

VHA Pharmacy Benefits Management Services (PBM)-Medical Advisory Panel (MAP) and  
VISN Pharmacist Executives (VPE)

VHA Pharmacy Benefits Management Services  
Hines, Illinois

September 2019

**VA Drug Standardization List**

The Drug Standardization List is a list of pharmaceutical products for which substitution is not permitted under normal circumstances. The intent is to provide veterans with a consistent and reliable product for drugs where interchange may compromise therapeutic response or patient safety. Most of the time, this is accomplished by awarding mandatory national contracts (indicated by asterisk). 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. Substitution is allowed in rare circumstances when the Drug Standardization item is on back order or the patient is intolerant to the formulary product. Providers should be alerted when it is necessary to dispense alternative products.

Amiodarone: (Upsher-Smith brand Pacerone). Patients receiving a generic amiodarone will be switched to the Pacerone product. Bioequivalence cannot be guaranteed when switching from one generic to another; therefore, additional monitoring may be required.

Budesonide ER Capsules\* (Golden State Medical Supply/Mylan) – applies to Crohn's indication

Carbamazepine tabs (Golden State Medical Supply/Taro) \*,\*\* applies to epilepsy indication

Clozapine (Mylan). Clozaril may be continued on existing patients. There is no mandatory conversion.

Cyclosporine (Gengraf) applies to transplant indication

Dofetilide (AvKare/Sigmapharm)\*, \*\*

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

Levetiracetam\*,\*\* (Acetris/Aurobindo) applies to epilepsy indication

Levothyroxine (Synthroid)

Mesalamine ER/CR capsules (Pentasa) has different gastrointestinal release characteristics from other mesalamine products, and therefore shouldn't be substituted in patients with Crohn's disease.

Mycophenolate Mofetil\*,\*\* (Golden State Medical Supply/Mylan) applies to transplant indication

Mycophenolic Acid Tablets\*,\*\* (Golden State Medical Supply/Apotex) applies to transplant indication

Phenytoin (Mylan) extended release capsules 100mg

Prenatal Tab (Major – includes only the following two NDCs: 00904-5313-46 and 00904-5313-60)

Tacrolimus\*,\*\* (Golden State Medical Supply/Mylan) applies to transplant indication

Topiramate\* (Golden State Medical Supply/Invagen) applies to epilepsy indication

Warfarin\* (Exelan/Invagen)

Zonisamide\*,\*\* (Golden State Medical Supply/Sun/Caraco) applies to epilepsy indication

\* Indicates national contract

\*\* Providers will have the ability to continue to prescribe the branded product; however, when Providers determine a generic is clinically appropriate the awarded product will be the mandatory source.