ran-Quetiapine	02397110	RAN	0.2647
		Sandoz Quetiapine	02314010	SDZ	0.2647
		Teva-Quetiapine	02284278	TEV	0.2647
Quetiapine / Quétiapine	Tab/Co. Orl 300mg	Seroquel	02244107	AZE	0.3863
		Act Quetiapine	02316129	ATV	0.3863
		Apo-Quetiapine	02313944	APX	0.3863
		Auro-Quetiapine	02390256	ARO	0.3863
		Jamp-Quetiapine	02330466	JPC	0.3863
		Mar-Quetiapine	02399857	MAR	0.3863
		Mint-Quetiapine	02438054	MNT	0.3863
		Nat-Quetiapine	02439190	NAT	0.3863
		pms-Quetiapine	02296608	PMS	0.3863
		Pro-Quetiapine	02317370	PDL	0.3863
		Quetiapine	02387832	AHI	0.3863
		Quetiapine	02353202	SAS	0.3863
		Quetiapine	02317931	SIV	0.3863
		Ran-Quetiapine	02397129	RAN	0.3863
		Sandoz Quetiapine	02314029	SDZ	0.3863
		Teva-Quetiapine	02284286	TEV	0.3863
Rabeprazole / Rabéprazole	ECT/Co.Ent. Orl 10mg	Pariet	02243796	JAN	0.0669
		Apo-Rabeprazole	02345579	APX	0.0669
		pms-Rabeprazole EC	02310805	PMS	0.0669
		Rabeprazole	02385449	SIV	0.0669
		Rabeprazole EC	02356511	SAS	0.0669
		Ran-Rabeprazole	02298074	RAN	0.0669
		Sandoz Rabeprazole	02314177	SDZ	0.0669
		Teva-Rabeprazole	02296632	TEV	0.0669
Rabeprazole / Rabéprazole	ECT/Co.Ent. Orl 20mg	Pariet	02243797	JAN	0.1338
		Apo-Rabeprazole	02345587	APX	0.1338
		pms-Rabeprazole EC	02310813	PMS	0.1338
		Rabeprazole	02385457	SIV	0.1338
		Rabeprazole EC	02356538	SAS	0.1338
		Ran-Rabeprazole	02298082	RAN	0.1338
		Sandoz Rabeprazole	02314185	SDZ	0.1338
		Teva-Rabeprazole	02296640	TEV	0.1338
Ramipril / Ramipril	Cap/Caps. Orl 1.25mg	Altace	02221829	SAV	0.0708
		Act Ramipril	02295482	ATV	0.0708
		Apo-Ramipril	02251515	APX	0.0708
		Auro-Ramipril	02387387	ARO	0.0708
		Jamp-Ramipril	02331101	JPC	0.0708
		Mar-Ramipril	02420457	MAR	0.0708
		pms-Ramipril	02295369	PMS	0.0708
		Pro-Ramipril	02310023	PDL	0.0708
		Ramipril	02308363	SIV	0.0708
		Ran-Ramipril	02310503	RAN	0.0708
Ramipril / Ramipril	Cap/Caps. Orl 2.5mg	Altace	02221837	SAV	0.0817
		Apo-Ramipril	02251531	APX	0.0817
		Auro-Ramipril	02387395	ARO	0.0817
		Jamp-Ramipril	02331128	JPC	0.0817
		Mar-Ramipril	02420465	MAR	0.0817
		Mint-Ramipril	02421305	MNT	0.0817
		pms-Ramipril	02247917	PMS	0.0817
		Pro-Ramipril	02310066	PDL	0.0817
		Ramipril	02374846	SAS	0.0817
		Ramipril	02287927	SIV	0.0817
		Ran-Ramipril	02310511	RAN	0.0817
		Teva-Ramipril	02247945	TEV	0.0817
Ramipril / Ramipril	Cap/Caps. Orl 5mg	Altace	02221845	SAV	0.0817
		Act Ramipril	02295504	ATV	0.0817
		Apo-Ramipril	02251574	APX	0.0817
		Auro-Ramipril	02387409	ARO	0.0817
		Jamp-Ramipril	02331136	JPC	0.0817

		Mar-Ramipril	02420473	MAR	0.0817
		Mint-Ramipril	02421313	MNT	0.0817
		pms-Ramipril	02247918	PMS	0.0817
		Pro-Ramipril	02310074	PDL	0.0817
		Ramipril	02374854	SAS	0.0817
		Ramipril	02287935	SIV	0.0817
		Ran-Ramipril	02310538	RAN	0.0817
		Teva-Ramipril	02247946	TEV	0.0817
Ramipril / Ramipril	Cap/Caps. Orl 10mg	Altace	02221853	SAV	0.1034
		Apo-Ramipril	02251582	APX	0.1034
		Auro-Ramipril	02387417	ARO	0.1034
		Jamp-Ramipril	02331144	JPC	0.1034
		Mar-Ramipril	02420481	MAR	0.1034
		Mint-Ramipril	02421321	MNT	0.1034
		pms-Ramipril	02247919	PMS	0.1034
		Pro-Ramipril	02310104	PDL	0.1034
		Ramipril	02374862	SAS	0.1034
		Ramipril	02287943	SIV	0.1034
		Ran-Ramipril	02310546	RAN	0.1034
		Teva-Ramipril	02247947	TEV	0.1034
Ranitidine / Ranitidine	Tab/Co. Orl 150mg	Zantac	02212331	GSK	0.1197
		Act Ranitidine	02248570	TEV	0.1197
		Apo-Ranitidine	00733059	APX	0.1197
		pms-Ranitidine	02242453	PMS	0.1197
		Ranitidine	02385953	SIV	0.1197
		Ranitidine	02353016	SAS	0.1197
		Ran-Ranitidine	02336480	RAN	0.1197
		Sandoz Ranitidine	02243229	SDZ	0.1197
		Teva-Ranitidine	00828564	TEV	0.1197
Ranitidine / Ranitidine	Tab/Co. Orl 300mg	Zantac	02212358	GSK	0.2253
		Act Ranitidine	02248571	TEV	0.2253
		Apo-Ranitidine	00733067	APX	0.2253
		pms-Ranitidine	02242454	PMS	0.2253
		Ranitidine	02353024	SAS	0.2253
		Ranitidine	02385961	SIV	0.2253
		Ran-Ranitidine	02336502	RAN	0.2253
		Sandoz Ranitidine	02243230	SDZ	0.2253
		Teva-Ranitidine	00828556	TEV	0.2253
Risedronate / Risédronate	Tab/Co. Orl 35mg	Actonel	02246896	ALL	1.9787
		Apo-Risedronate	02353687	APX	1.9787
		Auro-Risedronate	02406306	ARO	1.9787
		Jamp-Risedronate	02368552	JPC	1.9787
		pms-Risedronate	02302209	PMS	1.9787
		Risedronate	02347474	PDL	1.9787
		Risedronate	02370255	SAS	1.9787
		Risedronate	02411407	SIV	1.9787
		Sandoz Risedronate	02327295	SDZ	1.9787
		Teva-Risedronate	02298392	TEV	1.9787
Risperidone / Rispéridone	Tab/Co. Orl 0.25mg	Risperdal	02240551	JAN	0.1036
		Act Risperidone	02282585	ATV	0.1036
		Apo-Risperidone	02282119	APX	0.1036
		Jamp-Risperidone	02359529	JPC	0.1036
		Mar-Risperidone	02371766	MAR	0.1036
		Mint-Risperidon	02359790	MNT	0.1036
		Mylan-Risperidone	02282240	MYL	0.1036
		pms-Risperidone	02252007	PMS	0.1036
		Ran-Risperidone	02328305	RAN	0.1036
		Risperidone	02356880	SAS	0.1036
		Sandoz Risperidone	02303655	SDZ	0.1036
		Teva-Risperidone	02282690	TEV	0.1036
Risperidone / Rispéridone	Tab/Co. Orl 0.5mg	Risperdal	02240552	JAN	0.1735
		Act Risperidone	02282593	ATV	0.1735
		Apo-Risperidone	02282127	APX	0.1735
		Jamp-Risperidone	02359537	JPC	0.1735
		Mar-Risperidone	02371774	MAR	0.1735
		Mint-Risperidon	02359804	MNT	0.1735
		Mylan-Risperidone	02282259	MYL	0.1735
		pms-Risperidone	02252015	PMS	0.1735
		Ran-Risperidone	02328313	RAN	0.1735
		Risperidone	02356899	SAS	0.1735
		Sandoz Risperidone	02303663	SDZ	0.1735
		Teva-Risperidone	02264188	TEV	0.1735
Risperidone / Rispéridone	Tab/Co. Orl 1mg	Risperdal	02025280	JAN	0.2397
		Act Risperidone	02282607	ATV	0.2397
		Apo-Risperidone	02282135	APX	0.2397
		Jamp-Risperidone	02359545	JPC	0.2397
		Mar-Risperidone	02371782	MAR	0.2397
		Mint-Risperidon	02359812	MNT	0.2397
		pms-Risperidone	02252023	PMS	0.2397
		Ran-Risperidone	02328321	RAN	0.2397

		Risperidone	02356902	SAS	0.2397
		Sandoz Risperidone	02279800	SDZ	0.2397
		Teva-Risperidone	02264196	TEV	0.2397
Risperidone / Rispéridone	Tab/Co. Orl 2mg	Risperdal	02025299	JAN	0.4795
		Act Risperidone	02282615	ATV	0.4795
		Apo-Risperidone	02282143	APX	0.4795
		Jamp-Risperidone	02359553	JPC	0.4795
		Mar-Risperidone	02371790	MAR	0.4795
		Mint-Risperidon	02359820	MNT	0.4795
		pms-Risperidone	02252031	PMS	0.4795
		Ran-Risperidone	02328348	RAN	0.4795
		Risperidone	02356910	SAS	0.4795
		Sandoz Risperidone	02279819	SDZ	0.4795
		Teva-Risperidone	02264218	TEV	0.4795
Risperidone / Rispéridone	Tab/Co. Orl 3mg	Risperdal	02025302	JAN	0.7180
		Act Risperidone	02282623	ATV	0.7180
		Apo-Risperidone	02282151	APX	0.7180
		Jamp-Risperidone	02359561	JPC	0.7180
		Mar-Risperidone	02371804	MAR	0.7180
		Mint-Risperidon	02359839	MNT	0.7180
		pms-Risperidone	02252058	PMS	0.7180
		Ran-Risperidone	02328364	RAN	0.7180
		Risperidone	02356929	SAS	0.7180
		Sandoz Risperidone	02279827	SDZ	0.7180
		Teva-Risperidone	02264226	TEV	0.7180
Risperidone / Rispéridone	Tab/Co. Orl 4mg	Risperdal	02025310	JAN	0.9574
		Act Risperidone	02282631	ATV	0.9574
		Apo-Risperidone	02282178	APX	0.9574
		Jamp-Risperidone	02359588	JPC	0.9574
		Mar-Risperidone	02371812	MAR	0.9574
		Mint-Risperidon	02359847	MNT	0.9574
		pms-Risperidone	02252066	PMS	0.9574
		Ran-Risperidone	02328372	RAN	0.9574
		Risperidone	02356937	SAS	0.9574
		Sandoz Risperidone	02279835	SDZ	0.9574
		Teva-Risperidone	02264234	TEV	0.9574
Rosuvastatin / Rosuvastatin	Tab/Co. Orl 5mg	Crestor	02265540	AZE	0.1284
		Act Rosuvastatin	02339765	ATV	0.1284
		Apo-Rosuvastatin	02337975	APX	0.1284
		Auro-Rosuvastatin	02442574	ARO	0.1284
		Jamp-Rosuvastatin	02391252	JPC	0.1284
		Mar-Rosuvastatin	02413051	MAR	0.1284
		Mint-Rosuvastatin	02397781	MNT	0.1284
		Mylan-Rosuvastatin	02381265	MYL	0.1284
		pms-Rosuvastatin	02378523	PMS	0.1284
		Ran-Rosuvastatin	02382644	RAN	0.1284
		Rosuvastatin	02381176	PDL	0.1284
		Rosuvastatin	02405628	SAS	0.1284
		Rosuvastatin	02411628	SIV	0.1284
		Sandoz Rosuvastatin	02338726	SDZ	0.1284
		Teva-Rosuvastatin	02354608	TEV	0.1284
Rosuvastatin / Rosuvastatin	Tab/Co. Orl 10mg	Crestor	02247162	AZE	0.1354
		Act Rosuvastatin	02339773	ATV	0.1354
		Apo-Rosuvastatin	02337983	APX	0.1354
		Auro-Rosuvastatin	02442582	ARO	0.1354
		Jamp-Rosuvastatin	02391260	JPC	0.1354
		Mar-Rosuvastatin	02413078	MAR	0.1354
		Mint-Rosuvastatin	02397803	MNT	0.1354
		Mylan-Rosuvastatin	02381273	MYL	0.1354
		pms-Rosuvastatin	02378531	PMS	0.1354
		Ran-Rosuvastatin	02382652	RAN	0.1354
		Rosuvastatin	02405636	SAS	0.1354
		Rosuvastatin	02411636	SIV	0.1354
		Rosuvastatin	02381184	PDL	0.1354
		Sandoz Rosuvastatin	02338734	SDZ	0.1354
		Teva-Rosuvastatin	02354616	TEV	0.1354
Rosuvastatin / Rosuvastatin	Tab/Co. Orl 20mg	Crestor	02247163	AZE	0.1692
		Act Rosuvastatin	02339781	ATV	0.1692
		Apo-Rosuvastatin	02337991	APX	0.1692
		Auro-Rosuvastatin	02442590	ARO	0.1692
		Jamp-Rosuvastatin	02391279	JPC	0.1692
		Mar-Rosuvastatin	02413086	MAR	0.1692
		Mint-Rosuvastatin	02397811	MNT	0.1692
		Mylan-Rosuvastatin	02381281	MYL	0.1692
		pms-Rosuvastatin	02378558	PMS	0.1692
		Ran-Rosuvastatin	02382660	RAN	0.1692
		Rosuvastatin	02381192	PDL	0.1692
		Rosuvastatin	02405644	SAS	0.1692
		Rosuvastatin	02411644	SIV	0.1692
		Sandoz Rosuvastatin	02338742	SDZ	0.1692

		Teva-Rosuvastatin	02354624	TEV	0.1692
Rosuvastatin / Rosuvastatin	Tab/Co. Orl 40mg	Crestor	02247164	AZE	0.1990
		Act Rosuvastatin	02339803	ATV	0.1990
		Apo-Rosuvastatin	02338009	APX	0.1990
		Auro-Rosuvastatin	02442604	ARO	0.1990
		Jamp-Rosuvastatin	02391287	JPC	0.1990
		Mar-Rosuvastatin	02413108	MAR	0.1990
		Mint-Rosuvastatin	02397838	MNT	0.1990
		Mylan-Rosuvastatin	02381303	MYL	0.1990
		pms-Rosuvastatin	02378566	PMS	0.1990
		Ran-Rosuvastatin	02382679	RAN	0.1990
		Rosuvastatin	02381206	PDL	0.1990
		Rosuvastatin	02405652	SAS	0.1990
		Rosuvastatin	02411652	SIV	0.1990
		Sandoz Rosuvastatin	02338750	SDZ	0.1990
		Teva-Rosuvastatin	02354632	TEV	0.1990
Sertraline / Sertraline	Cap/Caps Orl 25mg	Zoloft	02132702	PFI	0.1516
		Apo-Sertraline	02238280	APX	0.1516
		Auro-Sertraline	02390906	ARO	0.1516
		Jamp-Sertraline	02357143	JPC	0.1516
		Mar-Sertraline	02399415	MAR	0.1516
		Mint-Sertraline	02402378	MNT	0.1516
		Mylan-Sertraline	02242519	MYL	0.1516
		pms-Sertraline	02244838	PMS	0.1516
		Sandoz Sertraline	02245159	SDZ	0.1516
		Sertraline	02353520	SAS	0.1516
		Sertraline	02386070	SIV	0.1516
		Teva-Sertraline	02240485	TEV	0.1516
Sertraline / Sertraline	Cap/Caps Orl 50mg	Zoloft	01962817	PFI	0.3032
		Apo-Sertraline	02238281	APX	0.3032
		Auro-Sertraline	02390914	ARO	0.3032
		Jamp-Sertraline	02357151	JPC	0.3032
		Mar-Sertraline	02399423	MAR	0.3032
		Mint-Sertraline	02402394	MNT	0.3032
		Mylan-Sertraline	02242520	MYL	0.3032
		pms-Sertraline	02244839	PMS	0.3032
		Sandoz Sertraline	02245160	SDZ	0.3032
		Sertraline	02353539	SAS	0.3032
		Sertraline	02386089	SIV	0.3032
		Teva-Sertraline	02240484	TEV	0.3032
Sertraline / Sertraline	Cap/Caps Orl 100mg	Zoloft	01962779	PFI	0.3303
		Apo-Sertraline	02238282	APX	0.3303
		Auro-Sertraline	02390922	ARO	0.3303
		Jamp-Sertraline	02357178	JPC	0.3303
		Mar-Sertraline	02399431	MAR	0.3303
		Mint-Sertraline	02402408	MNT	0.3303
		Mylan-Sertraline	02242521	MYL	0.3303
		pms-Sertraline	02244840	PMS	0.3303
		Ran-Sertraline	02374579	RAN	0.3303
		Sandoz Sertraline	02245161	SDZ	0.3303
		Sertraline	02353547	SAS	0.3303
		Sertraline	02386097	SIV	0.3303
		Teva-Sertraline	02240481	TEV	0.3303
Simvastatin / Simvastatine	Tab/Co. Orl 5mg	Zocor	00884324	FRS	0.1023
		Act Simvastatin	02248103	ATV	0.1023
		Apo-Simvastatin	02247011	APX	0.1023
		Auro-Simvastatin	02405148	ARO	0.1023
		Jamp-Simvastatin	02375591	JPC	0.1023
		Mar-Simvastatin	02375036	MAR	0.1023
		Mint-Simvastatin	02372932	MNT	0.1023
		Mylan-Simvastatin	02246582	MYL	0.1023
		pms-Simvastatin	02269252	PMS	0.1023
		Ran-Simvastatin	02329131	RAN	0.1023
		Simvastatin	02284723	SAS	0.1023
		Simvastatin	02386291	SIV	0.1023
		Teva-Simvastatin	02250144	TEV	0.1023
Simvastatin / Simvastatine	Tab/Co. Orl 10mg	Zocor	00884332	FRS	0.2023
		Apo-Simvastatin	02247012	APX	0.2023
		Auro-Simvastatin	02405156	ARO	0.2023
		Jamp-Simvastatin	02375605	JPC	0.2023
		Mar-Simvastatin	02375044	MAR	0.2023
		Mint-Simvastatin	02372940	MNT	0.2023
		Mylan-Simvastatin	02246583	MYL	0.2023
		pms-Simvastatin	02269260	PMS	0.2023
		Ran-Simvastatin	02329158	RAN	0.2023
		Simvastatin-10	02247221	PDL	0.2023
		Simvastatin	02284731	SAS	0.2023
		Simvastatin	02386305	SIV	0.2023
		Teva-Simvastatin	02250152	TEV	0.2023
Simvastatin / Simvastatine	Tab/Co. Orl 20mg	Zocor	00884340	FRS	0.2501

		Apo-Simvastatin	02247013	APX	0.2501
		Auro-Simvastatin	02405164	ARO	0.2501
		Jamp-Simvastatin	02375613	JPC	0.2501
		Mar-Simvastatin	02375052	MAR	0.2501
		Mint-Simvastatin	02372959	MNT	0.2501
		Mylan-Simvastatin	02246737	MYL	0.2501
		pms-Simvastatin	02269279	PMS	0.2501
		Ran-Simvastatin	02329166	RAN	0.2501
		Simvastatin-20	02247222	PDL	0.2501
		Simvastatin	02284758	SAS	0.2501
		Simvastatin	02386313	SIV	0.2501
		Teva-Simvastatin	02250160	TEV	0.2501
Simvastatin / Simvastatine	Tab/Co. Orl 40mg	Zocor	00884359	FRS	0.2501
		Apo-Simvastatin	02247014	APX	0.2501
		Auro-Simvastatin	02405172	ARO	0.2501
		Jamp-Simvastatin	02375621	JPC	0.2501
		Mar-Simvastatin	02375060	MAR	0.2501
		Mint-Simvastatin	02372967	MNT	0.2501
		Mylan-Simvastatin	02246584	MYL	0.2501
		pms-Simvastatin	02269287	PMS	0.2501
		Ran-Simvastatin	02329174	RAN	0.2501
		Simvastatin-40	02247223	PDL	0.2501
		Simvastatin	02284766	SAS	0.2501
		Simvastatin	02386321	SIV	0.2501
		Teva-Simvastatin	02250179	TEV	0.2501
Simvastatin / Simvastatine	Tab/Co. Orl 80mg	Apo-Simvastatin	02247015	APX	0.2501
		Auro-Simvastatin	02405180	ARO	0.2501
		Jamp-Simvastatin	02375648	JPC	0.2501
		Mar-Simvastatin	02375079	MAR	0.2501
		Mint-Simvastatin	02372975	MNT	0.2501
		Mylan-Simvastatin	02246585	MYL	0.2501
		pms-Simvastatin	02269295	PMS	0.2501
		Ran-Simvastatin	02329182	RAN	0.2501
		Simvastatin-80	02247224	PDL	0.2501
		Simvastatin	02284774	SAS	0.2501
		Simvastatin	02386348	SIV	0.2501
		Teva-Simvastatin	02250187	TEV	0.2501
Solifenacin / Solifénacine	Tab/Co. Orl 5mg	Vesicare	02277263	ASL	0.3041
		Auro-Solifenacin	02446375	ARO	0.3041
		Jamp-Solifenacin	02424339	JPC	0.3041
		Med-Solifenacin	02428911	GMP	0.3041
		Mint-Solifenacin	02443171	MNT	0.3041
		pms-Solifenacin	02417723	PMS	0.3041
		Ran-Solifenacin	02437988	RAN	0.3041
		Sandoz Solifenacin	02399032	SDZ	0.3041
		Solifenacin Succinate	02448335	MDN	0.3041
		Solifenacin	02458241	SAS	0.3041
		Teva-Solifenacin	02397900	TEV	0.3041
Solifenacin / Solifénacine	Tab/Co. Orl 10mg	Vesicare	02277271	ASL	0.3041
		Auro-Solifenacin	02446383	ARO	0.3041
		Jamp-Solifenacin	02424347	JPC	0.3041
		Med-Solifenacin	02428938	GMP	0.3041
		Mint-Solifenacin	02443198	MNT	0.3041
		pms-Solifenacin	02417731	PMS	0.3041
		Sandoz Solifenacin	02399040	SDZ	0.3041
		Solifenacin Succinate	02448343	MDN	0.3041
		Solifenacin	02458268	SAS	0.3041
		Teva-Solifenacin	02397919	TEV	0.3041
Sumatriptan / Sumatriptan	Tab/Co. Orl 50mg	Imitrex DF	02212153	GSK	2.7732
		Apo-Sumatriptan	02268388	APX	2.7732
		Mylan-Sumatriptan	02268914	MYL	2.7732
		pms-Sumatriptan	02256436	PMS	2.7732
		Sandoz Sumatriptan	02263025	SDZ	2.7732
		Sumatriptan	02286521	SAS	2.7732
		Sumatriptan DF	02385570	SIV	2.7732
		Teva-Sumatriptan DF	02286823	TEV	2.7732
Sumatriptan / Sumatriptan	Tab/Co. Orl 100mg	Imitrex DF	02212161	GSK	3.0549
		Act Sumatriptan	02257904	ATV	3.0549
		Apo-Sumatriptan	02268396	APX	3.0549
		Mylan-Sumatriptan	02268922	MYL	3.0549
		pms-Sumatriptan	02256444	PMS	3.0549
		Sandoz Sumatriptan	02263033	SDZ	3.0549
		Sumatriptan	02286548	SAS	3.0549
		Sumatriptan DF	02385589	SIV	3.0549
		Teva-Sumatriptan	02239367	TEV	3.0549
		Teva-Sumatriptan DF	02286831	TEV	3.0549
Telmisartan / Telmisartan	Tab/Co. Orl 40mg	Micardis	02240769	BOE	0.2161
		Act Telmisartan	02393247	ATV	0.2161
		Apo-Telmisartan	02420082	APX	0.2161
		Auro-Telmisartan	02453568	ARO	0.2161

		Mylan-Telmisartan	02376717	MYL	0.2161
		Sandoz Telmisartan	02375958	SDZ	0.2161
		Telmisartan	02407485	AHI	0.2161
		Telmisartan	02388944	SAS	0.2161
		Telmisartan	02390345	SIV	0.2161
		Teva-Telmisartan	02320177	TEV	0.2161
Telmisartan / Telmisartan	Tab/Co. Orl 80mg	Micardis	02240770	BOE	0.2161
		Act Telmisartan	02393255	ATV	0.2161
		Apo-Telmisartan	02420090	APX	0.2161
		Auro-Telmisartan	02453576	ARO	0.2161
		Mylan-Telmisartan	02376725	MYL	0.2161
		Sandoz Telmisartan	02375966	SDZ	0.2161
		Telmisartan	02407493	AHI	0.2161
		Telmisartan	02388952	SAS	0.2161
		Telmisartan	02390353	SIV	0.2161
		Teva-Telmisartan	02320185	TEV	0.2161
Telmisartan/Hydrochlorothiazide / Telmisartan/Hydrochlorothiazide	Tab/Co.Orl 80mg/12.5mg	Micardis Plus	02244344	BOE	0.2098
		Act Telmisartan/HCTZ	02393263	ATV	0.2098
		Apo-Telmisartan/HCTZ	02420023	APX	0.2098
		Auro-Telmisartan HCTZ	02456389	ARO	0.2098
		Sandoz Telmisartan HCT	02393557	SDZ	0.2098
		Telmisartan/HCTZ	02395355	SAS	0.2098
		Telmisartan HCTZ	02390302	SIV	0.2098
		Teva-Telmisartan HCTZ	02330288	TEV	0.2098
Telmisartan/Hydrochlorothiazide / Telmisartan/Hydrochlorothiazide	Tab/Co.Orl 80mg/25mg	Micardis Plus	02318709	BOE	0.2098
		Apo-Telmisartan/HCTZ	02420031	APX	0.2098
		Auro-Telmisartan HCTZ	02456397	ARO	0.2098
		Sandoz Telmisartan HCT	02393565	SDZ	0.2098
		Telmisartan/HCTZ	02395363	SAS	0.2098
		Telmisartan HCTZ	02390310	SIV	0.2098
		Teva-Telmisartan HCTZ	02379252	TEV	0.2098
Terbinafine / Terbinafine	Tab/Co. Orl 250mg	Lamisil	02031116	NVR	0.7714
		Act Terbinafine	02254727	ATV	0.7714
		Apo-Terbinafine	02239893	APX	0.7714
		Auro-Terbinafine	02320134	ARO	0.7714
		pms-Terbinafine	02294273	PMS	0.7714
		Terbinafine	02353121	SAS	0.7714
		Terbinafine	02385279	SIV	0.7714
		Teva-Terbinafine	02240346	TEV	0.7714
Topiramate / Topiramate	Tab/Co. Orl 25mg	Topamax	02230893	JAN	0.2433
		Apo-Topiramate	02279614	APX	0.2433
		Auro-Topiramate	02345803	ARO	0.2433
		Jamp-Topiramate	02435608	JPC	0.2433
		Mar-Topiramate	02432099	MAR	0.2433
		Mint-Topiramate	02315645	MNT	0.2433
		Mylan-Topiramate	02263351	MYL	0.2433
		pms-Topiramate	02262991	PMS	0.2433
		Sandoz Topiramate Tablets	02431807	SDZ	0.2433
		Teva-Topiramate	02248860	TEV	0.2433
		Topiramate	02356856	SAS	0.2433
		Topiramate	02395738	AHI	0.2433
		Topiramate	02389460	SIV	0.2433
Topiramate / Topiramate	Tab/Co. Orl 100mg	Topamax	02230894	JAN	0.4583
		Apo-Topiramate	02279630	APX	0.4583
		Auro-Topiramate	02345838	ARO	0.4583
		Jamp-Topiramate	02435616	JPC	0.4583
		Mar-Topiramate	02432102	MAR	0.4583
		Mint-Topiramate	02315653	MNT	0.4583
		Mylan-Topiramate	02263378	MYL	0.4583
		pms-Topiramate	02263009	PMS	0.4583
		Sandoz Topiramate Tablets	02431815	SDZ	0.4583
		Teva-Topiramate	02248861	TEV	0.4583
		Topiramate	02356864	SAS	0.4583
		Topiramate	02395746	AHI	0.4583
		Topiramate	02389487	SIV	0.4583
Topiramate / Topiramate	Tab/Co. Orl 200mg	Topamax	02230896	JAN	0.6748
		Apo-Topiramate	02279649	APX	0.6748
		Auro-Topiramate	02345846	ARO	0.6748
		Jamp-Topiramate	02435624	JPC	0.6748
		Mar-Topiramate	02432110	MAR	0.6748
		Mint-Topiramate	02315661	MNT	0.6748
		Mylan-Topiramate	02263386	MYL	0.6748
		pms-Topiramate	02263017	PMS	0.6748
		Sandoz Topiramate Tablets	02431823	SDZ	0.6748
		Teva-Topiramate	02248862	TEV	0.6748
		Topiramate	02356872	SAS	0.6748
		Topiramate	02395754	AHI	0.6748
Valacyclovir / Valacyclovir	Tab/Co. Orl 500mg	Valtrex	02219492	GSK	0.6198
		Apo-Valacyclovir	02295822	APX	0.6198
		Auro-Valacyclovir	02405040	ARO	0.6198

		Co Valacyclovir	02331748	COB	0.6198
		Jamp-Valacyclovir	02441454	JPC	0.6198
		Mar-Valacyclovir	02441586	MAR	0.6198
		Mylan-Valacyclovir	02351579	MYL	0.6198
		pms-Valacyclovir	02298457	PMS	0.6198
		Sandoz Valacyclovir	02347091	SDZ	0.6198
		Teva-Valacyclovir	02357534	TEV	0.6198
		Valacyclovir	02454645	SAS	0.6198
		Valacyclovir	02442000	SIV	0.6198
Valsartan / Valsartan	Tab/Co. Orl 40mg	Diovan	02270528	NVR	0.2211
		Act Valsartan	02337487	ATV	0.2211
		Apo-Valsartan	02371510	APX	0.2211
		Auro-Valsartan	02414201	ARO	0.2211
		Mylan-Valsartan	02383527	MYL	0.2211
		Ran-Valsartan	02363062	RAN	0.2211
		Sandoz Valsartan	02356740	SDZ	0.2211
		Teva-Valsartan	02356643	TEV	0.2211
		Valsartan	02367726	PDL	0.2211
		Valsartan	02366940	SAS	0.2211
		Valsartan	02384523	SIV	0.2211
Valsartan / Valsartan	Tab/Co. Orl 80mg	Diovan	02244781	NVR	0.2159
		Act Valsartan	02337495	ATV	0.2159
		Apo-Valsartan	02371529	APX	0.2159
		Auro-Valsartan	02414228	ARO	0.2159
		Mylan-Valsartan	02383535	MYL	0.2159
		Ran-Valsartan	02363100	RAN	0.2159
		Sandoz Valsartan	02356759	SDZ	0.2159
		Teva-Valsartan	02356651	TEV	0.2159
		Valsartan	02367734	PDL	0.2159
		Valsartan	02366959	SAS	0.2159
		Valsartan	02384531	SIV	0.2159
Valsartan / Valsartan	Tab/Co. Orl 160mg	Diovan	02244782	NVR	0.2159
		Act Valsartan	02337509	ATV	0.2159
		Apo-Valsartan	02371537	APX	0.2159
		Auro Valsartan	02414236	ARO	0.2159
		Mylan-Valsartan	02383543	MYL	0.2159
		Ran-Valsartan	02363119	RAN	0.2159
		Sandoz Valsartan	02356767	SDZ	0.2159
		Teva-Valsartan	02356678	TEV	0.2159
		Valsartan	02367742	PDL	0.2159
		Valsartan	02366967	SAS	0.2159
		Valsartan	02384558	SIV	0.2159
Valsartan / Valsartan	Tab/Co. Orl 320mg	Diovan	02289504	NVR	0.2098
		Act Valsartan	02337517	ATV	0.2098
		Apo-Valsartan	02371545	APX	0.2098
		Mylan-Valsartan	02383551	MYL	0.2098
		Sandoz Valsartan	02356775	SDZ	0.2098
		Teva-Valsartan	02356686	TEV	0.2098
		Valsartan	02367750	PDL	0.2098
		Valsartan	02366975	SAS	0.2098
		Valsartan	02384566	SIV	0.2098
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 80mg/12.5mg	Diovan-HCT	02241900	NVR	0.2213
		Apo-Valsartan/HCTZ	02382547	APX	0.2213
		Auro-Valsartan HCT	02408112	ARO	0.2213
		Sandoz Valsartan/HCT	02356694	SDZ	0.2213
		Teva-Valsartan/HCTZ	02356996	TEV	0.2213
		Valsartan HCT	02384736	SIV	0.2213
		Valsartan/HCTZ	02367009	SAS	0.2213
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 160mg/12.5mg	Diovan-HCT	02241901	NVR	0.2240
		Apo-Valsartan/HCTZ	02382555	APX	0.2240
		Auro-Valsartan HCT	02408120	ARO	0.2240
		Sandoz Valsartan/HCT	02356708	SDZ	0.2240
		Teva-Valsartan/HCTZ	02357003	TEV	0.2240
		Valsartan HCT	02384744	SIV	0.2240
		Valsartan/HCTZ	02367017	SAS	0.2240
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 160mg/25mg	Diovan-HCT	02246955	NVR	0.2238
		Apo-Valsartan/HCTZ	02382563	APX	0.2238
		Auro-Valsartan HCT	02408139	ARO	0.2238
		Sandoz Valsartan/HCT	02356716	SDZ	0.2238
		Teva-Valsartan/HCTZ	02357011	TEV	0.2238
		Valsartan HCT	02384752	SIV	0.2238
		Valsartan/HCTZ	02367025	SAS	0.2238
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 320mg/12.5mg	Diovan-HCT	02308908	NVR	0.2235
		Apo-Valsartan/HCTZ	02382571	APX	0.2235
		Auro-Valsartan HCT	02408147	ARO	0.2235
		Sandoz Valsartan/HCT	02356724	SDZ	0.2235
		Teva-Valsartan/HCTZ	02357038	TEV	0.2235
		Valsartan/HCTZ	02367033	SAS	0.2235
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 320mg/25mg	Diovan-HCT	02308916	NVR	0.2231
		Apo-Valsartan/HCTZ	02382598	APX	0.2231

		Auro-Valsartan HCT	02408155	ARO	0.2231
		Sandoz Valsartan/HCT	02356732	SDZ	0.2231
		Teva-Valsartan/HCTZ	02357046	TEV	0.2231
		Valsartan/HCTZ	02367041	SAS	0.2231
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 37.5mg	Effexor XR	02237279	PFI	0.0913
		Act Venlafaxine XR	02304317	ATV	0.0913
		Apo-Venlafaxine XR	02331683	APX	0.0913
		Auro-Venlafaxine XR	02452839	ARO	0.0913
		Mylan-Venlafaxine XR	02310279	MYL	0.0913
		pms-Venlafaxine XR	02278545	PMS	0.0913
		Ran-Venlafaxine XR	02380072	RAN	0.0913
		Sandoz Venlafaxine XR	02310317	SDZ	0.0913
		Teva-Venlafaxine XR	02275023	TEV	0.0913
		Venlafaxine XR	02339242	PDL	0.0913
		Venlafaxine XR	02354713	SAS	0.0913
		Venlafaxine XR	02385929	SIV	0.0913
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 75mg	Effexor XR	02237280	PFI	0.1825
		Act Venlafaxine XR	02304325	ATV	0.1825
		Apo-Venlafaxine XR	02331691	APX	0.1825
		Auro-Venlafaxine XR	02452847	ARO	0.1825
		Mylan-Venlafaxine XR	02310287	MYL	0.1825
		pms-Venlafaxine XR	02278553	PMS	0.1825
		Ran-Venlafaxine XR	02380080	RAN	0.1825
		Sandoz Venlafaxine XR	02310325	SDZ	0.1825
		Teva-Venlafaxine XR	02275031	TEV	0.1825
		Venlafaxine XR	02339250	PDL	0.1825
		Venlafaxine XR	02354721	SAS	0.1825
		Venlafaxine XR	02385937	SIV	0.1825
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 150mg	Effexor XR	02237282	PFI	0.1927
		Act Venlafaxine XR	02304333	ATV	0.1927
		Apo-Venlafaxine XR	02331705	APX	0.1927
		Auro-Venlafaxine XR	02452855	ARO	0.1927
		Mylan-Venlafaxine XR	02310295	MYL	0.1927
		pms-Venlafaxine XR	02278561	PMS	0.1927
		Ran-Venlafaxine XR	02380099	RAN	0.1927
		Sandoz Venlafaxine XR	02310333	SDZ	0.1927
		Teva-Venlafaxine XR	02275058	TEV	0.1927
		Venlafaxine XR	02339269	PDL	0.1927
		Venlafaxine XR	02354748	SAS	0.1927
		Venlafaxine XR	02385945	SIV	0.1927
Zopiclone / Zopiclone	Tab/Co. Orl 5mg	Imovane	02216167	SAV	0.0990
		Act Zopiclone	02271931	ATV	0.0990
		Apo-Zopiclone	02245077	APX	0.0990
		Jamp-Zopiclone	02406969	JPC	0.0990
		Mar-Zopiclone	02386771	MAR	0.0990
		Mint-Zopiclone	02391716	MNT	0.0990
		Mylan-Zopiclone	02296616	MYL	0.0990
		pms-Zopiclone	02243426	PMS	0.0990
		Ran-Zopiclone	02267918	RAN	0.0990
		ratio-Zopiclone	02246534	TEV	0.0990
		Sandoz Zopiclone	02257572	SDZ	0.0990
		Septa-Zopiclone	02386909	SPT	0.0990
		Zopiclone	02344122	SAS	0.0990
		Zopiclone	02385821	SIV	0.0990
Zopiclone / Zopiclone	Tab/Co. Orl 7.5mg	Imovane	01926799	SAV	0.1250
		Act Zopiclone	02271958	ATV	0.1250
		Apo-Zopiclone	02218313	APX	0.1250
		Jamp-Zopiclone	02406977	JPC	0.1250
		Mar-Zopiclone	02386798	MAR	0.1250
		Mint-Zopiclone	02391724	MNT	0.1250
		Mylan-Zopiclone	02238596	MYL	0.1250
		pms-Zopiclone	02240606	PMS	0.1250
		Ran-Zopiclone	02267926	RAN	0.1250
		ratio-Zopiclone	02242481	TEV	0.1250
		Rhovane	02008203	SDZ	0.1250
		Septa-Zopiclone	02386917	SPT	0.1250
		Zopiclone	02282445	SAS	0.1250
		Zopiclone	02385848	SIV	0.1250

Delisted Generic Drug Products / Produits génériques retirés du formulaire

GENERIC NAME / NOM GÉNÉRIQUE	STRENGTH / DOSAGE	TRADENAME / MARQUE DE COMMERCE	DIN / PIN	MFR / FAB
Alendronate / Alendronate	Tab/Co. Orl 70mg	Act Alendronate	02258110	ATV
		Ran-Alendronate	02384728	RAN
Amlodipine / Amlodipine	Tab/Co. Orl 2.5mg	Ran-Amlodipine	02398877	RAN
Amlodipine / Amlodipine	Tab/Co. Orl 5mg	Jamp-Amlodipine	02357194	JPC
Anastrozole / Anastrozole	Tab/Co. Orl 1mg	Auro-Anastrozole	02404990	ARO
		Mylan-Anastrozole	02361418	MYL
		Ran-Anastrozole	02328690	RAN

		Zinda-Anastrozole	02326035	MCK
Atenolol / Até nolol	Tab/Co. Orl 50mg	ratio-Atenolol	02171791	RPH
Atenolol / Até nolol	Tab/Co. Orl 100mg	ratio-Atenolol	02171805	RPH
Atorvastatin / Atorvastatine	Tab/Co. Orl 80mg	ratio-Atorvastatin	02350335	RPH
Azithromycin / Azithromycine	Tab/Co. Orl 250mg	Act Azithromycin	02255340	ATV
		Apo-Azithromycin	02247423	APX
		GD-Azithromycin	02274531	GMD
Bicalutamide / Bicalutamide	Tab/Co. Orl 50mg	Ran-Bicalutamide	02371324	RAN
		Sandoz Bicalutamide	02276089	SDZ
Bisoprolol / Bisoprolol	Tab/Co. Orl 5mg	Mylan-Bisoprolol	02384418	MYL
		pms-Bisoprolol	02302632	PMS
Bisoprolol / Bisoprolol	Tab/Co. Orl 10mg	Mylan-Bisoprolol	02384426	MYL
		pms-Bisoprolol	02302640	PMS
Candesartan/Hydrochlorothiazide / Candésartan/Hydrochlorothiazide	Tab/Co. Orl 16mg/12.5mg	Act Candesartan/HCT	02388650	ATV
		Mylan-Candesartan HCTZ	02374897	MYL
Carvedilol / Carvédilol	Tab/Co. Orl 3.125mg	Mylan-Carvedilol	02347512	MYL
		Ran-Carvedilol	02268027	RAN
Carvedilol / Carvedilol	Tab/Co. Orl 6.25mg	Mylan-Carvedilol	02347520	MYL
		Ran-Carvedilol	02268035	RAN
Carvedilol / Carvedilol	Tab/Co. Orl 12.5mg	Mylan-Carvedilol	02347555	MYL
		Ran-Carvedilol	02268043	RAN
Carvedilol / Carvedilol	Tab/Co. Orl 25mg	Mylan-Carvedilol	02347571	MYL
		Ran-Carvedilol	02268051	RAN
Celecoxib / Célécoxib	Cap/Caps Orl 100mg	Sandoz Celecoxib	02321246	SDZ
		Teva-Celecoxib	02288915	TEV
Celecoxib / Célécoxib	Cap/Caps Orl 200mg	Sandoz Celecoxib	02321254	SDZ
		Teva-Celecoxib	02288923	TEV
Ciprofloxacin / Ciprofloxacine	Tab/Co. Orl 250mg	Mint-Ciprofloxacin	02317427	MNT
Ciprofloxacin / Ciprofloxacine	Tab/Co. Orl 500mg	Mint-Ciprofloxacin	02317435	MNT
		Teva-Ciprofloxacin	02161745	TEV
Ciprofloxacin / Ciprofloxacine	Tab/Co. Orl 750mg	Mint-Ciprofloxacin	02317443	MNT
		Mylan-Ciprofloxacin	02245649	MYL
		Teva-Ciprofloxacin	02161753	TEV
Citalopram / Citalopram	Tab/Co. Orl 10mg	Jamp-Citalopram	02370085	JPC
Citalopram / Citalopram	Tab/Co. Orl 20mg	Jamp-Citalopram	02313405	JPC
Citalopram / Citalopram	Tab/Co. Orl 40mg	Jamp-Citalopram	02313413	JPC
		Mint-Citalopram	02304694	MNT
Clonazepam / Clonazépam	Tab/Co. Orl 0.5mg	Clonazepam	02442035	SIV
		Co Clonazepam	02270641	COB
		Mylan-Clonazepam	02230950	MYL
		Sandoz Clonazepam	02233960	SDZ
Clonazepam / Clonazépam	Tab/Co. Orl 2mg	Co Clonazepam	02270676	COB
Dutasteride / Dutastéride	Cap/Caps Orl 0.5mg	Dutasteride	02421712	PDL
Escitalopram / Escitalopram	Tab/Co. Orl 10mg	Act Escitalopram	02313561	ATV
Escitalopram / Escitalopram	Tab/Co. Orl 20mg	Act Escitalopram	02313588	ATV
Ezetimibe / Ezétimibe	Tab/Co. Orl 10mg	Act Ezetimibe	02414716	ATV
		Mylan-Ezetimibe	02378035	MYL
Finasteride / Finastéride	Tab/Co. Orl 5mg	Mylan-Finasteride	02356058	MYL
		Ran-Finasteride	02371820	RAN
Fluoxetine / Fluoxé tine	Cap/Caps Orl 10mg	Act Fluoxetine	02242177	ATV
Fluoxetine / Fluoxé tine	Cap/Caps Orl 20mg	Phl-Fluoxetine	02223503	PHL
		Ran-Fluoxetine	02405709	RAN
Gabapentin / Gabapentine	Cap/Caps. Orl 100mg	Mylan-Gabapentin	02248259	MYL
Gabapentin / Gabapentine	Cap/Caps. Orl 300mg	GD-Gabapentin	02285827	GMD
		Mylan-Gabapentin	02248260	MYL
Gabapentin / Gabapentine	Cap/Caps. Orl 400mg	GD-Gabapentin	02285835	GMD
		Mylan-Gabapentin	02248261	MYL
Gabapentin / Gabapentine	Tab/Co. Orl 600mg	GD-Gabapentin	02285843	GMD
		Mylan-Gabapentin	02397471	MYL
		pms-Gabapentin	02255898	PMS
Gabapentin / Gabapentine	Tab/Co. Orl 800 mg	GD-Gabapentin	02285851	GMD
		Mylan-Gabapentin	02397498	MYL
		pms-Gabapentin	02255901	PMS
Irbesartan / Irbésartan	Tab/Co. Orl 150mg	Act Irbesartan	02328089	ATV
		Teva-Irbesartan	02315998	TEV
Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Orl 150 mg/12.5mg	Ran-Irbesartan/HCTZ	02363208	RAN
		Teva-Irbesartan/HCTZ	02316013	TEV
Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Orl 300 mg/12.5mg	Ran-Irbesartan/HCTZ	02363216	RAN
		Teva-Irbesartan/HCTZ	02316021	TEV
Irbesartan/Hydrochlorothiazide / Irbésartan/Hydrochlorothiazide	Tab/Co. Orl 300 mg/25mg	Ran-Irbesartan/HCTZ	02363224	RAN
		Teva-Irbesartan/HCTZ	02316048	TEV
Levetiracetam / Lévétiracétam	Tab/Co. Orl 250mg	pms-Levetiracetam	02296101	PMS
		Ran-Levetiracetam	02396106	RAN
Levetiracetam / Lévétiracétam	Tab/Co. Orl 500mg	pms-Levetiracetam	02296128	PMS
		Ran-Levetiracetam	02396114	RAN
Levetiracetam / Lévétiracétam	Tab/Co. Orl 750mg	pms-Levetiracetam	02296136	PMS
		Ran-Levetiracetam	02396122	RAN
Metformin / Metformine	Tab/Co. Orl 500mg	Jamp-Metformin Blackberry	02380722	JPC
Metformin / Metformine	Tab/Co. Orl 850mg	Jamp-Metformin Blackberry	02380730	JPC
Minocycline / Minocycline	Cap/Caps Orl 50mg	Sandoz Minocycline	02237313	SDZ

Minocycline / Minocycline	Cap/Caps Orl 100mg	Minocycline pms-Minocycline Sandoz Minocycline	02239982 02294427 02237314	IVX PMS SDZ
Montelukast / Montélukast	TabC/Co.C 4mg	Jamp-Montelukast Mylan-Montelukast Ran-Montelukast	02442353 02380749 02402793	JPC MYL RAN
Montelukast / Montélukast	TabC/Co.C 5mg	Jamp-Montelukast Ran-Montelukast	02442361 02402807	JPC RAN
Montelukast / Montélukast	Tab/Co. 10mg	Mylan-Montelukast	02368226	MYL
Mycophenolate / Mycophénolate	Cap/Caps Orl 250mg	Mylan-Mycophenolate	02371154	MYL
Mycophenolate / Mycophénolate	Tab/Co. Orl 500mg	Mylan-Mycophenolate	02370549	MYL
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 5mg	Mylan-Olanzapine ODT Teva-Olanzapine ODT	02382709 02321343	MYL TEV
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 10mg	Mylan-Olanzapine ODT Teva-Olanzapine ODT	02382717 02321351	MYL TEV
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 15mg	Mylan-Olanzapine ODT Teva-Olanzapine ODT	02382725 02321378	MYL TEV
Olanzapine / Olanzapine	ODT/Co. D.O. Orl 20mg	Mylan-Olanzapine ODT Teva-Olanzapine ODT	02382733 02321386	MYL TEV
Olanzapine / Olanzapine	Tab/Co. Orl 2.5mg	Ran-Olanzapine	02403064	RAN
Olanzapine / Olanzapine	Tab/Co. Orl 5mg	Ran-Olanzapine	02403072	RAN
Olanzapine / Olanzapine	Tab/Co. Orl 7.5mg	Ran-Olanzapine	02403080	RAN
Olanzapine / Olanzapine	Tab/Co. Orl 10mg	Ran-Olanzapine	02403099	RAN
Olanzapine / Olanzapine	Tab/Co. Orl 15mg	Ran-Olanzapine	02403102	RAN
Omeprazole / Oméprazole	SRC/Caps.L.L. Orl 20mg	Ran-Omeprazole	02403617	RAN
Omeprazole / Oméprazole	SRT/Co.L.L. Orl 20mg	Ran-Omeprazole	02374870	RAN
Pantoprazole Sodium / Pantoprazole sodique	ECT/Co. Ent. Orl 20mg	Pantoprazole	02385740	SIV
Pantoprazole Sodium / Pantoprazole sodique	ECT/Co. Ent. Orl 40mg	Act Pantoprazole Pantoprazole	02300486 02385759	ATV SIV
Paroxetine / Paroxetine	Tab/Co. Orl 20mg	Sandoz Paroxetine	02269430	SDZ
Paroxetine / Paroxetine	Tab/Co. Orl 30mg	Act Paroxetine	02262762	ATV
Pramipexole / Pramipexole	Tab/Co. Orl 0.25mg	Mylan-Pramipexole	02376350	MYL
Pramipexole / Pramipexole	Tab/Co. Orl 1mg	Mylan-Pramipexole	02376377	MYL
Pramipexole / Pramipexole	Tab/Co. Orl 1.5mg	Mylan-Pramipexole	02376385	MYL
Pravastatin / Pravastatine	Tab/Co. Orl 10mg	Mylan-Pravastatin	02257092	MYL
Pravastatin / Pravastatine	Tab/Co. Orl 20mg	Mylan-Pravastatin	02257106	MYL
Pregabalin / Pregabalin	Cap/Caps Orl 25mg	Myl-Pregabalin Pregabalin	02408651 02411725	MYL SIV
Pregabalin / Pregabalin	Cap/Caps Orl 50mg	Myl-Pregabalin Pregabalin	02408678 02411733	MYL SIV
Pregabalin / Pregabalin	Cap/Caps Orl 75mg	Myl-Pregabalin Pregabalin	02408686 02411741	MYL SIV
Pregabalin / Pregabalin	Cap/Caps Orl 150mg	Myl-Pregabalin Pregabalin	02408694 02411768	MYL SIV
Pregabalin / Pregabalin	Cap/Caps Orl 300mg	Jamp-Pregabalin Myl-Pregabalin	02436019 02408708	JPC MYL
Rabeprazole / Rabéprazole	ECT/Co.Ent. Orl 10mg	Mylan-Rabeprazole	02408392	MYL
Rabeprazole / Rabéprazole	ECT/Co.Ent. Orl 20mg	Mylan-Rabeprazole	02408406	MYL
Ramipril / Ramipril	Cap/Caps. Orl 1.25mg	Mylan-Ramipril	02301148	MYL
Ramipril / Ramipril	Cap/Caps. Orl 2.5mg	Act Ramipril Ramipril Mylan-Ramipril	02295490 02411563 02301156	ATV SIV MYL
Ramipril / Ramipril	Cap/Caps. Orl 5mg	Mylan-Ramipril Ramipril	02301164 02411571	MYL SIV
Ramipril / Ramipril	Cap/Caps. Orl 10mg	Act Ramipril Mylan-Ramipril Ramipril	02295512 02301172 02411598	ATV MYL SIV
Ranitidine / Ranitidine	Tab/Co. Orl 150mg	Mylan-Ranitidine	02207761	MYL
Ranitidine / Ranitidine	Tab/Co. Orl 300mg	Mylan-Ranitidine	02207788	MYL
Risedronate / Risédronate	Tab/Co. Orl 35mg	Mylan-Risedronate	02357984	MYL
Risperidone / Rispéridone	Tab/Co. Orl 1mg	Mylan-Risperidone	02282267	MYL
Risperidone / Rispéridone	Tab/Co. Orl 2mg	Mylan-Risperidone	02282275	MYL
Risperidone / Rispéridone	Tab/Co. Orl 3mg	Mylan-Risperidone	02282283	MYL
Risperidone / Rispéridone	Tab/Co. Orl 4mg	Mylan-Risperidone	02282291	MYL
Sertraline / Sertraline	Cap/Caps Orl 25mg	Act Sertraline GD-Sertraline Ran-Sertraline	02287390 02273683 02374552	ATV GMD RAN
Sertraline / Sertraline	Cap/Caps Orl 50mg	Act Sertraline GD-Sertraline Ran-Sertraline	02287404 02273691 02374560	ATV GMD RAN
Sertraline / Sertraline	Cap/Caps Orl 100mg	Act Sertraline	02287412	ATV
Simvastatin / Simvastatine	Tab/Co. Orl 10mg	Act Simvastatin	02248104	ATV
Simvastatin / Simvastatine	Tab/Co. Orl 20mg	Act Simvastatin	02248105	ATV
Simvastatin / Simvastatine	Tab/Co. Orl 40mg	Act Simvastatin	02248106	ATV
Simvastatin / Simvastatine	Tab/Co. Orl 80mg	Act Simvastatin	02248107	ATV
Solifenacin / Solifénacine	Tab/Co. Orl 5mg	Act Solifenacin	02422239	ATV
Solifenacin / Solifénacine	Tab/Co. Orl 10mg	Act Solifenacin Ran-Solifenacin	02422247 02437996	ATV RAN
Sumatriptan / Sumatriptan	Tab/Co. Orl 50mg	Act Sumatriptan	02257890	ATV
Telmisartan / Telmisartan	Tab/Co. Orl 40mg	Telmisartan	02432897	PMS

Telmisartan / Telmisartan	Tab/Co. Orl 80mg	Telmisartan	02432900	PMS
Telmisartan/Hydrochlorothiazide / Telmisartan/Hydrochlorothiazide	Tab/Co.Orl 80mg/12.5mg	Mylan-Telmisartan HCTZ pms-Telmisartan/HCTZ Telmisartan-HCTZ	02373564 02401665 02433214	MYL PMS PMS
Telmisartan/Hydrochlorothiazide / Telmisartan/Hydrochlorothiazide	Tab/Co.Orl 80mg/25mg	Act Telmisartan/HCTZ Mylan-Telmisartan HCTZ pms-Telmisartan/HCTZ Telmisartan-HCTZ	02393271 02373572 02401673 02433222	ATV MYL PMS PMS
Terbinafine / Terbinafine	Tab/Co. Orl 250mg	Jamp-Terbinafine	02357070	JPC
Topiramate / Topiramate	Tab/Co. Orl 25mg	Act Topiramate GD-Topiramate Phl-Topiramate Ran-Topiramate Sandoz Topiramate	02287765 02352850 02271184 02396076 02260050	ATV GMD PHL RAN SDZ
Topiramate / Topiramate	Tab/Co. Orl 100mg	Act Topiramate Phl-Topiramate Ran-Topiramate Sandoz Topiramate	02287773 02271192 02396084 02260069	ATV PHL RAN SDZ
Topiramate / Topiramate	Tab/Co. Orl 200mg	Act Topiramate Phl-Topiramate Ran-Topiramate	02287781 02271206 02396092	ATV PHL RAN
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 80mg/12.5mg	Mylan-Valsartan-HCTZ	02373734	MYL
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 160mg/12.5mg	Mylan-Valsartan-HCTZ	02373742	MYL
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 160mg/25mg	Mylan-Valsartan-HCTZ	02373750	MYL
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 320mg/12.5mg	Mylan-Valsartan-HCTZ	02373769	MYL
Valsartan/Hydrochlorothiazide / Valsartan/Hydrochlorothiazide	Tab/Co. Orl 320mg/25mg	Mylan-Valsartan-HCTZ	02373777	MYL
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 37.5mg	GD-Venlafaxine XR	02360020	GMD
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 75mg	GD-Venlafaxine XR	02360039	GMD
Venlafaxine / Venlafaxine	SRC/Caps. L.L. Orl 150mg	GD-Venlafaxine XR	02360047	GMD
Zopiclone / Zopiclone	Tab/Co. Orl 7.5mg	Jamp-Zopiclone	02356805	JPC

Bulletin # 970

March 2, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 2, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization no longer required					
Capecitabine (Xeloda® and generic brands)	150mg tablet 500mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria – Hepatitis C drugs					
Requests for coverage for the hepatitis C drugs listed below will now be considered for patients at any stage of the disease. Please see the NB Drug Plans Formulary for the full criteria here .					
Daclatasvir (Daklinza®)	30mg tablet 60mg tablet	02444747 02444755	BRI	(SA)	MLP
Elbasvir/grazoprevir (Zepatier®)	50mg/100mg tablet	02451131	FRS	(SA)	MLP
Ledipasvir/sofosbuvir (Harvoni®)	90mg/400mg tablet	02432226	GIL	(SA)	MLP
Sofosbuvir (Sovaldi®)	400mg tablet	02418355	GIL	(SA)	MLP
Sofosbuvir/velpatasvir (Epclusa™)	400mg/100mg tablet	02456370	GIL	(SA)	MLP

Revised Criteria

Alendronate (generic brand)	40mg tablet	02258102	ATV	(SA)	MAP
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For the treatment of Paget's disease of bone.

Claim Notes:

- A maximum of 180 tablets will be reimbursed annually without special authorization.
- Requests for re-treatment may be considered through special authorization following a six month post-treatment observation period.

Revised Criteria

Risedronate (generic brand)	30mg tablet	02298384	TEV	(SA)	MAP
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For the treatment of Paget's disease of bone.

Claim Notes:

- A maximum of 60 tablets will be reimbursed annually without special authorization.
- Requests for re-treatment may be considered through special authorization following a two month post-treatment observation period.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Ivacaftor (Kalydeco®)	150mg tablet	02397412	VTX	Cystic Fibrosis, patients aged 18 years and older with the R117H-CFTR mutation. Cystic Fibrosis, patients aged 6 years and older who have one of the following mutations in the CFTR gene: G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R, or G970R.

Bulletin #971

March 20, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective March 20, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
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Special Authorization no longer required

Carvedilol (generic brands)	3.125mg film-coated tablet 6.25mg film-coated tablet 12.5mg film-coated tablet 25mg film-coated tablet		See NB Drug Plans Formulary or MAP List for products	ADEFGV	MAP
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Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
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New Indication

Everolimus (Afinitor®)	2.5mg tablet	02369257			
	5mg tablet	02339501			
	7.5mg tablet	02450267	NVR	(SA)	MLP
	10mg tablet	02339528			

For the treatment of patients with unresectable, locally advanced or metastatic, well-differentiated, non-functional neuroendocrine tumors (NETs) of gastrointestinal or lung origin (GIL) with documented radiological disease progression within six months.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Revised Criteria and New Strength

Everolimus (Afinitor®)	2.5mg tablet	02369257			
	5mg tablet	02339501			
	7.5mg tablet	02450267	NVR	(SA)	MLP
	10mg tablet	02339528			

Advanced Breast Cancer

For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer in postmenopausal women, after recurrence or progression following a non-steroidal aromatase inhibitor, when used in combination with exemestane.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Sequential use of palbociclib and everolimus will not be reimbursed.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Metastatic Renal Cell Carcinoma

For the treatment of patients with metastatic renal cell carcinoma (mRCC) after failure of tyrosine kinase inhibitor therapy.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for everolimus will not be considered for patients who experience disease progression on axitinib.
- Sequential use of nivolumab and everolimus will not be reimbursed. Exceptions may be considered in the case of intolerance or contraindication without disease progression.
- Initial approval period: 6 months.
- Renewal approval period: 1 year.

Neuroendocrine Tumors

For the treatment of patients with progressive, unresectable, locally advanced or metastatic, well or moderately differentiated pancreatic neuroendocrine tumours (pNET).

Renewal Criteria

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Requests for everolimus will not be considered for patients who experience disease progression on sunitinib for pNET.
- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Revised Criteria

Fludarabine (Fludara®)

10mg film-coated tablet 02246226 SAV (SA) MLP

1. For the first-line treatment of patients with chronic lymphocytic leukemia (CLL) when used in combination with rituximab (with or without cyclophosphamide).
2. For the treatment of patients with CLL who have failed to respond to, or have relapsed during or after previous therapy with an alkylating agent.

Revised Criteria

Lansoprazole
(Prevacid® and generics)

15mg delayed-release capsule
30mg delayed-release capsule See NB Drug Plans Formulary or MAP List for products (SA) MAP

For patients who have had a therapeutic failure with all proton pump inhibitors listed as regular benefits (e.g. omeprazole, pantoprazole, rabeprazole).

Clinical Note:

- Patients who have failed a minimum eight week trial of standard dose therapy may be considered for an eight week trial of double dose therapy. Coverage beyond eight weeks will be considered if step down to standard dose therapy is not successful.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted Acetylsalicylic acid/caffeine/butalbital (Fiorinal® and generics)	330mg/40mg/50mg capsule and tablet	See NB Drug Plans Formulary or MAP List for products			MAP
Acetylsalicylic acid/caffeine/codeine/butalbital (Fiorinal® C1/4 and generic)	330mg/40mg/15mg/50mg capsule	See NB Drug Plans Formulary or MAP List for products			MAP
Acetylsalicylic acid/caffeine/codeine/butalbital (Fiorinal® C1/2 and generic)	330mg/40mg/30mg/50mg capsule	See NB Drug Plans Formulary or MAP List for products			MAP

Effective March 20, 2018, butalbital-containing products which include Fiorinal, Fiorinal C¹/₄, Fiorinal C¹/₂ and generic brands will be delisted as benefits of the Extra-Mural Program. Butalbital-containing products were previously delisted as New Brunswick Prescription Drug Program benefits in 1994. Requests for special authorization will not be considered.

There is no evidence for the efficacy of butalbital-containing products in the treatment of pain. They are also associated with physical dependence, risk of overdose even at low doses and the potential for a withdrawal syndrome.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Propiverine hydrochloride (Mictoryl®)	30mg capsule 45mg capsule	02460262 02460270	DUI	Overactive bladder in adults

Bulletin #972

March 22, 2018

NB Drug Plans Formulary Update

Please find attached a list of **generic drug product updates** for the New Brunswick Drug Plans Formulary.

Generic drug product additions

- New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective March 22, 2018.
- The original brand product will be reimbursed at the new category MAP effective April 12, 2018. Prior to April 12, 2018 the original brand product will be reimbursed up to the higher MAP indicated on the attached list.

Generic drug price changes

- Products listed on the NB Drug Plans Formulary prior to March 22, 2018 will be reimbursed up to the new category MAP effective April 12, 2018. Prior to April 12, 2018 products in the category will be reimbursed up to the previous MAP.

Delisted generic drug products

- Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective April 12, 2018.

The Formulary Updates are available online: www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Acitretin Acitrétine							
Cap	Orl	10mg	Soriatane	2070847	ASP	ADEFGW	2.5930
Caps			Taro-Acitrein	2466074	TAR		1.9448
Atomoxetine Atomoxétine							
Cap	Orl	10mg	Atomoxetine	2467747	SAS	(SA)	0.5106
Caps		18mg	Atomoxetine	2467755	SAS	(SA)	0.5748
		25mg	Atomoxetine	2467763	SAS	(SA)	0.6420
		40mg	Atomoxetine	2467771	SAS	(SA)	0.7369
		60mg	Atomoxetine	2467798	SAS	(SA)	0.8092
		80mg	Atomoxetine	2467801	SAS	(SA)	1.2193
		100mg	Atomoxetine	2467828	SAS	(SA)	1.3382
Benzydamine							
Liq	Buc	0.15%	pms-Benzydamine	2239537	PMS	ADEFGW	0.0384
Liq							
Dexamphetamine Dexamphétamine							
SRC	Orl	15mg	Dexedrine	1924567	PAL	ADEF	1.2117
Caps.L.L.			Act-Dextroamphetamine SR	2448327	TEV		0.9898
Perindopril							
Tab	Orl	2mg	Coversyl	2123274	SEV	ADEFGW	0.7080
Co.			Apo-Perindopril	2289261	APX		0.1632
			Auro-Perindopril	2459817	ARO		
			pms-Perindopril	2470675	PMS		
			Sandoz Perindopril	2470225	SDZ		
			Teva-Perindopril	2464985	TEV		
		4mg	Coversyl	2123282	SEV	ADEFGW	
			Apo-Perindopril	2289288	APX		0.2042
			Auro-Perindopril	2459825	ARO		
			pms-Perindopril	2470683	PMS		
			Sandoz Perindopril	2470233	SDZ		
			Teva-Perindopril	2464993	TEV		
		8mg	Coversyl	2246624	SEV	ADEFGW	
			Apo-Perindopril	2289296	APX		0.2831
			Auro-Perindopril	2459833	ARO		
			pms-Perindopril	2470691	PMS		
			Sandoz Perindopril	2470241	SDZ		
			Teva-Perindopril	2465000	TEV		

Generic Drug Product Additions / Ajouts de médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	MAP PAM
Rizatriptan ODT Co.D.O.	Orl	5mg	Jamp-Rizatriptan ODT	2465086	JPC	(SA)	3.7050
			Mar-Rizatriptan ODT	2462788	MAR		
		10mg	Jamp-Rizatriptan ODT	2465094	JPC	(SA)	
			Mar-Rizatriptan ODT	2462796	MAR		

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	
Atomoxetine Atomoxétine Cap Caps	Orl	80mg	Mylan-Atomoxetine	2378973	MYL	(SA)	1.2193
			Sandoz Atomoxetine	2386461	SDZ		
		100mg	Mylan-Atomoxetine	2378981	MYL	(SA)	
			Sandoz Atomoxetine	2386488	SDZ		
Baclofen Baclofène Tab Co.	Orl	10mg	Apo-Baclofen	2139332	APX	ADEFGW	0.1595
			Baclofen	2287021	SAS		
			Mylan-Baclofen	2088398	MYL		
			pms-Baclofen	2063735	PMS		
		20mg	Apo-Baclofen	2139391	APX	ADEFGW	
			Baclofen	2287048	SAS		
			Mylan-Baclofen	2088401	MYL		
			pms-Baclofen	2063743	PMS		
Benzydamine Liq Liq	Buc	0.15%	Odan-Benzydamine	2463105	PMS	ADEFGW	0.0384
Budesonide Budésónide Aem Aém	Nas	100mg	Mylan-Budesonide AQ	2230648	MYL	ADEFGV	0.0772
Cilazapril Tab Co.	Orl	1mg	Apo-Cilazapril	2291134	APX	ADEFGW	0.1557
			Mylan-Cilazapril	2283778	MYL		
Cholestyramine Pws Pds.	Orl	4g	Olestyr	2210320	PMS	ADEFGW	0.1319

Generic Drug Price Changes / Changements de prix des médicaments génériques

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	
Cefixime Céfixime							
Tab	Orl	400mg	Suprax	868981	ODN	ABDEFGWW	2.7172
Co.			Auro-Cefixime	2432773	ARO		
Hydralazine							
Tab	Orl	25mg	Apo-Hydralazine	443627	APX	ADEFGV	0.0609
Co.			Jamp-Hydralazine	2457873	JPC		
		50mg	Apo-Hydralazine	443635	APX	ADEFGV	0.0956
			Jamp-Hydralazine	2457881	JPC		
Hydrocortisone							
Crm	Top	0.5%	Cortate	80021088	SCO	AEFGV	0.1267
Cr.			Hydrosone	564281	ROG		
Hydroxyzine							
Syr	Orl	2mg/mL	Atarax	24694	ERF	ADEFGWW	0.0429
Sir.							

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes	
Acetaminophen Acétaminophène							
Sup	Rt	325mg	Abenol	1919393	PDP	G	
Supp.							
Atomoxetine Atomoxétine							
Cap	Orl	80mg	Apo-Atomoxetine	2318075	APX	(SA)	
Caps		100mg	Apo-Atomoxetine	2318083	APX	(SA)	
Baclofen Baclofène							
Tab	Orl	10mg	ratio-baclofen	2236507	RPH	ADEFGWW	
Co.		20mg	ratio-baclofen	2236508	RPH		
Cilazapril							
Tab	Orl	1mg	pms-Cilazapril	2280442	PMS	ADEFGWW	
Co.			Teva-Cilazapril	2266350	TEV		
Ferrous Sulphate							
Liq	Orl	30mg	Jamp-Ferrous Sulphate	80008295	JPC	AEFGV	
Liq							

Delisted Generic Drug Products / Produits génériques retirés du formulaire

Drug/Form/Route/Strength Médicament/Forme/Voie/Dosage			Tradename Marque de commerce	DIN NIP	MFR FAB	Plans Régimes
Hydrocortisone Crm Cr.	Top	0.5%	Hyderm	716820	TAR	AEFGV
Hydroxyzine Syr Sir.	Orl	2mg/mL	pms-Hydroxyzine	741817	PMS	ADEFGWW

Bulletin #973

April 30, 2018

NB Drug Plans Formulary Update

Generic drug product updates included in this bulletin:

- Generic drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective April 30, 2018.
 - The original brand product will be reimbursed at the new category MAP effective May 21, 2018. Prior to May 21, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Generic drug price changes
 - Products listed on the NB Drug Plans Formulary prior to April 30, 2018 will be reimbursed up to the new category MAP effective May 21, 2018. Prior to May 21, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted generic drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective May 21, 2018.
- Pharmacy Inventory Allowance

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acitretin Cap	Orl	10mg	Mint-Acitretin	2468840	MNT	ADEFGV	1.2965
		25mg	Soriatane	2070863	ASP		4.5540
			Mint-Acitretin	2468859	MNT	ADEFGV	2.2770
			Taro-Acitretin	2466082	TAR		
Amoxicillin Pws	Orl	50mg	Apo-Amoxi Sugar-Free	2230880	APX	ABDEFGWW	0.0540
Budesonide Sus	Inh	0.125mg/mL	Pulmicort Nebuamp	2229099	AZE	W	0.2286
			Teva-Budesonide	2465949	TEV		0.1714
		0.5mg/mL	Pulmicort Nebuamp	1978926	AZE	ABDEFGWW	0.9118
			Teva-Budesonide	2465957	TEV		0.6839
Cyclobenzaprine Tab	Orl	10mg	Cyclobenzaprine	2424584	SIV	ADEFGWW	0.1022
Dexamphetamine SRC	Orl	10mg	Dexedrine	1924559	PAL	ADEFG	1.1506
			Act-Dextroamphetamine SR	2448319	TEV		0.8096
Escitalopram Tab	Orl	10mg	Mint-Escitalopram	2407418	MNT	ADEFGWW	0.3109
		20mg	Mint-Escitalopram	2407434	MNT	ADEFGWW	0.3310
Hydralazine Tab	Orl	25mg	Mint-Hydralazine	2468786	MNT	ADEFGV	0.0609
		50mg	Mint-Hydralazine	2468794	MNT	ADEFGV	0.0956
Metformin Tab	Orl	500mg	Mint-Metformin	2388766	MNT	ADEFGWW	0.0247
		850mg	Mint-Metformin	2388774	MNT	ADEFGWW	0.0339
Methylphenidate ERT	Orl	18mg	Act-Methylphenidate ER	2441934	TEV	(SA)	0.5099
		27mg	Act-Methylphenidate ER	2441942	TEV	(SA)	0.5884
		36mg	Act-Methylphenidate ER	2441950	TEV	(SA)	0.6669
		54mg	Act-Methylphenidate ER	2441969	TEV	(SA)	0.8240
Osetamivir Cap	Orl	30mg	Tamiflu Nat-Osetamivir	2304848 2472635	HLR NAT	(SA)	2.1150 1.5540

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Oseltamivir Cap	Orl	45mg	Tamiflu	2304856	HLR	(SA)	3.2540
			Nat-Oseltamivir	2472643	NAT		2.3910
Paroxetine Tab	Orl	10mg	Paxil	2027887	GSK	ADEFVGV	0.3046
			Apo-Paroxetine	2240907	APX		
			Auro-Paroxetine	2383276	ARO		
			Jamp-Paroxetine	2368862	JPC		
			Mar-Paroxetine	2411946	MAR		
			Mint-Paroxetine	2421372	MNT		
Paroxetine	2388227	SIV					
Perindopril / Indapamide Tab	Orl	4mg / 1.25mg	Coversyl Plus	2246569	SEV	ADEFVGV	1.0827
			Sandoz Perindopril /Indapamide	2470438	SDZ		0.5113
			Teva-Perindopril / Indapamide	2464020	TEV		
		8mg / 2.5mg	Coversyl Plus HD	2321653	SEV	ADEFVGV	1.2110
			Sandoz Perindopril /Indapamide	2470446	SDZ		0.5718
			Teva-Perindopril / Indapamide	2464039	TEV		
Ziprasidone Cap	Orl	20mg	Zeldox	2298597	PFI	ADEFVGV	1.8197
			Auro-Ziprasidone	2449544	ARO		1.3648
		40mg	Zeldox	2298600	PFI	ADEFVGV	2.0845
			Auro-Ziprasidone	2449552	ARO		1.5634
		60mg	Zeldox	2298619	PFI	ADEFVGV	2.0845
			Auro-Ziprasidone	2449560	ARO		1.5634
		80mg	Zeldox	2298627	PFI	ADEFVGV	2.0845
			Auro-Ziprasidone	2449579	ARO		1.5634

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Acetylcysteine Liq	Inj	200mg/mL	Acetylcysteine	2243098	SDZ	ADEFVGV	0.7000
Acitretin Cap	Orl	10mg	Taro-Acitretin	2466074	TAR	ADEFVGV	1.2965
Clindamycin Liq	Top	1%	Taro-Clindamycin	2266938	TAR	ADEFVGV	0.2260
Clorazepate Cap	Orl	7.5mg	Clorazepate	860700	AAP	ADEFVGV	0.1810
		15mg	Clorazepate	860697	AAP	ADEFVGV	0.3259

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP	
Cyclosporine Cap	Orl	25mg	Sandoz Cyclosporine	2247073	SDZ	ADEFGRV	0.9952	
		50mg	Sandoz Cyclosporine	2247074	SDZ	ADEFGRV	1.9400	
		100mg	Sandoz Cyclosporine	2242821	SDZ	ADEFGRV	3.8815	
Diclofenac ECT	Orl	50mg	Apo-Diclo	839183	APX	ADEFGV	0.2024	
			Diclofenac EC	2352397	SAS			
			pms-Diclofenac	2302624	PMS			
			Sandoz Diclofenac	2261960	SDZ			
			Teva-Difenac	808547	TEV			
Diclofenac SRT	Orl	75mg	Apo-Diclo SR	2162814	APX	ADEFGV	0.2320	
			pms-Diclofenac	2231504	PMS			
			Sandoz Diclofenac SR	2261901	SDZ			
			Teva-Difenac SR	2158582	TEV			
			100mg	Apo-Diclo SR	2091194	APX	ADEFGV	0.4048
				pms-Diclofenac	2231505	PMS		
				Sandoz Diclofenac SR	2261944	SDZ		
				Teva-Difenac SR	2048698	TEV		
Diclofenac Sup	Rt	50mg	pms-Diclofenac	2231506	PMS	ADEFGV	0.4339	
			Sandoz Diclofenac	2261928	SDZ			
			100mg	pms-Diclofenac	2231508	PMS	ADEFGV	0.5840
				Sandoz Diclofenac	2261936	SDZ		
Methylphenidate ERT	Orl	36mg	Apo-Methylphenidate ER	2452766	APX	(SA)	0.6669	
			pms-Methylphenidate ER	2413744	PMS			
			Teva-Methylphenidate ER	2315084	TEV			

Delisted Generic Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Acetylcysteine Liq	Inj	200mg/mL	Parvolex	2181460	BCH	W
Diclofenac SRT	Orl	75mg	Diclofenac SR	2352400	SAS	ADEFGV
Dimenhydrinate Liq	Inj	50mg/mL	Dimenhydrinate IM	392537	SDZ	W

Pharmacy Inventory Allowance

Provinces and territories establish price points for the most commonly prescribed generic drugs through the pan-Canadian Pharmaceutical Alliance. Effective April 1, 2018, the prices of these generic drugs were set at 10% or 18% of the brand name drug price, as communicated in the February 28, 2018 bulletin.

Related to these price changes, a one-time Inventory Allowance Payment will be paid to participating provider pharmacies in New Brunswick. The payment will be calculated by analyzing all claims submitted by pharmacies to the government-sponsored drug plans ("NB Drug Plans") between April 1 and April 21, 2018 for the 68 impacted generic drug categories. The total payment will be calculated based on the difference between the Maximum Allowable Prices (MAP) as of March 31, 2018 and the MAP effective April 1, 2018. A cheque for the payment will be sent to each pharmacy in May.

Bulletin #974

May 8, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective May 8, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Special Authorization no longer required					
Ursodiol (Urso® and generics)	250mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Ursodiol (Urso DS® and generics)	500mg tablet				

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Ixezumab (Taltz™)	80mg/mL autoinjector	02455102	LIL	(SA)	MLP
	80mg/mL prefilled syringe	02455110			

- For the treatment of patients with severe, debilitating chronic plaque psoriasis who meet all of the following criteria:
 - Body surface area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region;
 - Failure to respond to, contraindications to or intolerance to methotrexate and cyclosporine;
 - Failure to respond to, intolerance to or unable to access phototherapy.
- Requests for renewal must include information demonstrating an adequate response, defined as:
 - ≥ 75% reduction in the Psoriasis Area and Severity Index (PASI) score from when treatment started (PASI 75), or
 - ≥ 50% reduction in the PASI score (PASI 50) with a ≥5 point improvement in the Dermatology Life Quality Index (DLQI) from when treatment started, or
 - A quantitative reduction in BSA affected with qualitative consideration of specific regions such as face, hands, feet, or genital region.

Clinical Note:

- Treatment should be discontinued if a response has not been demonstrated after 12 weeks.

Claim Notes:

- Must be prescribed by a dermatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 160mg at week 0, followed by 80mg at weeks 2, 4, 6, 8, 10 and 12 then 80mg every four weeks.
- Initial Approval: 12 weeks.
- Renewal Approval: 1 year.

Sodium phenylbutyrate
(Pheburane®)

483mg/g coated granules 02436663 MDU (SA) MLP

For the treatment of patients with urea cycle disorders (UCDs).

Clinical Note:

- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Note:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs.

Sofosbuvir/Velpatasvir/
Voxilaprevir (Vosevi™)

400mg/100mg/100mg tablet 02467542 GIL (SA) MLP

For treatment-experienced adult patients with chronic hepatitis C virus (HCV) who meet the following criteria:

	Approval Period
Genotypes 1, 2, 3, 4, 5, 6 or mixed genotypes <ul style="list-style-type: none">• Patients with compensated cirrhosis• Patients without cirrhosis	12 weeks

The following information is also required:

- Lab-confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes.
- Quantitative HCV RNA value within the last 6 months.

Clinical Notes:

1. Treatment experienced is defined as a patient who has been previously treated with an NS5A inhibitor for genotype 1, 2, 3, 4, 5 or 6 or sofosbuvir without an NS5A inhibitor for genotype 1, 2, 3 or 4 and who has not experienced an adequate response.
2. Compensated cirrhosis is defined as a CTP score of 5 to 6 (Class A).
3. Re-treatment for sofosbuvir-velpatasvir-voxilaprevir treatment failures will be considered on a case-by-case basis under the formulary exception process.

Claim Notes:

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection).
- Requests will be considered for individuals enrolled in Plans ADEFGV.
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria – Overactive Bladder Drugs					
Darifenacin (Enablex®)	7.5mg extended-release tablet	02273217	MRS	(SA)	MLP
	15mg extended-release tablet	02273225			
Fesoterodine (Toviaz®)	4mg extended-release tablet	02380021	PFI	(SA)	MLP
	8mg extended-release tablet	02380048			
Mirabegron (Myrbetriq®)	25mg extended-release tablet	02402874	ASL	(SA)	MLP
	50mg extended-release tablet	02402882			
Trospium (Trosec®)	20mg tablet	02275066	SNV	(SA)	MLP

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of a regular benefit OAB drug (e.g. immediate-release oxybutynin, solifenacin or tolterodine).

Clinical Notes:

1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

Revised Criteria

Oxybutynin (Ditropan XL®)	5mg extended-release tablet	02243960	JAN	(SA)	MLP
	10mg extended-release tablet	02243961			

For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an insufficient response to an adequate trial of immediate-release oxybutynin.

Clinical Notes:

1. Requests for the treatment of stress incontinence will not be considered.
2. Not to be used in combination with other pharmacological treatments of OAB.

New Strength

Lenalidomide (Revlimid®)	2.5mg capsule	02459418	CEL	(SA)	MLP
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Myelodysplastic Syndrome (MDS)

For the treatment of Myelodysplastic Syndrome (MDS) in patients with:

- Demonstrated diagnosis of MDS on bone marrow aspiration
- Presence of 5-q deletion documented by appropriate genetic testing
- International Prognostic Scoring System (IPSS) risk category low or intermediate-1
- Presence of symptomatic anemia (defined as transfusion dependent)

Renewal criteria:

- For patients who were transfusion-dependent and have demonstrated a reduction in transfusion requirements of at least 50%.
- Renewal requests for all other patients may be considered if information describing the results of serial CBC (pre- and post-lenalidomide) and any other objective evidence of response is included.

Clinical Note:

- Requests for patients who are not transfusion-dependent may be considered. Clinical evidence of symptomatic anemia affecting the patient's quality of life, rationale for why transfusions are not being used, and details pertaining to other therapies prescribed to manage anemia is required.

Claim Notes:

- Initial approval: 6 months
- Renewal approval: 1 year
- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

Multiple Myeloma

1. For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and have:
 - had no prior treatment, and
 - an ECOG performance status of ≤ 2 .
2. For the treatment of multiple myeloma, in combination with dexamethasone, in patients who are not candidates for autologous stem cell transplant and:
 - are refractory to or have relapsed after the conclusion of initial or subsequent treatments; or
 - have completed at least one full treatment regimen as initial therapy and are experiencing intolerance to their current chemotherapy.
3. For the maintenance treatment of patients with newly diagnosed multiple myeloma, following autologous stem-cell transplantation (ASCT), who have stable disease or better, with no evidence of disease progression.

Clinical Note:

- Recommended Dose: Initial dose of 10 mg daily. Dose adjustments (5-15 mg) may be necessary based on individual patient characteristics/responses.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Note:

- Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Lenalidomide will not be reimbursed for patients who have had disease progression on prior lenalidomide therapy.
- Initial approval: 1 year
- Renewal approval: 1 year

- Claims that exceed the maximum claim amount of \$9,999.99 must be divided and submitted as separate transactions as outlined [here](#).

New Indication

Ruxolitinib (Jakavi®)

5mg tablet	02388006			
10mg tablet	02434814			
15mg tablet	02388014	NVR	(SA)	MLP
20mg tablet	02388022			

Polycythemia Vera

For the treatment of patients with polycythemia vera who have demonstrated resistance or intolerance to hydroxyurea (HU).

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.
3. Resistance is considered if, after at least 3 months of HU therapy at the maximum tolerated dose, patients experience at least one of the following:
 - Need for phlebotomy to maintain hematocrit (HCT) < 45%
 - Uncontrolled myeloproliferation (i.e., platelet count > 400 x 10⁹/L and white blood cell count > 10 x 10⁹/L)
 - Failure to reduce massive splenomegaly by greater than 50%, as measured by palpation
4. Intolerance to HU is considered if patients experience at least one of the following:
 - Absolute neutrophil count < 1.0 x 10⁹/L, platelet count < 100 x 10⁹/L or hemoglobin < 100 g/L at the lowest dose of HU required to achieve a response. A response to HU is defined as HCT < 45% without phlebotomy, and/or all of the following: platelet count ≤ 400 x 10⁹/L, white blood cell count ≤ 10 x 10⁹/L, and non-palpable spleen.
 - Presence of leg ulcers or other unacceptable HU-related non-hematological toxicities (defined as grade 3 or 4 or, more than one week of grade 2) such as mucocutaneous manifestations, gastrointestinal symptoms, pneumonitis, or fever
 - Toxicity requiring permanent discontinuation of HU, interruption of HU until toxicity resolved, or hospitalization due to HU toxicity

Claim Notes:

- Initial approval: 6 months.
- Renewal approval: 1 year.

New Indications

Secukinumab (Cosentyx®)

150mg/mL pre-filled syringe and SensoReady pen	02438070	NVR	(SA)	MLP
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Ankylosing Spondylitis

- For the treatment of patients with moderate to severe ankylosing spondylitis (e.g. Bath

AS Disease Activity Index (BASDAI) score ≥ 4 on 10 point scale) who:

- Have axial symptoms and who have failed to respond to the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months or in whom NSAIDs are contraindicated, or
- Have peripheral symptoms and who have failed to respond, or have contraindications to, the sequential use of at least 2 NSAIDs at the optimum dose for a minimum period of 3 months and have had an inadequate response to an optimal dose or maximal tolerated dose of a DMARD.
- Requests for renewal must include information demonstrating the beneficial effects of the treatment, specifically:
 - A decrease of at least 2 points on the BASDAI scale, compared with the pre-treatment score, or
 - Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).

Clinical Note:

- Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication to axial disease do not require a trial of NSAIDs alone.

Claim Notes:

- Must be prescribed by a rheumatologist or internist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Approvals will be for 150mg given at weeks 0, 1, 2, 3, and 4, then monthly.
- Initial Approval: 6 months.
- Renewal Approval: 1 year.

Psoriatic Arthritis

- For the treatment of moderate to severe psoriatic arthritis in patients who:
 - Have at least three active and tender joints, and
 - Have not responded to an adequate trial of two DMARDs or have an intolerance or contraindication to DMARDs.

Claim Notes:

- Must be prescribed by a rheumatologist.
 - Combined use of more than one biologic DMARD will not be reimbursed.
 - Approvals will be for 150mg given at weeks 0, 1, 2, 3, and 4, then monthly.
 - Requests for 300mg monthly will be considered after a 6 month trial of 150mg monthly for patients who have previously had an inadequate response to TNF-inhibitors.
 - Initial Approval: 6 months.
 - Renewal Approval: 1 year. Confirmation of continued response is required.
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Bulletin #975

May 31, 2018

NB Drug Plans Formulary Update

Generic drug product updates included in this bulletin:

- Generic drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective May 31, 2018.
 - The original brand product will be reimbursed at the new category MAP effective June 21, 2018. Prior to June 21, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Generic drug price changes
 - Products listed on the NB Drug Plans Formulary prior to May 31, 2018 will be reimbursed up to the new category MAP effective June 21, 2018. Prior to June 21, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted generic drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective June 21, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Almotriptan Tab	Orl	12.5mg	Almotriptan	2466821	SAS	(SA)	2.3478
Aripiprazole Tab	Orl	2mg	Abilify	2322374	OTS	(SA)	3.1367
			Apo-Aripiprazole	2471086	APX		2.4275
		5mg	Abilify	2322382	OTS	(SA)	3.5050
			Apo-Aripiprazole	2471094	APX		2.7138
		10mg	Abilify	2322390	OTS	(SA)	4.0500
			Apo-Aripiprazole	2471108	APX		3.2263
15mg	Abilify	2322404	OTS	(SA)	4.1300		
	Apo-Aripiprazole	2471116	APX		3.8075		
Betahistine Tab	Orl	16mg	Betahistine	2466449	SAS	(SA)	0.1106
		24mg	Betahistine	2466457	SAS	(SA)	0.1659
Donepezil Tab	Orl	5mg	Donepezil	2426846	SAS	(SA)	0.4586
		10mg	Donepezil	2426854	SAS	(SA)	0.4586
Eplerenone Tab	Orl	25mg	Inspra	2323052	PFI	(SA)	2.7327
			Mint-Eplerenone	2471442	MNT		2.0595
		50mg	Inspra	2323060	PFI	(SA)	2.7327
			Mint-Eplerenone	2471450	MNT		2.0595
Gliclazide ERT	Orl	30mg	Ran-Gliclazide MR	2463571	RAN	ADEFGV	0.0931
Hydralazine Tab	Orl	10mg	Mint-Hydralazine	2468778	MNT	ADEFGV	0.0355
Montelukast TabC	Orl	5mg	Mint-Montelukast	2408635	MNT	(SA)	0.3082
Paroxetine Tab	Orl	10mg	pms-Paroxetine	2247750	PMS	ADEFGV	0.3046
Pravastatin Tab	Orl	10mg	Mar-Pravastatin	2432048	MAR	ADEFGV	0.2916

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pravastatin Tab	Orl	20mg	Mar-Pravastatin	2432056	MAR	ADEFGV	0.3440
		40mg	Mar-Pravastatin	2432064	MAR	ADEFGV	0.4143
Ramipril / Hydrochlorothiazide Tab	Orl	2.5mg / 12.5mg	Ran-Ramipril HCTZ	2449439	RAN	ADEFGV	0.1495
		5mg / 25mg	Ran-Ramipril HCTZ	2449463	RAN	ADEFGV	0.1915
Risperidone Liq	Orl	1mg/mL	Jamp-Risperidone	2454319	JPC	ADEFGV	0.4662
Tenofovir Tab	Orl	300mg	pms-Tenofovir	2453940	PMS	(SA)	4.8884

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Enalapril Tab	Orl	2.5mg	Act Enalapril	2291878	TEV	ADEFGV	0.1863
			Apo-Enalapril	2020025	APX		
			Enalapril	2400650	SAS		
			Enalapril	2442957	SIV		
			Mylan-Enalapril	2300036	MYL		
			pms-Enalapril	2300079	PMS		
			Ran-Enalapril	2352230	RAN		
		Sandoz Enalapril	2299933	SDZ			
		5mg	Act Enalapril	2291886	TEV	ADEFGV	0.2203
			Apo-Enalapril	2019884	APX		
			Enalapril	2400669	SAS		
			Enalapril	2442965	SIV		
			Mylan-Enalapril	2300044	MYL		
			pms-Enalapril	2300087	PMS		
Ran-Enalapril	2352249		RAN				
Sandoz Enalapril	2299941	SDZ					
10mg	Act Enalapril	2291894	TEV	ADEFGV	0.2647		
	Apo-Enalapril	2019892	APX				
	Enalapril	2400677	SAS				
	Enalapril	2442973	SIV				
	Mylan-Enalapril	2300052	MYL				
	pms-Enalapril	2300095	PMS				
	Ran-Enalapril	2352257	RAN				
Sandoz Enalapril	2299968	SDZ					
Teva- Enalapril	2233006	TEV					

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Enalapril Tab	Orl	20mg	Act Enalapril	2291908	TEV	ADEFV	0.3195
			Apo-Enalapril	2019906	APX		
			Enalapril	2400685	SAS		
			Enalapril	2442981	SIV		
			Mylan-Enalapril	2300060	MYL		
			Ran-Enalapril	2352265	RAN		
			Sandoz Enalapril	2299976	SDZ		
			Teva- Enalapril	2233007	TEV		
Entacapone Tab	Orl	200mg	Sandoz Entacapone	2380005	SDZ	ADEFV	0.4010
			Teva-Entacapone	2375559	TEV		
Fenofibrate Tab	Orl	160mg	Apo-Feno-Super	2246860	APX	ADEFV	0.2723
			Sandoz Fenofibrate S	2288052	SDZ		
Hydralazine Tab	Orl	10mg	Apo-Hydralazine	441619	APX	ADEFV	0.0355
			Jamp-Hydralazine	2457865	JPC		
Nitroglycerin Pth	Trd	0.2mg/hr	Minitran	2162806	VLN	ADEFV	0.4463
			Trinipatch	2230732	PAL		
		0.4mg/hr	Minitran	2163527	VLN	ADEFV	0.4704
			Trinipatch	2230733	PAL		
		0.6mg/hr	Minitran	2163535	VLN	ADEFV	0.4704
			Trinipatch	2230734	PAL		
Risperidone Liq	Orl	1mg/mL	pms-Risperidone	2279266	PMS	ADEFV	0.4662

Delisted Generic Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Entacapone Tab	Orl	200mg	Mylan-Entacapone	2390337	MYL	ADEFV
Ramipril / Hydrochlorothiazide Tab	Orl	2.5mg / 12.5mg	pms-Ramipril-HCTZ	2342138	PMS	ADEFV
		5mg / 25mg	pms-Ramipril-HCTZ Ramipril-HCTZ	2342162 2412667	PMS SAS	ADEFV

Bulletin # 976

June 11, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective June 11, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Prescriber ID and Reference Code - Midwives

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Diazoxide (Proglycem®)	100mg capsule	00503347	FRS	ADEFGV	MLP
Glatiramer Acetate (Glatect™)	20mg/mL pre-filled syringe	02460661	PDP	ADEFGV (SA)	MLP
Nimodipine (Nimotop®)	30mg tablet	02325926	BAY	ADEFGV	MLP

Special Authorization no longer required

Terbinafine (Lamisil® and generics)	250mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Propiverine hydrochloride (Mictoryl® Pediatric)	5mg tablet	02460289	DUI	(SA)	MLP

For the treatment of overactive bladder with symptoms of urgency incontinence and/or urinary frequency and urgency in pediatric patients under 18 years of age.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria Glatiramer (Copaxone®)	20mg/mL pre-filled syringe	02245619	TEV	(SA)	MLP

- For the treatment of patients with clinically definite multiple sclerosis (CDMS) including relapsing-remitting multiple sclerosis (RRMS) or secondary progressive multiple sclerosis who meet the following criteria:
 - Two disabling attacks of MS in the previous two years, and
 - Ambulatory with or without aid (EDSS of less than or equal to 6.5)
- For the treatment of patients who have experienced a clinically isolated syndrome and are considered at risk for developing CDMS.

Clinical Note:

- An attack/relapse is defined as the appearance of new or recurring neurological symptoms in the absence of fever or infection, lasting at least 24 hours yet preceded by stability for at least one month and accompanied by new objective neurological findings observed through evaluation by a neurologist.

Claim Notes:

- New requests for coverage of Copaxone for RRMS will not be considered.
 - Glatect brand of glatiramer is listed as a regular benefit.
-

New Indications and Revised Criteria

Ibrutinib (Imbruvica®)

140mg capsule 02434407 JAN (SA) MLP

1. For the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL) / small lymphocytic lymphoma (SLL) for whom fludarabine-based treatment is considered inappropriate due to high risk of relapse or refractory disease based on prognostic biomarkers.
2. For the treatment of patients with CLL/SLL who have received at least one prior therapy and are considered inappropriate for treatment or retreatment with a fludarabine-based regimen.
3. For the treatment of patients with relapsed or refractory mantle cell lymphoma.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Sequential use of ibrutinib and idelalisib will not be reimbursed. Exceptions may be considered in the case of intolerance or contraindication without disease progression, or when required as a bridge to allogeneic stem cell transplant.
 - Initial approval: 1 year.
 - Renewal approval: 1 year.
-

Prescriber ID and Reference Code - Midwives

Prescription claims submitted to the NB Drug Plans must include the prescriber's license or registration number, as well as the corresponding Prescriber ID Reference Code which identifies the prescriber's licensing body.

The table below specifies the Prescriber ID and Reference Code information required for midwives.

Prescriber		Field	
Location	Type	Prescriber ID	Prescriber ID Reference Code
New Brunswick	Midwife	Registration number	99
Out-of-Province	Midwife	D12	99

A midwife's registration number can be obtained by:

- Accessing the [Electronic Health Record](#)
- Contacting the prescriber's office directly
- Accessing the licensing body's webpage - [Midwifery Council of New Brunswick](#)

Information on submitting claims to the NB Drug Plans can be found at [NB Drug Plans Claim Submissions](#).

If you have any questions, please contact our office at 1-800-332-3691.

Bulletin #977

June 28, 2018

NB Drug Plans Formulary Update

Generic drug product updates included in this bulletin:

- Generic drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective June 28, 2018.
 - The original brand product will be reimbursed at the new category MAP effective July 19, 2018. Prior to July 19, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Generic drug price changes
 - Products listed on the NB Drug Plans Formulary prior to June 28, 2018 will be reimbursed up to the new category MAP effective July 19, 2018. Prior to July 19, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted generic drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective July 19, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atomoxetine							
Cap	Orl	80mg	Apo-Atomoxetine	2318075	APX	(SA)	1.2193
		100mg	Apo-Atomoxetine	2318083	APX	(SA)	1.3382
Nitrofurantoin							
Cap	Orl	100mg	Macrobid	2063662	ALL	ADEFGVW	0.7965
			pms-Nitrofurantoin	2455676	PMS		0.5974
Paroxetine							
Tab	Orl	10mg	Paroxetine	2282844	SAS	ADEFGV	0.3046
Tenofovir							
Tab	Orl	300mg	Nat-Tenofovir	2472511	NAT	(SA)	4.8884
Varenicline							
Tab	Orl	0.5mg	Champix	2291177	PFI	(SA)	1.8548
			Apo-Varenicline	2419882	APX		1.3855
		1mg	Champix	2291185	PFI	(SA)	1.8541
			Apo-Varenicline	2419890	APX		1.3853

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Hydrochlorothiazide							
Tab	Orl	25mg	Apo-Hydro	326844	APX	ADEFGV	0.0157
			pms-Hydrochlorothiazide	2247386	PMS		
			Teva-Hydrochlorothiazide	21474	TEV		
		50mg	Apo-Hydro	312800	APX	ADEFGV	0.0217
			Hydrochlorothiazide	2360608	SAS		
			pms-Hydrochlorothiazide	2247387	PMS		
			Teva-Hydrochlorothiazide	21482	TEV		
Hydromorphone							
Liq	Inj	2mg/mL	Hydromorphone Hydrochloride	2145901	SDZ	ADEFGVW	1.5250
		10mg/mL	Hydromorphone HP 10	2145928	SDZ	ADEFGVW	3.3750
Tab	Orl	1mg	Apo-Hydromorphone	2364115	APX	ADEFGVW	0.0950
			pms-Hydromorphone	885444	PMS		
			Teva-Hydromorphone	2319403	TEV		
Ibuprofen							
Tab	Orl	400mg	Jamp-Ibuprofen	2401290	JPC	AEFGV	0.0372
			Novo-Profen	629340	TEV		

Delisted Generic Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Ibuprofen Tab	Orl	400mg	Apo-Ibuprofen	506052	APX	AEFGV

Bulletin # 978

July 18, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective July 18, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Leuprolide acetate (Eligard®)	7.5mg powder for injection 30mg powder for injection	02248239 02248999	SAV	ADEFV	MLP
Listed on Additional Plans					
Lamivudine (3TC®)	10mg/mL oral solution	02192691	VIV	DEFGU	MLP
Zidovudine (Retrovir®)	50mg/5mL syrup	01902652	VIV	DEFGU	MLP
Special Authorization No Longer Required					
Atomoxetine (Strattera® and generic brands)	10mg capsule 18mg capsule 25mg capsule 40mg capsule 60mg capsule 80mg capsule 100mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFG	MAP
Ezetimibe (Ezetrol® and generic brands)	10mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Evolocumab (Repatha®)	140mg/mL prefilled autoinjector 120mg/mL automated mini-doser with prefilled cartridge	02446057 02459779	AGA	(SA)	MLP

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:

- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
- Patient is unable to reach LDL-C target (less than 2.0mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
 - high-dose statin (e.g., atorvastatin 80mg, rosuvastatin 40mg) in combination with ezetimibe; or
 - ezetimibe alone, if intolerance or contraindication to a high dose statin.

Initial renewal criteria:

- A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0mmol/L.

Subsequent renewal criteria:

- The patient continues to maintain a reduction in LDL- C of at least 40% from baseline or has reached a target LDL-C less than 2.0mmol/L.

Clinical Notes:

1. LDL-C levels must be provided.
2. Intolerance to high dose statin will be considered if patient has developed documented rhabdomyolysis, myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and
 - for each statin, dose reduction was attempted rather than statin discontinuation, and
 - intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and
 - at least one statin was initiated at the lowest daily starting dose; and
 - other known causes of intolerance have been ruled out.
3. For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Approvals will be for a maximum of 140mg every 2 weeks or 420mg monthly.
- Initial approval: 6 months
- Renewal approval: 1 year

Glycerol phenylbutyrate
(Ravicti™)

1.1g/mL oral liquid	02453304	HRZ	(SA)	MLP
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For the treatment of patients with urea cycle disorders (UCDs).

Clinical Note:

- Diagnosis must be confirmed by blood, enzymatic, biochemical or genetic testing.

Claim Note:

- Must be prescribed by, or in consultation with, a physician experienced in the treatment of UCDs.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria OnabotulinumtoxinA (Botox®)	50 Allergan units per vial 100 Allergan units per vial	00903741 01981501	ALL	(SA)	MLP
	1. For the treatment of equinus foot deformity in cerebral palsy in patients 2 years of age and older.				
	2. To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.				
	3. For the treatment of blepharospasm, hemifacial spasm (VII nerve disorder) and strabismus in patients 12 years of age and older.				

- For the treatment of upper and lower limb (at or below the knee) focal spasticity following stroke in adults. Initial approval period for focal spasticity following stroke will be 6 months.

Renewal criteria:

- Continued approval will require documented benefit of improved passive and/or active range of motion, muscle tone, or improved gait (in the case of lower limb spasticity).

- For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency, in adult patients who have an intolerance or insufficient response to an adequate trial of at least two other pharmacologic treatments (e.g. anticholinergics, mirabegron).

Renewal Criteria:

- Requests for renewal should provide objective evidence of a treatment response, defined as a reduction of at least 50% in the frequency of urinary incontinence episodes.

Claim Notes:

- Must be prescribed and administered by a urologist.
- Initial approval: 12 weeks (one dose).
- Renewal approval: Maximum of 3 doses per year in responders, at a frequency of no more than once every twelve weeks.

Exclusion Criteria:

The following conditions are excluded from coverage:

- Chronic migraine
- Chronic pain
- Hyperhidrosis
- Muscle contracture for support of perineal care

Revised Criteria

Riluzole (Rilutek® and generic brands)

50mg film-coated tablet

See NB Drug Plans Formulary or MAP List for products

(SA)

MAP

For the treatment of probable or definite amyotrophic lateral sclerosis.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Eliglustat (Cerdelga™)	84mg capsule	02463261	GZM	Type 1 Gaucher Disease
Emtricitabine/Tenofovir Alafenamide (Descovy®)	200mg/10mg tablet 200mg/25mg tablet	02454416 02454424	GIL	HIV-1 Infection
pms-Zopiclone	3.75mg tablet	02458543	PMS	Insomnia

Bulletin #979

July 31, 2018

NB Drug Plans Formulary Update

Generic drug product updates included in this bulletin:

- Generic drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective July 31, 2018.
 - The original brand product will be reimbursed at the new category MAP effective August 21, 2018. Prior to August 21, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Generic drug price changes
 - Products listed on the NB Drug Plans Formulary prior to July 31, 2018 will be reimbursed up to the new category MAP effective August 21, 2018. Prior to August 21, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted generic drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective August 21, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

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Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cefepime Pws	Inj	1 g	Apo-Cefepime	2467496	APX	ADEFGVW	15.1003
		2 g	Apo-Cefepime	2467518	APX	ADEFGVW	30.1962
Entecavir Tab	Orl	0.5 mg	Jamp-Entecavir	2467232	JPC	(SA)	5.5000
Olopatadine Liq	Oph	0.1%	Sandoz Olopatadine	2358913	SDZ	ADEFGV	2.1714
		0.2%	Sandoz Olopatadine	2420171	SDZ	ADEFGV	4.3428
Trandolapril Cap	Orl	0.5 mg	Mavik	2231457	BGP	ADEFGV	0.2790
			pms-Trandolapril	2357755	PMS		0.1395
		1 mg	Mavik	2231459	BGP	ADEFGV	0.7046
			pms-Trandolapril	2357763	PMS		0.3523
2 mg	Mavik	2231460	BGP	ADEFGV	0.8098		
	pms-Trandolapril	2357771	PMS		0.4049		
4 mg	Mavik	2239267	BGP	ADEFGV	0.9990		
	pms-Trandolapril	2357798	PMS		0.4995		
Varenicline Kit	Orl	0.5 mg, 1 mg	Champix Starter Kit	2298309	PFI	(SA)	1.8483
			Apo-Varenicline	2435675	APX		1.3804

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Levonorgestrel / Ethinyl Estradiol Tab	Orl	0.1 mg / 0.02 mg	Alysena (21)	2387875	APX	DEFGV	0.3629
			Aviane (21)	2298538	TEV		
			Alysena (28)	2387883	APX		
			Aviane (28)	2298546	TEV		
		0.15 mg / 0.03 mg	Ovima (21)	2387085	APX	DEFGV	0.3467
			Portia (21)	2295946	TEV		
			Ovima (28)	2387093	APX		
			Portia (28)	2295954	TEV		

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Lisinopril							
Tab	Orl	5 mg	Act Lisinopril	2271443	ATV		
			Apo-Lisinopril	2217481	APX		
			Auro-Lisinopril	2394472	ARO		
			Lisinopril	2386232	SIV		
			pms-Lisinopril	2292203	PMS	ADEFGV	0.1347
			Ran-Lisinopril	2294230	RAN		
			Sandoz Lisinopril	2289199	SDZ		
			Teva-Lisinopril (Type P)	2285061	TEV		
			Teva-Lisinopril (Type Z)	2285118	TEV		
		10 mg	Act Lisinopril	2271451	ATV		
			Apo-Lisinopril	2217503	APX		
			Auro-Lisinopril	2394480	ARO		
			Lisinopril	2386240	SIV		
			pms-Lisinopril	2292211	PMS	ADEFGV	0.1619
			Ran-Lisinopril	2294249	RAN		
			Sandoz Lisinopril	2289202	SDZ		
			Teva-Lisinopril (Type P)	2285088	TEV		
			Teva-Lisinopril (Type Z)	2285126	TEV		
		20 mg	Act Lisinopril	2271478	ATV		
			Apo-Lisinopril	2217511	APX		
			Auro-Lisinopril	2394499	ARO		
			Lisinopril	2386259	SIV		
			pms-Lisinopril	2292238	PMS	ADEFGV	0.1945
			Ran-Lisinopril	2294257	RAN		
			Sandoz Lisinopril	2289229	SDZ		
			Teva-Lisinopril (Type P)	2285096	TEV		
			Teva-Lisinopril (Type Z)	2285134	TEV		
Lisinopril / Hydrochlorothiazide							
Tab	Orl	20 mg / 25 mg	Lisinopril/HCTZ (Type Z)	2362961	SAS		
			Sandoz Lisinopril HCT	2302381	SDZ	ADEFGV	0.2503
			Teva-Lisinopril HCTZ (Type P)	2302152	TEV		
			Teva-Lisinopril HCTZ (Type Z)	2301784	TEV		

Delisted Generic Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Levonorgestrel / Ethinyl Estradiol						
Tab	Orl	0.1 mg / 0.02 mg	Esme (21)	2388138	MYL	DEFGV
			Esme (28)	2388146	MYL	DEFGV
Lisinopril						
Tab	Orl	5 mg	Jamp-Lisinopril	2361531	JPC	ADEFGV
		10 mg	Jamp-Lisinopril	2361558	JPC	ADEFGV
		20 mg	Jamp-Lisinopril	2361566	JPC	ADEFGV
			Mylan-Lisinopril	2274868	MYL	

Bulletin #980

August 23, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective August 23, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Benefit Status Changes
- Pharmacy Provider Payment Schedule

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Levonorgestrel (Kyleena®)	19.5 mg intrauterine system	02459523	BAY	DEFGV	MLP

Special Authorization No Longer Required

5-HT1 Receptor Agonists (Triptans)

Almotriptan (generic brands)	12.5 mg tablet				
Rizatriptan (Maxalt® and generic brands)	5 mg tablet 10 mg tablet				
Rizatriptan (Maxalt RPD® and generic brands)	5 mg orally disintegrating tablet 10 mg orally disintegrating tablet				
Sumatriptan (Imitrex DF and generic brands)	50 mg tablet 100 mg tablet		See NB Drug Plans Formulary or MAP List for products	ADEFGV	MAP
Zolmitriptan (Zomig® and generic brands)	2.5 mg tablet				
Zolmitriptan (Zomig Rapimelt® and generic brands)	2.5 mg orally disintegrating tablet				

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
AbobotulinumtoxinA (Dysport Therapeutic™)	300 unit/vial 500 unit/vial	02460203 02456117	IPS	(SA)	MLP
					<ol style="list-style-type: none"> 1. For the treatment of cervical dystonia (spasmodic torticollis) in adults. 2. For the treatment of upper limb focal spasticity in adults.
Deferasirox (Jadenu®)	90 mg film-coated tablet 180 mg film-coated tablet 360 mg film-coated tablet	02452219 02452227 02452235	NVR	(SA)	MLP
					For the treatment of chronic iron overload.

Paliperidone Palmitate (Invega Trinza®)	175 mg/0.875 mL pre-filled syringe	02455943	JAN	(SA)	MLP
	263 mg/1.315 mL pre-filled syringe	02455986			
	350 mg/1.75 mL pre-filled syringe	02455994			
	525 mg/2.625 mL pre-filled syringe	02456001			

For the maintenance treatment of schizophrenia and related psychotic disorders (not dementia related) in patients who have been stabilized on therapy with injectable paliperidone for at least four months.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
Revised Criteria – Biologic Disease-Modifying Antirheumatic Drugs for Psoriatic Arthritis					
Adalimumab (Humira®)	40 mg/0.8 mL pen and pre-filled syringe	02258595	ABV	(SA)	MLP
Certolizumab (Cimzia®)	200 mg/mL pre-filled syringe	02331675	UCB	(SA)	MLP
	200 mg/mL auto-injector	02465574			
Etanercept (Enbrel®)	25 mg/mL vial	02242903	AGA	(SA)	MLP
	50 mg/mL auto-injector and pre-filled syringe	02274728			
Golimumab (Simponi®)	50 mg/0.5 mL auto-injector	02324784	JAN	(SA)	MLP
	100 mg/mL auto-injector	02413183			
	50 mg/0.5 mL pre-filled syringe	02324776			
	100 mg/mL pre-filled syringe	02413175			
Infliximab (Inflectra®)	100 mg vial	02419475	HOS	(SA)	MLP
Secukinumab (Cosentyx®)	150 mg/mL pre-filled syringe and SensoReady pen	02438070	NVR	(SA)	MLP

- For the treatment of patients with predominantly axial psoriatic arthritis who are refractory, intolerant or have contraindications to the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each.
- For the treatment of patients with predominantly peripheral psoriatic arthritis who are refractory, intolerant or have contraindications to:
 - the sequential use of at least two NSAIDs at maximal tolerated dose for a minimum of two weeks each; and
 - methotrexate (oral or parenteral) at a dose of ≥ 20 mg weekly (≥ 15 mg if patient is ≥ 65 years of age) for a minimum of 8 weeks; and
 - leflunomide for a minimum of 10 weeks or sulfasalazine for a minimum of 3 months.

Clinical Notes:

1. For patients who do not demonstrate a clinical response to oral methotrexate, or who experience gastrointestinal intolerance, a trial of parenteral methotrexate must be considered.

2. Refractory is defined as lack of effect at the recommended doses and for duration of treatments specified above.
3. Intolerant is defined as demonstrating serious adverse effects to treatments. The nature of intolerance(s) must be clearly documented.

Claim Notes:

- Must be prescribed by a rheumatologist.
- Combined use of more than one biologic DMARD will not be reimbursed.
- Initial approval: 6 months for Secukinumab, 16 weeks for others
- Renewal Approval: 1 year. Confirmation of continued response is required.
- Maximum Dosage Approved:
 - Adalimumab: 40 mg every two weeks.
 - Certolizumab: 400 mg at weeks 0, 2, and 4, then 200 mg every two weeks (or 400 mg every four weeks).
 - Etanercept: 50 mg once a week.
 - Golimumab: 50 mg per month.
 - Secukinumab: 150 mg given at weeks 0, 1, 2, 3, and 4, then monthly. Requests for 300 mg monthly will be considered for patients who have previously had an inadequate response to TNF-inhibitors.

Revised Criteria – 5-HT1 Receptor Agonists (Triptans)

Naratriptan (Amerge® and generic brands)	1 mg tablet 2.5 mg tablet	See NB Drug Plans Formulary or MAP List for products	(SA)	MAP
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For the treatment of patients with acute migraine attacks who have an intolerance or insufficient response to all triptans listed as regular benefits (e.g. almotriptan, eletriptan, rizatriptan, sumatriptan, zolmitriptan).

Claim Notes:

- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

Sumatriptan (Imitrex and generic brand)	6 mg/0.5 mL pre-filled syringe	See NB Drug Plans Formulary or MAP List for products	(SA)	MAP
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For the treatment of patients with acute migraine attacks who have had an insufficient response to oral and nasal triptans, or nausea and/or vomiting precludes their use.

Claim Notes:

- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

Sumatriptan (Imitrex)	5 mg nasal spray	02230418	GSK	(SA)	MLP
	20 mg nasal spray	02230420			
Zolmitriptan (Zomig® Nasal Spray)	2.5 mg nasal spray	02248992	AZE	(SA)	MLP
	5 mg nasal spray	02248993			

For the treatment of patients with acute migraine attacks who have an intolerance or insufficient response to oral triptans listed as regular benefits.

Claim Notes:

- Coverage limited to 6 doses per month.
- Requests for patients who have more than 3 migraines a month despite migraine prophylaxis therapy will be considered for a maximum of 12 doses per month.

Revised Criteria

Cobimetinib (Cotellic®)	20 mg tablet	02452340	HLR	(SA)	MLP
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For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used in combination with vemurafenib.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Cobimetinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval duration: 6 months.
- Renewal approval duration: 6 months.

Revised Criteria

Dabrafenib (Tafinlar®)	50 mg capsule	02409607	NVR	(SA)	MLP
	75 mg capsule	02409615			

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.

3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Dabrafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval duration: 6 months.
- Renewal approval duration: 6 months.

Revised Criteria

Deferasirox (Exjade® and generic brands)

125 mg dispersible tablets for oral suspension				
250 mg dispersible tablets for oral suspension	See NB Drug Plans Formulary or MAP List for products		(SA)	MAP
500 mg dispersible tablets for oral suspension				

For the treatment of chronic iron overload.

Revised Criteria

Trametinib (Mekinist®)

0.5 mg tablet	02409623	NVR	(SA)	MLP
2 mg tablet	02409658			

For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with dabrafenib.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Trametinib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval duration: 6 months.
- Renewal approval duration: 6 months.

Revised Criteria

Vemurafenib (Zelboraf®)

240 mg tablet	02380242	HLR	(SA)	MLP
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For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with cobimetinib.

Renewal criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
3. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Vemurafenib will not be reimbursed in patients who have progressed on BRAF and/or MEK inhibitor therapy.
- Initial approval duration: 6 months.
- Renewal approval duration: 6 months.

Benefit Status Changes

Product	Strength	DIN	MFR	Plans	Cost Base
Delisted					
Almotriptan (Apo-Almotriptan)	6.25 mg tablet	02405792	APX		
Almotriptan (Mylan-Almotriptan)	6.25 mg tablet	02398435	MYL		

Effective August 23, 2018, the 6.25 mg strength of almotriptan will be delisted as a benefit under the NB Drug Plans Formulary. Requests for special authorization will not be considered.

There are equally effective and less costly triptans for the treatment of acute migraine attacks listed as benefits in the NB Drug Plans Formulary.

Pharmacy Provider Payment Schedule

The Pharmacy Provider Payment Schedule for the NB Drug Plans will now be posted on the Medavie Blue Cross website under [Resources for Health Professionals](#).

The payment schedule for the 2018-19 fiscal year is currently posted. The payment schedule for subsequent years will be posted by the end of March each year.

Bulletin #981

August 30, 2018

NB Drug Plans Formulary Update

Generic drug product updates included in this bulletin:

- Generic drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective August 30, 2018.
- Generic drug price changes
 - Products listed on the NB Drug Plans Formulary prior to August 30, 2018 will be reimbursed up to the new category MAP effective September 20, 2018. Prior to September 20, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted generic drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective September 20, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Generic Drug Product Additions

Drug/Form/Route/Strength		Tradename	DIN	MFR	Plans	MAP
Aripiprazole						
Tab	Orl	2 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole	2460025 2466635 2473658	ARO PMS SDZ	(SA) 0.8092
		5 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole	2460033 2466643 2473666	ARO PMS SDZ	(SA) 0.9046
		10 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole	2460041 2466651 2473674	ARO PMS SDZ	(SA) 1.0754
		15 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole Teva-Aripiprazole	2460068 2466678 2473682 2464179	ARO PMS SDZ TEV	(SA) 1.2692
		20 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole Teva-Aripiprazole	2460076 2466686 2473690 2464187	ARO PMS SDZ TEV	(SA) 1.0017
		30 mg	Auro-Aripiprazole pms-Aripiprazole Sandoz Aripiprazole	2460084 2466694 2473704	ARO PMS SDZ	(SA) 1.0017
Candesartan						
Tab	Orl	4 mg	Auro-Candesartan	2445786	ARO	ADEFGV 0.1700
		8 mg	Auro-Candesartan	2445794	ARO	ADEFGV 0.2281
Diltiazem						
ERC	Orl	120 mg	Mar-Diltiazem T	2465353	MAR	ADEFV 0.2133
		180 mg	Mar-Diltiazem T	2465361	MAR	ADEFV 0.2889
		240 mg	Mar-Diltiazem T	2465388	MAR	ADEFV 0.3832
		300 mg	Mar-Diltiazem T	2465396	MAR	ADEFV 0.4720
		360 mg	Mar-Diltiazem T	2465418	MAR	ADEFV 0.5778
Lactulose						
Syr	Orl	667 mg/mL	pms-Lactulose-pharma	2469391	PMS	(SA) 0.0145
Latanoprost						
Liq	Oph	0.005%	Med-Latanoprost	2426935	GMP	ADEFGV 3.6320
Pravastatin						
Tab	Orl	10 mg	Sandoz Pravastatin	2468700	SDZ	ADEFGV 0.2916
		20 mg	Sandoz Pravastatin	2468719	SDZ	ADEFGV 0.3440
		40 mg	Sandoz Pravastatin	2468727	SDZ	ADEFGV 0.4143

Generic Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Quetiapine							
ERT	Orl	50 mg	Apo-Quetiapine XR	2457229	APX	ADEFGVW	0.2501
		150 mg	Apo-Quetiapine XR	2457237	APX	ADEFGVW	0.4926
		200 mg	Apo-Quetiapine XR	2457245	APX	ADEFGVW	0.6661
		300 mg	Apo-Quetiapine XR	2457253	APX	ADEFGVW	0.9776
		400 mg	Apo-Quetiapine XR	2457261	APX	ADEFGVW	1.3270
Simvastatin							
Tab	Orl	10 mg	pharma-Simvastatin	2469987	PMS	ADEFGV	0.2023
Telmisartan / Hydrochlorothiazide							
Tab	Orl	80 mg / 12.5 mg	ACH-Telmisartan HCTZ	2419114	AHI	ADEFGV	0.2098
		80 mg / 25 mg	ACH-Telmisartan HCTZ	2419122	AHI	ADEFGV	0.2098
Trandolapril							
Cap	Orl	0.5 mg	Sandoz Trandolapril	2325721	SDZ	ADEFGV	0.1395
		1 mg	Sandoz Trandolapril	2325748	SDZ	ADEFGV	0.3523
		2 mg	Sandoz Trandolapril	2325756	SDZ	ADEFGV	0.4049
		4 mg	Sandoz Trandolapril	2325764	SDZ	ADEFGV	0.4995

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Aripiprazole							
Tab	Orl	2 mg	Apo-Aripiprazole	2471086	APX	(SA)	0.8092
		5 mg	Apo-Aripiprazole	2471094	APX	(SA)	0.9046
		10 mg	Apo-Aripiprazole	2471108	APX	(SA)	1.0754
		15 mg	Apo-Aripiprazole	2471116	APX	(SA)	1.2692
		20 mg	Apo-Aripiprazole	2471124	APX	(SA)	1.0017
		30 mg	Apo-Aripiprazole	2471132	APX	(SA)	1.0017
Metoprolol							
Tab	Orl	50 mg	Apo-Metoprolol	618632	APX		
			Apo-Metoprolol (Type L)	749354	APX		
			Jamp-Metoprolol-L	2356821	JPC		
			Metoprolol	2350394	SAS		
			Metoprolol-L	2442124	SIV	ADEFGV	0.0624
			pms-Metoprolol-L	2230803	PMS		
			Teva-Metoprolol	648035	TEV		
			Teva-Metoprolol	842648	TEV		

Generic Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Metoprolol							
Tab	Orl	100 mg	Apo-Metoprolol	618640	APX		
			Apo-Metoprolol (Type L)	751170	APX		
			Jamp-Metoprolol-L	2356848	JPC		
			Metoprolol	2350408	SAS	ADEFGV	0.1250
			Metoprolol-L	2442132	SIV		
			pms-Metoprolol-L	2230804	PMS		
			Teva-Metoprolol	648043	TEV		
			Teva-Metoprolol	842656	TEV		
Quetiapine							
ERT	Orl	50 mg	Sandoz Quetiapine XR	2407671	SDZ	ADEFGVW	0.2501
			Teva-Quetiapine XR	2395444	TEV		
		150 mg	Sandoz Quetiapine XR	2407698	SDZ	ADEFGVW	0.4926
			Teva-Quetiapine XR	2395452	TEV		
		200 mg	Sandoz Quetiapine XR	2407701	SDZ	ADEFGVW	0.6661
			Teva-Quetiapine XR	2395460	TEV		
		300 mg	Sandoz Quetiapine XR	2407728	SDZ	ADEFGVW	0.9776
			Teva-Quetiapine XR	2395479	TEV		
		400 mg	Sandoz Quetiapine XR	2407736	SDZ	ADEFGVW	1.3270
			Teva-Quetiapine XR	2395487	TEV		

Delisted Generic Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Metoprolol						
Tab	Orl	50 mg	Sandoz Metoprolol (Type L)	2354187	SDZ	ADEFGV
		100 mg	Sandoz Metoprolol (Type L)	2354195	SDZ	ADEFGV

Bulletin # 982

September 6, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective September 6, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits

If you have any questions, please contact our office at 1-800-332-3691.

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Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Potassium Citrate (Urocit®-K)	10 mEq extended release tablet	02353997	PAL	ADEFGV	MLP

Listed on Additional Plans – Drugs for HIV Prophylaxis

Dolutegravir (Tivicay)	50 mg tablet	02414945	VIV	ADEFGUV	MLP
Raltegravir (Isentress®)	400 mg tablet	02301881	FRS	ADEFGUV	MLP

Dolutegravir and raltegravir are listed as regular benefits on additional plans. Dolutegravir and raltegravir are used in combination with emtricitabine/tenofovir disoproxil (Truvada® and generic brands) for the treatment of HIV-1 infection and post-exposure prophylaxis (PEP).

Truvada® and generic brands are currently listed as regular benefits. Special authorization is not required for any indication, including treatment of HIV-1 infection, PEP and pre-exposure prophylaxis (PrEP).

Special Authorization No Longer Required

Temozolomide (Temodal® and generic brands)	5 mg capsule 20 mg capsule 100 mg capsule 140 mg capsule 250 mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
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Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Selexipag (Uptravi®)	200 mcg tablet	02451158			
	400 mcg tablet	02451166			
	600 mcg tablet	02451174			
	800 mcg tablet	02451182			
	1000 mcg tablet	02451190	ACT	(SA)	MLP
	1200 mcg tablet	02451204			
	1400 mcg tablet	02451212			
	1600 mcg tablet	02451220			

For the treatment of pulmonary arterial hypertension (PAH) in patients with World Health Organization functional class II to IV, if the following clinical criteria are met:

- Inadequate control with a first-line (i.e. phosphodiesterase-5 inhibitor) and second-line (i.e. endothelin receptor antagonist) PAH therapy.
- Diagnosis of PAH should be confirmed by right heart catheterization.

Claim Notes:

- Combination therapy with prostacyclin or prostacyclin analogs will not be reimbursed.
- Must be prescribed by a clinician with experience in the diagnosis and treatment of PAH.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Dosage Form and New Strength					
Pirfenidone (Esbriet®)	267 mg film-coated tablet	02464489			
	801 mg film-coated tablet	02464500	HLR	(SA)	MLP

For the treatment of adult patients with mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist and a high-resolution CT scan within the previous 24 months.

Initial renewal criteria:

Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted forced vital capacity (FVC) of $\geq 10\%$ from initiation of therapy until renewal (initial 6 month treatment period). If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Subsequent renewal criteria:

Patients must not demonstrate progression of disease defined as an absolute decline in percent predicted FVC of $\geq 10\%$ within any 12 month period. If a patient has experienced progression as defined above, then the results should be validated with a confirmatory pulmonary function test conducted 4 weeks later.

Clinical Notes:

- Mild to moderate IPF is defined as a FVC $\geq 50\%$ predicted.
- All other causes of restrictive lung disease (e.g. collagen vascular disorder or hypersensitivity pneumonitis) should be excluded before initiating treatment.

Claim Notes:

- Must be prescribed by, or in consultation with, physicians experienced in the treatment of IPF.
- Combination therapy of pirfenidone with nintedanib will not be reimbursed.
- Initial approval period: 7 months (allow 4 weeks for repeat pulmonary function tests)
- Initial renewal approval period: 6 months.
- Subsequent renewal approval period: 12 months.

Bulletin #983

September 27, 2018

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective September 27, 2018.
 - The original brand product will be reimbursed at the new category MAP effective October 18, 2018. Prior to October 18, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Drug price changes
 - Products listed on the NB Drug Plans Formulary prior to September 27, 2018 will be reimbursed up to the new category MAP effective October 18, 2018. Prior to October 18, 2018, products in the category will be reimbursed up to the previous MAP.
- Delisted drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective October 18, 2018.
 - Methadone (Methadose) 10 mg/mL oral concentrate

If you have any questions, please contact our office at 1-800-332-3691.

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	2.5 mg	pharma-Amlodipine	2469022	PMS	ADEFGV	0.0767
		5 mg	pharma-Amlodipine	2469030	PMS	ADEFGV	0.1343
		10 mg	pharma-Amlodipine	2469049	PMS	ADEFGV	0.1993
Atomoxetine							
Cap	Orl	10 mg	Atomoxetine	2445883	SIV	ADEFG	0.5106
		18 mg	Atomoxetine	2445905	SIV	ADEFG	0.5748
		25 mg	Atomoxetine	2445913	SIV	ADEFG	0.6420
		40 mg	Atomoxetine	2445948	SIV	ADEFG	0.7369
		60 mg	Atomoxetine	2445956	SIV	ADEFG	0.8092
Escitalpram							
Tab	Orl	10 mg	pharma-Escitalopram	2469243	PMS	ADEFGV	0.3109
		20 mg	pharma-Escitalopram	2469251	PMS	ADEFGV	0.3310
Ezetimibe							
Tab	Orl	10 mg	ACH-Ezetimibe	2425610	AHI	ADEFGV	0.1811
Fosfomycin							
Pws	Orl	3 g	Monurol	2240335	PAL	(SA)	6.4233
			Jamp-Fosfomycin	2473801	JPC		4.6750
Midodrine							
Tab	Orl	2.5 mg	Mar-Midodrine	2473984	MAR	ADEFGV	0.2305
		5 mg	Mar-Midodrine	2473992	MAR	ADEFGV	0.3842
Piperacillin / Tazobactam							
Pws	Inj	2 g / 0.25 g	Piperacillin and Tazobactam	2401312	TLG	ABDEFGW	4.1720
		3 g / 0.375 g	Piperacillin and Tazobactam	2401320	TLG	ABDEFGW	6.2591
		4 g / 0.5 g	Piperacillin and Tazobactam	2401339	TLG	ABDEFGW	8.3458
Pravastatin							
Tab	Orl	10 mg	Auro-Pravastatin	2458977	ARO	ADEFGV	0.2916
		20 mg	Auro-Pravastatin	2458985	ARO	ADEFGV	0.3440
		40 mg	Auro-Pravastatin	2458993	ARO	ADEFGV	0.4143
Ramipril							
Cap	Orl	1.25 mg	pharma-Ramipril	2469057	PMS	ADEFGV	0.0708
		2.5 mg	pharma-Ramipril	2469065	PMS	ADEFGV	0.0817
		5 mg	pharma-Ramipril	2469073	PMS	ADEFGV	0.0817

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ramipril Cap	Orl	10 mg	pharma-Ramipril	2469081	PMS	ADEFGV	0.1034
Solifenacin Tab	Orl	10 mg	Ran-Solifenacin	2437996	RAN	ADEFGV	0.3041

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Methadone Liq	Orl	10 mg/mL	Metadol-D	2244290	PAL	(SA)	0.0146
Midodrine Tab	Orl	2.5 mg	Midodrine	2278677	AAP	ADEFGV	0.2305
		5 mg	Midodrine	2278685	AAP	ADEFGV	0.3842
Oxybutynin Tab	Orl	5mg	Apo-Oxybutynin	2163543	APX	ADEFGV	0.0986
			Oxybutynin	2350238	SAS		
			pms-Oxybutynin	2240550	PMS		
			Teva-Oxybutynin	2230394	TEV		

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Methadone Liq	Orl	10 mg/mL	Methadose Unflavored	2394618	MAL	(SA)
			Methadose Cherry flavored	2394596	MAL	

Effective October 18, 2018, methadone (Methadose) 10 mg/mL oral concentrate products will be delisted as benefits under the New Brunswick Drug Plans Formulary since the manufacturer did not confirm the prices for these products at the new lower maximum allowable price (MAP).

Metadol-D 10 mg/mL oral concentrate is currently listed as a benefit for the treatment of opioid use disorder. Metadol-D will be reimbursed up to the new MAP of \$0.0146 effective October 18, 2018. Prior to this date, Metadol-D will be reimbursed up to the current MAP of \$0.0162.

A new special authorization request is not required for beneficiaries who have a current special authorization approval for methadone for opioid use disorder since Metadol-D is included in existing approvals.

Bulletin #984

October 31, 2018

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective October 31, 2018.
 - The original brand product will be reimbursed at the new category MAP effective November 21, 2018. Prior to November 21, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Drug price changes
 - Products listed on the NB Drug Plans Formulary prior to October 31, 2018 will be reimbursed up to the new category MAP effective November 21, 2018. Prior to November 21, 2018, products in the category will be reimbursed up to the previous MAP.
- Drug category changes
 - Products in categories where there is no longer a generic brand will be moved to the Manufacturer List Price (MLP) List effective November 21, 2018.
- Delisted drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective November 21, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

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Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Aripiprazole							
Tab	Orl	2 mg	Teva-Aripiprazole	2464144	TEV	(SA)	0.8092
		5 mg	Teva-Aripiprazole	2464152	TEV	(SA)	0.9046
		10 mg	Teva-Aripiprazole	2464160	TEV	(SA)	1.0754
		30 mg	Teva-Aripiprazole	2464195	TEV	(SA)	1.0017
Cephalexin							
Tab	Orl	250 mg	Auro-Cephalexin	2470578	ARO	ABDEFGVW	0.0866
		500 mg	Auro-Cephalexin	2470586	ARO	ABDEFGVW	0.1731
Dutasteride							
Cap	Orl	0.5 mg	Auro-Dutasteride	2469308	ARO	ADEFGV	0.3027
Efavirenz / Emtricitabine / Tenofovir							
Tab	Orl	600 mg / 200 mg / 300 mg	Apo-Efavirenz-Emtricitabine-Tenofovir	2468247	APX	DU	11.3300
Furosemide							
Tab	Orl	20 mg	Mint-Furosemide	2466759	MNT	ADEFGVW	0.0219
		40 mg	Mint-Furosemide	2466767	MNT	ADEFGVW	0.0327
Lacosamide							
Tab	Orl	50 mg	Vimpat	2357615	UCB		2.5000
			Auro-Lacosamide	2475332	ARO		
			pharma-Lacosamide	2478196	PMS	(SA)	0.6313
			Sandoz Lacosamide	2474670	SDZ		
			Teva-Lacosamide	2472902	TEV		
		100 mg	Vimpat	2357623	UCB		3.4793
			Auro-Lacosamide	2475340	ARO		
			pharma-Lacosamide	2478218	PMS	(SA)	0.8750
			Sandoz Lacosamide	2474689	SDZ		
			Teva-Lacosamide	2472910	TEV		
		150 mg	Vimpat	2357631	UCB		4.6600
			Auro-Lacosamide	2475359	ARO		
			pharma-Lacosamide	2478226	PMS	(SA)	1.1763
			Sandoz Lacosamide	2474697	SDZ		
			Teva-Lacosamide	2472929	TEV		
		200 mg	Vimpat	2357658	UCB		5.7500
			Auro-Lacosamide	2475367	ARO		
			pharma-Lacosamide	2478234	PMS	(SA)	1.4500
			Sandoz Lacosamide	2474700	SDZ		
			Teva-Lacosamide	2472937	TEV		
Paroxetine							
Tab	Orl	10 mg	Teva-Paroxetine	2248556	TEV	ADEFGV	0.3046

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Pinaverium Tab	Orl	50 mg	Dicetel Apo-Pinaverium	1950592 2469677	ABB PMS	ADEFGV	0.3607 0.3066
		100 mg	Dicetel Apo-Pinaverium	2230684 2469685	ABB PMS	ADEFGV	0.6289 0.5346
Quetiapine ERT	Orl	50 mg	Quetiapine XR	2417359	SIV	ADEFGVW	0.2501
		150 mg	Quetiapine XR	2417367	SIV	ADEFGVW	0.4926
		200 mg	Quetiapine XR	2417375	SIV	ADEFGVW	0.6661
		300 mg	Quetiapine XR	2417383	SIV	ADEFGVW	0.9776
		400 mg	Quetiapine XR	2417391	SIV	ADEFGVW	1.3270
Solifenacin Tab	Orl	5 mg	Apo-Solifenacin	2423375	APX	ADEFGV	0.3041
		10 mg	Apo-Solifenacin	2423383	APX	ADEFGV	0.3041
Trandolapril Cap	Orl	0.5 mg	Auro-Trandolapril Teva-Trandolapril	2471868 2415429	ARO TEV	ADEFGV	0.0698
		1 mg	Auro-Trandolapril Teva-Trandolapril	2471876 2415437	ARO TEV	ADEFGV	0.1762
		2 mg	Auro-Trandolapril Teva-Trandolapril	2471884 2415445	ARO TEV	ADEFGV	0.2025
		4 mg	Auro-Trandolapril Teva-Trandolapril	2471892 2415453	ARO TEV	ADEFGV	0.2498

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Cephalexin Tab	Orl	250 mg	Teva-Cephalexin	583413	TEV	ABDEFGVW	0.0866
		500 mg	Teva-Cephalexin	583421	TEV	ABDEFGVW	0.1731
Efavirenz / Emtricitabine / Tenofovir Tab	Orl	600 mg / 200 mg / 300 mg	Mylan-Efavirenz/Emtricitabine/Tenofovir Teva- Efavirenz/Emtricitabine/Tenofovir	2461412 2393549	MYL TEV	DU	11.3300
Furosemide Tab	Orl	20 mg	Teva-Furosemide	337730	TEV	ADEFGVW	0.0209
		40 mg	Teva-Furosemide	337749	TEV	ADEFGVW	0.0327

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Nitroglycerin							
Aem	Slg	0.4 mg	Mylan-Nitro SL Rho-Nitro	2243588 2238998	MYL SDZ	ADEFGVW	0.0421
Pindolol							
Tab	Orl	5 mg	Apo-Pindol Teva-Pindolol	755877 869007	APX TEV	ADEFGV	0.1361
		10 mg	Apo-Pindol Teva-Pindolol	755885 869015	APX TEV	ADEFGV	0.2323
		15 mg	Apo-Pindol Teva-Pindolol	755893 869023	APX TEV	ADEFGV	0.3370
Piroxicam							
Cap	Orl	10 mg	Teva-Piroxicam	695718	TEV	ADEFGV	0.2213
Polystyrene Sulfonate							
Sus	Orl	250 mg/mL	Solystat	769541	PDP	ADEFGV	0.1566
Prazosin							
Tab	Orl	1 mg	Teva-Prazosin	1934198	TEV	ADEFGV	0.1371
		2 mg	Teva-Prazosin	1934201	TEV	ADEFGV	0.1862
		5 mg	Teva-Prazosin	1934228	TEV	ADEFGV	0.2560
Trandolapril							
Cap	Orl	0.5 mg	pms-Trandolapril Sandoz Trandolapril	2357755 2325721	PMS SDZ	ADEFGV	0.0698
		1 mg	pms-Trandolapril Sandoz Trandolapril	2357763 2325748	PMS SDZ	ADEFGV	0.1762
		2 mg	pms-Trandolapril Sandoz Trandolapril	2357771 2325756	PMS SDZ	ADEFGV	0.2025
		4 mg	pms-Trandolapril Sandoz Trandolapril	2357798 2325764	PMS SDZ	ADEFGV	0.2498

Drug Category Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Calcitonin						
Liq	Inj	200 U/mL	Calcimar	1926691	SAV	ADEFGV
Dexamethasone / Framycetin / Gramicidin						
Dps	Oph	0.5 mg / 5 mg / 0.05 mg	Sofracort E/E	2224623	SAV	ADEFGV
Erythromycin						
ECC	Orl	250 mg	Eryc	607142	PFI	ABDEFGVW
		333 mg	Eryc	873454	PFI	ABDEFGVW

Drug Category Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Flupenthixol Liq	Inj	100 mg/mL	Fluanoxol Depot	2156040	VLH	ADEFGV
Fluphenazine Liq	Inj	100 mg/mL	Modecate Concentrate	755575	BRI	ADEFGV
Levobunolol Liq	Oph	0.5%	Betagan	637661	ALL	ADEFGV
Sodium Aurothiomalate Liq	Inj	10 mg/mL	Myochrysin	1927620	SAV	ADEFGV
		25 mg/mL	Myochrysin	1927612	SAV	ADEFGV

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Cephalexin Tab	Orl	250 mg	Apo-Cephalex	768723	APX	ABDEFGVW
		500 mg	Apo-Cephalex	768715	APX	ABDEFGVW
Furosemide Tab	Orl	20 mg	Apo-Furosemide	396788	APX	ADEFGVW
			Furosemide	2351420	SAS	
			pms-Furosemide	2247493	PMS	
		40 mg	Apo-Furosemide	362166	APX	ADEFGVW
			Furosemide	2351439	SAS	
			pms-Furosemide	2247494	PMS	
Nitroglycerin Aem	Slg	0.4 mg	Apo-Nitroglycerin	2393433	APX	ADEFGVW

Bulletin # 985

November 8, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 8, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Calcipotriol / betamethasone dipropionate (Enstilar™)	50 mcg/g / 0.5 mg/g aerosol foam	02457393	LEO	ADEFGV	MLP
Eletriptan (Relpax™ and generic brand)	20 mg tablet 40 mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
Fluorouracil/salicylic acid (Actikerall™)	0.5% / 10% topical solution	02428946	CIP	ADEFGV	MLP
Potassium Citrate (Urocit®-K)	5 mEq extended release tablet	01914022	PAL	ADEFGV	MLP

Listed on Additional Plans

Ethambutol (Etibi)	100 mg tablet 400 mg tablet	00247960 00247979	VLN	ADEFGPV	MAP
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Special Authorization No Longer Required

Pregabalin (Lyrica® and generic brands)	25 mg capsule 50 mg capsule 75 mg capsule 150 mg capsule 225 mg capsule 300 mg capsule	See NB Drug Plans Formulary or MAP List for products		ADEFGVW	MAP
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Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Canagliflozin/metformin (Invokamet®)	50 mg/500 mg tablet	02455404	JAN	Type 2 Diabetes Mellitus
	50 mg/850 mg tablet	02455412		
	50 mg/1000 mg tablet	02455420		
	150 mg/500 mg tablet	02455439		
	150 mg/850 mg tablet	02455447		
	150 mg/1000 mg tablet	02455455		

Bulletin # 986

November 28, 2018

NB Drug Plans Update

2018 Holiday Hours

Representatives of the New Brunswick Drug Plans will be available the following hours during the 2018 holiday season:

Date	Hours
Monday, December 24	8 a.m. to 1 p.m.
Tuesday, December 25	Closed
Wednesday, December 26	Closed
Thursday, December 27	8 a.m. to 5 p.m. (regular hours)
Friday, December 28	8 a.m. to 5 p.m. (regular hours)
Saturday, December 29	Closed
Sunday, December 30	Closed
Monday, December 31	8 a.m. to 5 p.m. (regular hours)
Tuesday, January 1	Closed

Please refer to the New Brunswick Drug Plans' [Pharmacy Provider Payment Schedule](#) for the direct deposit dates during this time.

If you have any questions, please contact the New Brunswick Drug Plans at **1-800-332-3691**.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdruqs-medicamentsnb.ca.

Bulletin #987

November 29, 2018

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective November 29, 2018.
 - The original brand product will be reimbursed at the new category MAP effective December 20, 2018. Prior to December 20, 2018, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Drug price changes
 - Products listed on the NB Drug Plans Formulary prior to November 29, 2018 will be reimbursed up to the new category MAP effective December 20, 2018. Prior to December 20, 2018, products in the category will be reimbursed up to the previous MAP.
- Drug category changes
 - Products in categories where there is no longer a generic brand will be moved to the Manufacturer List Price (MLP) List effective December 20, 2018.
- Delisted drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective December 20, 2018.

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Atorvastatin							
Tab	Orl	10 mg	Mar-Atorvastatin	2454017	MAR	ADEFGV	0.1743
		20 mg	Mar-Atorvastatin	2454025	MAR	ADEFGV	0.2179
		40 mg	Mar-Atorvastatin	2454033	MAR	ADEFGV	0.2342
		80 mg	Mar-Atorvastatin	2454041	MAR	ADEFGV	0.2342
Candesartan							
Tab	Orl	8 mg	Mint-Candesartan	2476916	MNT	ADEFGV	0.2281
		16 mg	Mint-Candesartan	2476924	MNT	ADEFGV	0.2281
Ezetimibe							
Tab	Orl	10 mg	Auro-Ezetimibe	2469286	ARO	ADEFGV	0.1811
Haloperidol							
Tab	Orl	20 mg	Teva-Haloperidol	768820	TEV	ADEFGVW	1.1728
Hydromorphone							
SRC	Orl	3 mg	Hydromorph Contin Apo-Hydromorphone CR	2125323 2476614	PFR APX	ADEFGVW	0.8030 0.6023
		4.5 mg	Hydromorph Contin Apo-Hydromorphone CR	2359502 2476622	PFR APX	ADEFGVW	0.9700 0.7275
		6 mg	Hydromorph Contin Apo-Hydromorphone CR	2125331 2476630	PFR APX	ADEFGVW	1.2040 0.9030
		9 mg	Hydromorph Contin Apo-Hydromorphone CR	2359510 2476649	PFR APX	ADEFGVW	1.5900 1.1925
		18 mg	Hydromorph Contin Apo-Hydromorphone CR	2243562 2476665	PFR APX	ADEFGVW	3.0120 2.2590
		24 mg	Hydromorph Contin Apo-Hydromorphone CR	2125382 2476673	PFR APX	ADEFGVW	3.8550 2.6138
		30 mg	Hydromorph Contin Apo-Hydromorphone CR	2125390 2476681	PFR APX	ADEFGVW	4.6180 3.1309
Thiamazole							
Tab	Orl	5 mg	Tapazole Mar-Methimazole	15741 2480107	PAL MAR	ADEFGV	0.3062 0.2297
		10 mg	Tapazole Mar-Methimazole	2296039 2480115	PAL MAR	ADEFGV	0.6125 0.5181
Ursodiol							
Tab	Orl	250 mg	Jamp-Ursodiol	2472392	JPC	ADEFGV	0.3818
		500 mg	Jamp-Ursodiol	2472406	JPC	ADEFGV	0.7242

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Ramipril / Hydrochlorothiazide							
Tab	Orl	10 mg / 12.5 mg	pms-Ramipril/HCTZ	2342154	PMS	ADEFGV	0.2633
		10 mg / 25 mg	pms-Ramipril/HCTZ	2342170	PMS	ADEFGV	0.2633
Risedronate							
Tab	Orl	5 mg	Teva-Risedronate	2298376	TEV	ADEFGV	1.3661
Salbutamol							
Liq	Inh	2 mg/mL	pms-Salbutamol	2208237	PMS	D-18G	0.2700
			Teva-Salbutamol Sterinebs P.F.	2173360	TEV		
Ursodiol							
Tab	Orl	250 mg	pms-Ursodiol C	2273497	PMS	ADEFGV	0.3818
			Ursodiol	2426900	GLM		
		500 mg	pms-Ursodiol C	2273500	PMS	ADEFGV	0.7242
			Ursodiol	2426919	GLM		

Drug Category Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Pilocarpine						
Tab	Orl	5 mg	Salagen	2216345	PFI	(SA)

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Pilocarpine						
Tab	Orl	5 mg	Pilocarpine	2402483	STR	(SA)
Ramipril						
Tab	Orl	1.25 mg	Sandoz Ramipril	2291398	SDZ	ADEFGV
		2.5 mg	Sandoz Ramipril	2291401	SDZ	ADEFGV
		5 mg	Sandoz Ramipril	2291428	SDZ	ADEFGV
		10 mg	Sandoz Ramipril	2291436	SDZ	ADEFGV
Ramipril / Hydrochlorothiazide						
Tab	Orl	10 mg / 12.5 mg	Ramipril-HCTZ	2412659	SAS	ADEFGV

Bulletin # 988

November 30, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective November 30, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Insulin degludec (Tresiba® Flextouch®)	100 U/mL pre-filled pen	02467879	NNO	ADEFGV	MLP
	200 U/mL pre-filled pen	02467887			
Mometasone (Asmanex® Twisthaler®)	100 mcg metered inhalation	02438690	FRS	DEFG	MLP

Special Authorization No Longer Required

Erlotinib (Tarceva® and generic brands)	25 mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
	100 mg tablet				
	150 mg tablet				
Imatinib (Gleevec® and generic brands)	100 mg tablet	See NB Drug Plans Formulary or MAP List for products		ADEFGV	MAP
	400 mg tablet				

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Alirocumab (Praluent®)	75 mg/mL prefilled pen	02453819	SAV	(SA)	MLP
	75 mg/mL prefilled syringe	02453754			
	150 mg/mL prefilled pen	02453835			
	150 mg/mL prefilled syringe	02453762			

For the treatment of heterozygous familial hypercholesterolemia (HeFH) in adult patients who require additional lowering of low-density lipoprotein cholesterol (LDL-C) if the following criteria are met:

- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing; and
- Patient is unable to reach LDL-C target (less than 2.0 mmol/L or at least a 50% reduction in LDL-C from untreated baseline) despite confirmed adherence to at least 3 months of continuous treatment with:
 - high-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40 mg) in combination with ezetimibe; or
 - ezetimibe alone, if high dose statin is not possible due to rhabdomyolysis, contraindication or intolerance.

Initial renewal criteria:

- A reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Subsequent renewal criteria:

- The patient continues to maintain a reduction in LDL-C of at least 40% from baseline or has reached a target LDL-C less than 2.0 mmol/L.

Clinical Notes:

1. LDL-C levels must be provided.
2. Intolerance to high dose statin will be considered if patient has developed documented myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) after trial of at least two statins and
 - for each statin, dose reduction was attempted rather than statin discontinuation, and intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate; and
 - at least one statin was initiated at the lowest daily starting dose; and
 - other known causes of intolerance have been ruled out.
3. For patients who cannot take ezetimibe due to an intolerance or contraindication, details must be provided.

Claim Notes:

- Approvals will be for a maximum of 300mg every 4 weeks.
- Initial approval: 6 months
- Renewal approval: 1 year

Ceritinib (Zykadia®)

150 mg capsule

02436779

NVR

(SA)

MLP

As monotherapy treatment for patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer who experience disease progression on, or intolerance to, crizotinib.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Disease progression on any other ALK-inhibitor following crizotinib precludes reimbursement of ceritinib.
- Initial approval: 1 year.
- Renewal approval: 1 year.

Cysteamine (Procysbi™)

25 mg delayed-release capsule

02464705

HRZ

(SA)

MLP

75 mg delayed-release capsule

02464713

For the treatment of infantile nephropathic cystinosis with documented cystinosis (lysosomal cystine transporter) gene mutation.

Claim Note:

- Must be prescribed by, or in consultation with, a physician with experience in the diagnosis and management of cystinosis.
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Emtricitabine/rilpivirine/ tenofovir alafenamide (Odefsey™)	200 mg / 25 mg / 25 mg tablet	02461463	GIL	(SA)	MLP
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For the treatment of adult patients with HIV-1 infection who meet the following criteria:

- No known mutations associated with resistance to tenofovir, emtricitabine or non-nucleoside reverse transcriptase inhibitor (NNRTI) class.
- Viral load ≤ 100,000 copies/mL

Claim Note:

- Prescriptions written for beneficiaries of Plan U by NB infectious disease specialists and medical microbiologists experienced in treating patients with HIV/AIDS, do not require special authorization.

Propranolol (Hemangirol®)	3.75 mg/mL oral solution	02457857	PFB	(SA)	MLP
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For the treatment of patients with proliferating infantile hemangioma that is:

- Life- or function-threatening, or
- Ulcerated with pain or not responding to simple wound care measures, or
- At risk of permanent scarring or disfigurement

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
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Revised Criteria

Crizotinib (Xalkori®)	200 mg capsule	02384256	(PFI)	(SA)	MLP
	250 mg capsule	02384264			

For the treatment of patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer when used as:

- first-line therapy, or
- second-line therapy following chemotherapy.

Renewal Criteria:

- Written confirmation that the patient is responding to treatment.

Clinical Note:

- Treatment should be discontinued upon clinically meaningful disease progression or unacceptable toxicity.

Claim Notes:

- Requests for crizotinib will not be considered for patients who have experienced disease progression on prior ALK inhibitor therapy.
- Initial approval period: 1 year.
- Renewal period: 1 year.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Tenofovir alafenamide (Vemlidy™)	25 mg tablet	02464241	GIL	Chronic hepatitis B virus

Bulletin # 989

December 17, 2018

NB Drug Plans Formulary Update

This update to the New Brunswick Drug Plans Formulary is effective December 17, 2018.

Included in this bulletin:

- Regular Benefit Additions
- Special Authorization Benefit Additions
- Changes to Existing Special Authorization Benefits
- Drugs Reviewed and Not Listed

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: <http://www.gnb.ca/0212/BenefitUpdates-e.asp>. To unsubscribe from the NB Drug Plans email announcements, please send a message to info@nbdrugs-medicamentsnb.ca.

Regular Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Methotrexate (Metoject® Subcutaneous)	15 mg/0.3 mL prefilled syringe	02454858	MDX	ADEFGV	MLP

Special Authorization Benefit Additions

Product	Strength	DIN	MFR	Plans	Cost Base
Ivabradine (Lancora™)	5 mg film-coated tablet 7.5 mg film-coated tablet	02459973 02459981	SEV	(SA)	MLP

For the treatment of adult patients with New York Heart Association (NYHA) class II or III stable heart failure when administered in combination with standard chronic heart failure therapies to reduce the incidence of cardiovascular death and hospitalization who meet all of the following criteria:

- Left ventricular ejection fraction (LVEF) of $\leq 35\%$
- Sinus rhythm with a resting heart rate ≥ 77 beats per minute (bpm)
- At least one hospitalization due to heart failure in the past year
- NYHA class II to III symptoms despite at least four weeks of treatment with the following:
 - a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB)
 - a stable dose of a beta blocker
 - an aldosterone antagonist

Clinical Notes:

1. Resting heart rate must be documented as ≥ 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.
2. For patients who have not received four weeks of therapy with an ACEI/ARB, beta blocker and aldosterone antagonist due to an intolerance or contraindication, details must be provided.
3. Initiation and up-titration should be under the supervision of a physician experienced in the treatment of heart failure.

Obeticholic acid (Ocaliva®)	5 mg tablet 10 mg tablet	02463121 02463148	INT	(SA)	MLP
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For the treatment of adult patients with primary biliary cholangitis (PBC) as either:

- combination therapy with ursodeoxycholic acid (UDCA) in patients who have experienced an inadequate response to a minimum of 12 months of UDCA treatment; or
- monotherapy in patients who have experienced unmanageable intolerance to UDCA.

Requirement for Initial Requests:

- Alkaline phosphatase (ALP) and bilirubin levels prior to initiation of treatment with obeticholic acid must be provided.

Renewal Criteria:

- Requests for renewal will be considered if the patient achieved:
 - a reduction in the ALP to less than 1.67 times the upper limit of normal (ULN); or
 - at least a 15% reduction in the ALP level from baseline (i.e. prior to initiation of treatment with obeticholic acid).

Clinical Notes:

1. Diagnosis confirmed by positive antimitochondrial antibodies or liver biopsy results consistent with PBC.
2. An inadequate response is defined as:
 - ALP \geq 1.67 times ULN, or
 - bilirubin $>$ ULN and $<$ 2 times the ULN, or
 - evidence of compensated cirrhosis.
3. For patients who experience unmanageable intolerance to UDCA, details must be provided.

Claim Notes:

- Must be prescribed by, or in consultation with, a gastroenterologist, hepatologist or other physician experienced in the treatment of PBC.
- Approval period: 12 months.

Olaparib (Lynparza®)

50 mg capsule	02454408			
100 mg tablet	02475200	AZE	(SA)	MLP
150 mg tablet	02475219			

As monotherapy maintenance treatment for patients with platinum-sensitive relapsed BRCA-mutated (germline or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria:

- Completed at least two previous lines of platinum-based chemotherapy
- Received at least four cycles of the most recent platinum-based chemotherapy regimen
- Radiologic response (complete or partial) to the most recent platinum-based chemotherapy regimen

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy.
2. Maintenance therapy should begin within 8 weeks of the last dose of platinum-based chemotherapy.
3. Patients must have a good performance status.
4. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Vandetanib (Caprelsa®)	100 mg tablet 300 mg tablet	02378582 02378590	GZM	(SA)	MLP
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For the treatment of symptomatic and/or progressive medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease.

Renewal Criteria:

- Written confirmation that the patient has responded to treatment and there is no evidence of disease progression.

Clinical Notes:

1. Patients must have a good performance status.
2. Treatment should be discontinued upon disease progression or unacceptable toxicity.

Claim Notes:

- Initial approval period: 1 year.
- Renewal approval period: 1 year.

Changes to Existing Special Authorization Benefits

Product	Strength	DIN	MFR	Plans	Cost Base
New Indication AbobotulinumtoxinA (Dysport Therapeutic™)	300 unit/vial 500 unit/vial	02460203 02456117	IPS	(SA)	MLP

For the treatment of lower limb spasticity in pediatric patients 2 years of age and older.

Drugs Reviewed and Not Listed

The review of the following products found that they did not offer a significant therapeutic and/or cost advantage over existing therapies. Requests for special authorization will not be considered.

Product	Strength	DIN	MFR	Indication
Reslizumab (Cinqair™)	10 mg/mL vial	02456419	TEV	Severe Eosinophilic Asthma

Bulletin #990

December 19, 2018

NB Drug Plans Formulary Update

Drug product updates included in this bulletin:

- Drug product additions
 - New generic products will be reimbursed up to the category Maximum Allowable Price (MAP) effective December 19, 2018.
 - The original brand product will be reimbursed at the new category MAP effective January 9, 2019. Prior to January 9, 2019, the original brand product will be reimbursed up to the higher MAP indicated on the attached list.
- Drug price changes
 - Products listed on the NB Drug Plans Formulary prior to December 19, 2018 will be reimbursed up to the new category MAP effective January 9, 2019. Prior to January 9, 2019, products in the category will be reimbursed up to the previous MAP.
- Delisted drug products
 - Manufacturers who did not confirm prices to the new lower MAP will have impacted products removed from the NB Drug Plans Formulary effective January 9, 2019.

If you have any questions, please contact our office at 1-800-332-3691.

The Formulary Updates are available online: www.gnb.ca/0212/BenefitUpdates-e.asp. To unsubscribe from the NB Drug Plans emailed announcements, please send a message to info@nbdugs-medicamentsnb.ca.

Drug Product Additions

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Amlodipine							
Tab	Orl	2.5 mg	Amlodipine Besylate	2419556	AHI	ADEFGV	0.0767
		5 mg	Amlodipine Besylate	2419564	AHI	ADEFGV	0.1343
		10 mg	Amlodipine Besylate	2419572	AHI	ADEFGV	0.1993
Dapsone							
Tab	Orl	100 mg	Dapsone	2041510	JCB	ADEFGV	1.4061
			Mar-Dapsone	2481227	MAR		1.1952
Dipyridamole / Acetylsalicylic Acid							
Cap	Orl	200 mg / 25 mg	Aggrenox	2242119	BOE	(SA)	0.8874
			Taro-Dipyridamole/ASA	2471051	TAR		0.6656
Furosemide							
Tab	Orl	80 mg	Mint-Furosemide	2466775	MNT	ADEFGVW	0.0703
Hydromorphone							
SRC	Orl	12 mg	Hydromorph Contin	2125366	PFR	ADEFGVW	2.0870
			Apo-Hydromorphone CR	2476657	APX		1.5653
Mometasone							
Aem	Nas	50 mcg	Teva-Mometasone	2475863	TEV	ADEFGV	0.0742
Montelukast							
TabC	Orl	4 mg	Jamp-Montelukast	2442353	JPC	(SA)	0.2758
		5 mg	Jamp-Montelukast	2442361	JPC	(SA)	0.3082
Ramipril / Hydrochlorothiazide							
Tab	Orl	5 mg / 12.5 mg	Ran-Ramipril HCTZ	2449447	RAN	ADEFGV	0.2011
		10 mg / 12.5 mg	Ran-Ramipril HCTZ	2449455	RAN	ADEFGV	0.1317
		10 mg / 25 mg	Ran-Ramipril HCTZ	2449471	RAN	ADEFGV	0.1317
Ranitidine							
Tab	Orl	150 mg	Jamp-Ranitidine	2463717	JPC	ABDEFGVW	0.1197
			Mar-Ranitidine	2443708	MAR		
		300 mg	Jamp-Ranitidine	2463725	JPC	ABDEFGVW	0.2253
			Mar-Ranitidine	2443716	MAR		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Furosemide							
Tab	Orl	80 mg	Apo-Furosemide	707570	APX		
			Furosemide	2351447	SAS	ADEFGVW	0.0703
			Teva-Furosemide	765953	TEV		

Drug Price Changes

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans	MAP
Mometasone							
Aem	Nas	50 mcg	Apo-Mometasone	2403587	APX	ADEFGV	0.0742
			Sandoz Mometasone	2449811	SDZ		
Ramipril / Hydrochlorothiazide							
Tab	Orl	5 mg / 12.5 mg	pms-Ramipril HCTZ	2342146	PMS	ADEFGV	0.2011
		10 mg / 12.5 mg	pms-Ramipril HCTZ	2342154	PMS	ADEFGV	0.1317
		10 mg / 25 mg	pms-Ramipril HCTZ	2342170	PMS	ADEFGV	0.1317
Spironolactone							
Tab	Orl	25 mg	Teva-Spironolactone	613215	TEV	ADEFGV	0.1057
		100 mg	Teva-Spironolactone	613223	TEV	ADEFGV	0.2461
Spironolactone / Hydrochlorothiazide							
Tab	Orl	25 mg / 25 mg	Teva-Spironolactone/HCTZ	613231	TEV	ADEFGV	0.1076
Tamsulosin							
SRC	Orl	0.4 mg	Sandoz Tamsulosin	2319217	SDZ	ADEFV	0.1500
Theophylline							
SRT	Orl	400 mg	Theo ER	2360101	AAP	ADEFGV	0.3631
		600 mg	Theo ER	2360128	AAP	ADEFGV	0.4398

Delisted Drug Products

Drug/Form/Route/Strength			Tradename	DIN	MFR	Plans
Tamsulosin						
SRC	Orl	0.4 mg	ratio-Tamsulosin	2294265	TEV	ADEFV
			Teva-Tamsulosin	2281392	TEV	