

UPDATE AA
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective September 15, 2011

SUMMARY OF CHANGES

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New Single Source Drug(s)

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02298309	Champix 0.5mg & 1.0mg Tabs (Starter Pack)	VARENICLINE TARTRATE	PFI	42.1300
	Reason for Use Code	Clinical Criteria		
	423	For smoking-cessation treatment in adults, in conjunction with Smoking-cessation counseling. Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient. LU Authorization Period: 12 Weeks.		
02270811	Finacea 15% Top Gel	AZELAIC ACID	BAH	0.6000
02312794	Temodal 140mg Cap	TEMOZOLOMIDE	SCH	207.6863
02312816	Temodal 180mg Cap	TEMOZOLOMIDE	SCH	267.0238
	Reason for Use Code	Clinical Criteria		
	320	For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma. LU Authorization Period: Indefinite.		
	425	For the treatment of newly diagnosed glioblastoma multiforme. Dose: Temozolomide 75 milligrams per square metre daily for up to 6 weeks concomitant with radiotherapy, followed by maintenance treatment of up to 200 milligrams per square metre daily for 5 days for 6 cycles. LU Authorization Period: 1 year		
02325462	Vagifem 10 10mcg Vag Tab with Applicator	ESTRADIOL 17-B	NOO	3.0606

New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02365383	Apo-Finasteride (Interchangeable with Proscar)	5mg	Tab	APX	0.4633

Reason for Use Code

Clinical Criteria

384 For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

385 For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02345803	Auro-Topiramate	25mg	Tab	AUR	0.3128
02345838	Auro-Topiramate	100mg	Tab	AUR	0.5929
02345846	Auro-Topiramate (Interchangeable with Topamax)	200mg	Tab	AUR	0.8854

Reason for Use Code Clinical Criteria

223 As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

NOTE: Because a large number of patients may become refractory to the anticonvulsant effects of the drug over a period of time, the effectiveness of this drug must be re-evaluated after a period of six months.

LU Authorization Period: Indefinite.

02343002	Azathioprine (Interchangeable with Imuran)	50mg	Tab	SAI	0.2405
02287021	Baclofen (Interchangeable with Lioresal)	10mg	Tab	SAI	0.1595
02287048	Baclofen (Interchangeable with Lioresal DS)	20mg	Tab	SAI	0.3104
02287072	Gliclazide (Interchangeable with Diamicon)	80mg	Tab	SAI	0.0931
02367378	Myl-Ranitidine	150mg	Tab	MYL	0.1800
02367386	Myl-Ranitidine (Interchangeable with Zantac)	300mg	Tab	MYL	0.3600
02357984	Mylan-Risedronate (Interchangeable with Actonel)	35mg	Tab	MYL	2.4893

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
09857391	Omeprazole DR Cap (Interchangeable with Losec DR Tab PIN# 09857195)	20mg		SAI	0.5500

**Reason for
Use Code**

Clinical Criteria

295	<p>H. Pylori-positive Peptic Ulcers For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.</p> <p>Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).</p> <p>LU Authorization Period: 1 year</p>
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02368242	Teva-Tamsulosin CR Tab (Interchangeable with Flomax CR Tab)	0.4mg		TEV	0.1500
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Note: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.

**Reason for
Use Code**

Clinical Criteria

351	<p>For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.</p> <p>LU Authorization Period: Indefinite.</p>
352	<p>For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.</p> <p>LU Authorization Period: Indefinite</p>

Off Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02320134	Auro-Terbinafine (Interchangeable with Lamisil)	250mg	Tab	AUR	2.5246
02351242	Doxycycline (Interchangeable with Vibra-Tabs)	100mg	Tab	SAI	0.5860
02369036	Mylan-Zolmitriptan (Interchangeable with Zomig)	2.5mg	Tab	MYL	6.8625
02324229	PMS-Zolmitriptan (Interchangeable with Zomig)	2.5mg	Tab	PMS	10.2875
02324768	PMS-Zolmitriptan ODT (Interchangeable with Zomig Rapimelt)	2.5mg	Orally Disintegrating Tab	PMS	10.2938
02362988	Sandoz Zolmitriptan (Interchangeable with Zomig)	2.5mg	Tab	SDZ	6.8586
02362996	Sandoz Zolmitriptan ODT (Interchangeable with Zomig Rapimelt)	2.5mg	Orally Disintegrating Tab	SDZ	6.8625
02359707	Teva-Olanzapine (Interchangeable with Zyprexa)	20mg	Tab	TEV	10.3093

Manufacturer Requested Discontinued Drug(s)

Please note that these discontinued products will remain on the formulary until the current stock is depleted.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02192705	Gen-Bromazepam	1.5mg	Tab	GEN
02192713	Gen-Bromazepam	3mg	Tab	GEN
02192721	Gen-Bromazepam	6mg	Tab	GEN
02230874	Gen-Buspirone	10mg	Tab	GEN
02265133	Gen-Divalproex	125mg	Ent Tab	GEN
02265141	Gen-Divalproex	250mg	Ent Tab	GEN
02265168	Gen-Divalproex	500mg	Ent Tab	GEN
02243431	Gen-Naproxen EC	250mg	Ent Tab	GEN
02246047	Gen-Nizatidine	300mg	Cap	GEN
02057808	Gen-Pindolol	5mg	Tab	GEN
02057816	Gen-Pindolol	10mg	Tab	GEN
02057824	Gen-Pindolol	15mg	Tab	GEN
02232987	Gen-Salbutamol	5mg/mL	Inh Sol-10mL Pk	GEN
00893781	Gen-Timolol	0.5%	Oph Sol	GEN
02048493	Novo-Diflunisal	250mg	Tab	NOP

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
00312797	Imipramine	25mg	Tab	AAP	0.2471
00326852	Imipramine	50mg	Tab	AAP	0.4822
02207761	Mylan-Ranitidine	150mg	Tab	MYL	0.1800
02207788	Mylan-Ranitidine	300mg	Tab	MYL	0.3600
01968017	Neupogen	300mcg/mL	1mL Vial	AMG	184.4600
09853464	Neupogen	480mcg/1.6mL	1.6mL Vial	AMG	295.1360
02231531	Ofloxacin Tablets	300mg	Tab	AAP	1.5323
02231532	Ofloxacin Tablets	400mg	Tab	AAP	1.5323
02237319	Rebif	22mcg	Inj-Syr Pk	SRO	121.2100
02237320	Rebif	44mcg	Inj-Syr Pk	SRO	147.5600
02318253	Rebif	66mcg	Inj-Cart Pk	SRO	363.6300
02318261	Rebif	132mcg	Inj-Cart Pk	SRO	442.6800

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02248451	Phl-Paroxetine	20mg	Tab	MEL
02248452	Phl-Paroxetine	30mg	Tab	MEL
02258560	Tri-Cyclen Lo	3 Phase	Tab-21 Pk	JAN
02258587	Tri-Cyclen Lo	3 Phase	Tab-28 Pk	JAN

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02241093	Temodal	5mg	Cap	SCH
02241094	Temodal	20mg	Cap	SCH
02241095	Temodal	100mg	Cap	SCH
02241096	Temodal	250mg	Cap	SCH

Reason for Use Code

Clinical Criteria

320 For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.

LU Authorization Period: Indefinite.

425 For the treatment of newly diagnosed glioblastoma multiforme.

Dose: Temozolomide 75 milligrams per square metre daily for up to 6 weeks concomitant with radiotherapy, followed by maintenance treatment of up to 200 milligrams per square metre daily for 5 days for 6 cycles.

LU Authorization Period: 1 year

Status Change(s) from Limited Use to General Benefit

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02256495	Apo-Leflunomide	10mg	Tab	APX	2.6433
02256509	Apo-Leflunomide	20mg	Tab	APX	2.6433
02241888	Arava	10mg	Tab	SAV	10.7420
02241889	Arava	20mg	Tab	SAV	10.7420
02351668	Leflunomide	10mg	Tab	SAI	2.6433
02351676	Leflunomide	20mg	Tab	SAI	2.6433
02319225	Mylan-Leflunomide	10mg	Tab	MYL	2.6433
02319233	Mylan-Leflunomide	20mg	Tab	MYL	2.6433
02261251	Novo-Leflunomide	10mg	Tab	NOP	2.6433
02261278	Novo-Leflunomide	20mg	Tab	NOP	2.6433
02288265	PMS-Leflunomide	10mg	Tab	PMS	2.6433
02288273	PMS-Leflunomide	20mg	Tab	PMS	2.6433
02283964	Sandoz Leflunomide	10mg	Tab	SDZ	2.6433
02283972	Sandoz Leflunomide	20mg	Tab	SDZ	2.6433

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02248451	Paroxetine	20mg	Tab	PHE
02248452	Paroxetine	30mg	Tab	PHE

New Diabetic Testing Agent(s)

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/ UNIT</u>	<u>AMT MOH PAYS</u>	<u>AMT PATIENT PAYS</u>
09857392	One Touch Verio Glucose Test Strip	LIF	0.7290	0.7290	0.0000

New Nutrition Product(s)

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/ PKG</u>	<u>AMT MOH PAYS</u>	<u>AMT PATIENT PAYS</u>
H. PEDIATRIC FORMULA, OTHERS					
09857393	Modulen IBD 1kcal/mL PD-400g Pk	NES	29.0000	29.0000	0.0000