

VHA Pharmacy Benefits Management Services (PBM)-Medical Advisory Panel (MAP)

VHA Pharmacy Benefits Management Services
Hines, Illinois

June 2012

VA Do Not Substitute List

The Do Not Substitute List is a list of pharmaceutical products for which substitution is not permitted. Products are added to this list by vote of the VISN Pharmacist Executives and the Medical Advisory Panel. Decisions are based on reviews of therapeutic equivalency and/or patient safety data as well as product cost.

Products on this list **should not** be substituted with any other brand or generic product except in accordance to guidelines given by the before mentioned committees.

Substitution is allowed in rare circumstances when the Do Not Substitute item is on back order or the patient has a documented allergy to the formulary product

DO NOT SUBSTITUTE LIST

Amiodarone: Amiodarone naïve patients should start on the Upsher-Smith brand Pacerone®. Patients on Cordarone® may continue. Patients receiving a generic amiodarone will be switched to the Pacerone® product. Bioequivalency cannot be guaranteed when switching from one generic to another; therefore, additional monitoring may be required.

Clozapine: Clozapine by Mylan is required for Clozapine naïve patients. Clozaril® can be continued on existing patients. There is no mandatory conversion.

Phenytoin (Mylan) extended release capsules 100mg

Synthroid® (levothyroxine)

Substitution of Alternate Generic Manufacturers

1. PURPOSE. To establish policy and procedure for interchange of narrow therapeutic generic products where interchange could compromise therapeutic response.
2. PROCEDURE.
 - a. Specific manufacturers of generic medications listed below cannot be interchanged without physician notification.
 - b. It is the responsibility of CMOP/NAC to notify PBM when shortage situations develop for the following agents.
 - c. PBM will coordinate the notification of providers who provide care for those patients impacted by the substitution.

Warfarin(Golden State Medical)

Lanoxin (GSK)

Lamotrigine (Cadista) all strengths except chewable, XL and ODT applies to epilepsy indication

Topiramate (Golden State Medical) applies to epilepsy indication

Gengraf applies to transplant indication

Mycophenolate Mofetil (Roche) applies to transplant indication
Tacrolimus (Mylan) applies to transplant indication
MULTIVITAMIN/OPT NATION/LUTEIN CAP/TAB (PreserVision Lutein Soft Gels caps, Bausch & Lomb)
MULTIVITAMINS W/MINERALS, PRENATAL CAP/TAB (PRENATAL PLUS TABLETS. AMNEAL)

The following agents are pending award of a national contract:

Levetiracetam applies to epilepsy indication
Zonisamide applies to epilepsy indication