

UPDATE AB
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective October 25, 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>
02322374	Abilify 2mg Tab	ARIPIPRAZOLE	BQU	2.9140
02322382	Abilify 5mg Tab	ARIPIPRAZOLE	BQU	3.2800
02322390	Abilify 10mg Tab	ARIPIPRAZOLE	BQU	3.8900
02322404	Abilify 15mg Tab	ARIPIPRAZOLE	BQU	4.5000
02322412	Abilify 20mg Tab	ARIPIPRAZOLE	BQU	5.1100
02322455	Abilify 30mg Tab	ARIPIPRAZOLE	BQU	6.3300

Notes: For the treatment of schizophrenia and related psychotic disorders after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
09857394	Enbrel SureClick 50mg/mL Pref Autolnj	ETANERCEPT	IMU	368.9075

Reason for Use Code Clinical Criteria

418 For the treatment of severe* plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**.

Claims for the first 6 months must be written by a dermatologist.

Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required.
Patients not responding adequately at 12 weeks should have treatment discontinued.

*** Definition of severe plaque psoriasis:**

Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

Dermatology Life Quality Index (DLQI) score of at least 10.

**** Definition of failure, intolerance or contraindication to adequate trials of standard therapies:**

6 month trial of at least 3 topical agents including vitamin D analogues and steroids, AND

12 week trial of phototherapy (unless not accessible), AND

6 month trial of at least 2 systemic, oral agents used alone or in combination

- Methotrexate 15-30mg per week
- Acitretin (could have been used with phototherapy)
- Cyclosporine

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DIN

PRODUCT

GENERIC NAME

MFR

DBP

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**Reason for
Use Code**

Clinical Criteria

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

At least a 50% reduction in PASI, AND
at least a 50% reduction in BSA involvement, AND
at least a 5 point reduction in DLQI score

Approvals will only allow for standard dosing for Enbrel (Etanercept): the recommended dose is 50mg subcutaneous twice weekly for 12 weeks followed by maintenance therapy at 25-50mg subcutaneous once weekly. The Committee to Evaluate Drugs noted that this is the Manufacturer's recommended dosing regimen, as approved by Health Canada. If the patient has not responded adequately after 12 weeks of treatment at the Health Canada approved dose, higher doses are not recommended and the physician should consider switching to an alternative biologic agent.

LU Authorization Period: 1 year

02325926 Nimotop 30mg Tab

NIMODIPINE

BAH

9.8800

**Reason for
Use Code**

Clinical Criteria

42 As adjunctive therapy to improve the neurologic outcome following Subarachnoid haemorrhage during the acute management period (within 4 days of haemorrhage).

LU Authorization Period: 1 Year.

43 As prophylaxis of ischemia if surgery is delayed.

LU Authorization Period: 1 Year.

New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02349191	Alprazolam	0.25mg	Tab	SAI	0.0633
02349205	Alprazolam (Interchangeable with Xanax)	0.5mg	Tab	SAI	0.0757
02364336	Amiodarone (Interchangeable with Cordarone)	200mg	Tab	SAI	0.5147
02364913	Carvedilol	3.125mg	Tab	SAI	0.3377
02364921	Carvedilol	6.25mg	Tab	SAI	0.3377
02364948	Carvedilol	12.5mg	Tab	SAI	0.3377
02364956	Carvedilol (Interchangeable with Coreg)	25mg	Tab	SAI	0.3377

Reason for Use Code

183

Clinical Criteria

- a) NYHA Class II or III Congestive Heart Failure (CHF); **and**
- b) Currently being treated with an angiotension converting enzyme (ACE) inhibitor, diuretics with or without digoxin, or previously treated, and failed these agents; **and**
- c) An ejection fraction less than or equal to 35%; **and**
- d) At least one episode of symptomatic CHF within a 12 month period while receiving optimal management

LU Authorization Period: Indefinite.

02350440	Domperidone (Interchangeable with Motilium)	10mg	Tab	SAI	0.0594
02352400	Diclofenac SR (Interchangeable with Voltaren SR)	75mg	LA Tab	SAI	0.2433

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02356589	Fenofibrate-S (Interchangeable with Lipidil Supra)	160mg	Tab	SAI	0.3116
02362759	Gd-Amlodipine/Atorvastatin	5mg & 10mg	Tab	GEM	0.7551
02362767	Gd-Amlodipine/Atorvastatin	5mg & 20mg	Tab	GEM	0.8591
02362775	Gd-Amlodipine/Atorvastatin	5mg & 40mg	Tab	GEM	0.8981
02362783	Gd-Amlodipine/Atorvastatin	5mg & 80mg	Tab	GEM	0.8981
02362791	Gd-Amlodipine/Atorvastatin	10mg & 10mg	Tab	GEM	0.9194
02362805	Gd-Amlodipine/Atorvastatin	10mg & 20mg	Tab	GEM	1.0234
02362813	Gd-Amlodipine/Atorvastatin	10mg & 40mg	Tab	GEM	1.0624
02362821	Gd-Amlodipine/Atorvastatin (Interchangeable with Caduet)	10mg & 80mg	Tab	GEM	1.0624

Note: Patients should be stabilized on a statin or a calcium channel blocker before being initiated on Amlodipine Besylate & Atorvastatin Calcium

02350459	Glyburide	2.5mg	Tab	SAI	0.0321
02350467	Glyburide (Interchangeable with Diabeta)	5mg	Tab	SAI	0.0574
02362945	Lisinopril/HCTZ (Type Z)	10mg & 12.5mg	Tab	SAI	0.2084
02362953	Lisinopril/HCTZ (Type Z) (Interchangeable with Zestoretic)	20mg & 12.5mg	Tab	SAI	0.2504
02350238	Oxybutynin (Interchangeable with Ditropan)	5mg	Tab	SAI	0.0986
02361361	Oxycodone/Acet (Interchangeable with Percocet)	5mg & 325mg	Tab	SAI	0.1285
02348772	Trazodone	50mg	Tab	SAI	0.0554
02348780	Trazodone (Interchangeable with Desyrel)	100mg	Tab	SAI	0.0989
02348799	Trazodone (Interchangeable with Desyrel Dividose)	150mg	Tab	SAI	0.1453

Of Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02352737	Amoxicillin (Interchangeable with Amoxil)	250mg	Chewable Tab	SAI	0.6138
02356570	Fenofibrate-S (Interchangeable with Lipidil Supra)	100mg	Tab	SAI	0.7877
02350785	Naproxen EC	250mg	Ent Tab	SAI	0.2835
02350793	Naproxen EC	375mg	Ent Tab	SAI	0.3675
02350807	Naproxen EC (Interchangeable with Naprosyn E)	500mg	Ent Tab	SAI	0.6894
02261642	PMS-Azithromycin (Interchangeable with Zithromax)	600mg	Tab	PMS	7.6250
02313960	Teva-Zolmitriptan (Interchangeable with Zomig)	2.5mg	Tab	TEV	10.0000
02342545	Teva-Zolmitriptan OD (Interchangeable with Zomig Rapimelt)	2.5mg	Orally Disintegrating Tab	TEV	10.0000

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>
02312816	Temodal	180mg	Cap	SCH

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02123274	Coversyl	2mg	Tab	SEV	0.6527
02123282	Coversyl	4mg	Tab	SEV	0.8168
02246624	Coversyl	8mg	Tab	SEV	1.1325
02246569	Coversyl Plus	4mg & 1.25mg	Tab	SEV	1.0225
02321653	Coversyl Plus HD	8mg & 2.5mg	Tab	SEV	1.1436
02246568	Coversyl Plus LD	2mg & 0.625mg	Tab	SEV	0.8453
02246082	Flunarizine	5mg	Cap	AAP	0.7204
02369036	Mylan-Zolmitriptan	2.5mg	Tab	MYL	6.8583
02324229	PMS-Zolmitriptan	2.5mg	Tab	PMS	6.8586
02324768	PMS-Zolmitriptan ODT	2.5mg	Orally Disintegrating Tab	PMS	6.8625
02338572	Silkis	3mcg/g	Oint	GAC	1.1667
02100622	Sulcrate	1g	Tab	BFI	0.5549
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.1008
00580929	Tetracycline	250mg	Cap	AAP	0.0657

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02236841	Levaquin	250mg	Tab	JAN
02236842	Levaquin	500mg	Tab	JAN
02246804	Levaquin	750mg	Tab	JAN
02301830	Zym-Citalopram	20mg	Tab	MEL
02301849	Zym-Citalopram	40mg	Tab	MEL

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>
02286572	Acyclovir	800mg	Tab	SAI	1.2673
02207656	Apo-Acyclovir	800mg	Tab	APX	1.2673
02245208	Apo-Lamotrigine	25mg	Tab	APX	0.0936
02245209	Apo-Lamotrigine	100mg	Tab	APX	0.3735
02245210	Apo-Lamotrigine	150mg	Tab	APX	0.5505
02279614	Apo-Topiramate	25mg	Tab	APX	0.3128
02279630	Apo-Topiramate	100mg	Tab	APX	0.5929
02279649	Apo-Topiramate	200mg	Tab	APX	0.8854
02345803	Auro-Topiramate	25mg	Tab	AUR	0.3128
02345838	Auro-Topiramate	100mg	Tab	AUR	0.5929
02345846	Auro-Topiramate	200mg	Tab	AUR	0.8854
02287765	Co Topiramate	25mg	Tab	COB	0.3128
02287773	Co Topiramate	100mg	Tab	COB	0.5929
02287781	Co Topiramate	200mg	Tab	COB	0.8854
02142082	Lamictal	25mg	Tab	GSK	0.3742
02142104	Lamictal	100mg	Tab	GSK	1.4940
02142112	Lamictal	150mg	Tab	GSK	2.2018
02343010	Lamotrigine	25mg	Tab	SAI	0.0936
02343029	Lamotrigine	100mg	Tab	SAI	0.3735
02343037	Lamotrigine	150mg	Tab	SAI	0.5505
02315645	Mint-Topiramate	25mg	Tab	MIN	0.3128
02315653	Mint-Topiramate	100mg	Tab	MIN	0.5929
02315661	Mint-Topiramate	200mg	Tab	MIN	0.8854
02242464	Mylan-Acyclovir	800mg	Tab	MYL	1.2673
02265494	Mylan-Lamotrigine	25mg	Tab	MYL	0.0936
02265508	Mylan-Lamotrigine	100mg	Tab	MYL	0.3735
02265516	Mylan-Lamotrigine	150mg	Tab	MYL	0.5505
02263351	Mylan-Topiramate	25mg	Tab	MYL	0.3128
02263378	Mylan-Topiramate	100mg	Tab	MYL	0.5929
02263386	Mylan-Topiramate	200mg	Tab	MYL	0.8854
02285975	Novo-Acyclovir	800mg	Tab	NOP	1.2673
02248232	Novo-Lamotrigine	25mg	Tab	NOP	0.0936
02248233	Novo-Lamotrigine	100mg	Tab	NOP	0.3735
02248234	Novo-Lamotrigine	150mg	Tab	NOP	0.5505
02248860	Novo-Topiramate	25mg	Tab	NOP	0.3128
02248861	Novo-Topiramate	100mg	Tab	NOP	0.5929
02248862	Novo-Topiramate	200mg	Tab	NOP	0.8854
02197421	Nu-Acyclovir	800mg	Tab	NXP	1.2673
02271184	Phl-Topiramate	25mg	Tab	PHE	0.3128
02271192	Phl-Topiramate	100mg	Tab	PHE	0.5929
02271206	Phl-Topiramate	200mg	Tab	PHE	0.8854
02246897	PMS-Lamotrigine	25mg	Tab	PMS	0.0936
02246898	PMS-Lamotrigine	100mg	Tab	PMS	0.3735
02246899	PMS-Lamotrigine	150mg	Tab	PMS	0.5505
02262991	PMS-Topiramate	25mg	Tab	PMS	0.3128
02263009	PMS-Topiramate	100mg	Tab	PMS	0.5929

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02263017	PMS-Topiramate	200mg	Tab	PMS	0.8854
02078651	Ratio-Acyclovir	800mg	Tab	RPH	1.2673
02243352	Ratio-Lamotrigine	25mg	Tab	RPH	0.0936
02243353	Ratio-Lamotrigine	100mg	Tab	RPH	0.3735
02246963	Ratio-Lamotrigine	150mg	Tab	RPH	0.5505
02256827	Ratio-Topiramate	25mg	Tab	RPH	0.3128
02256835	Ratio-Topiramate	100mg	Tab	RPH	0.5929
02256843	Ratio-Topiramate	200mg	Tab	RPH	0.8854
02260050	Sandoz-Topiramate	25mg	Tab	SDZ	0.3128
02260069	Sandoz-Topiramate	100mg	Tab	SDZ	0.5929
02267837	Sandoz-Topiramate	200mg	Tab	SDZ	0.8854
02230893	Topamax	25mg	Tab	JNO	1.2512
02230894	Topamax	100mg	Tab	JNO	2.3715
02230896	Topamax	200mg	Tab	JNO	3.5415
02356856	Topiramate	25mg	Tab	SAI	0.3128
02356864	Topiramate	100mg	Tab	SAI	0.5929
02356872	Topiramate	200mg	Tab	SAI	0.8854
01911635	Zovirax	800mg	Tab	GSK	5.0692
02325136	Zym-Topiramate	25mg	Tab	ZYN	0.3128
02325144	Zym-Topiramate	100mg	Tab	ZYN	0.5929
02325152	Zym-Topiramate	200mg	Tab	ZYN	0.8854

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02301830	Citalopram	20mg	Tab	ZYN
02301849	Citalopram	40mg	Tab	ZYN