

**UPDATE AC
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective December 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>
02273217	Enablex 7.5mg ER Tab	DARIFENACIN	NOV	1.5800
02273225	Enablex 15mg ER Tab	DARIFENACIN	NOV	1.5800

Reason for Use Code

Clinical Criteria

290

For patients with urinary frequency, urgency or urge incontinence who have:

Failed to respond to behavioral techniques AND an adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects.

NOTE: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

Antimuscarinic agents should be used with caution in the **elderly** due to potentially serious adverse effects (e.g. confusion, psychosis, acute urinary retention, constipation). Antimuscarinic agents should be avoided in older adults with pre-existing cognitive impairment (e.g. dementia) and those who are already using other drugs with significant anticholinergic effects (e.g. tricyclic antidepressants) in order to avoid a high overall anticholinergic drug burden.

LU Authorization Period: Indefinite.

02333619	Glucagon 1mg/Vial Inj Pd-Vial Pk	GLUCAGON RDNA ORIGIN	NOO	77.7150
02333627	Glucagon HypoKit 1mg/Vial Inj Pd-Syr Pk	GLUCAGON RDNA ORIGIN	NOO	77.7150

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02275066	Trosec 20mg Tab	TROSPIUM CHLORIDE	ORY	0.7750

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Use Code**

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290

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LU Authorization Period: Indefinite.

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02277263	Vesicare 5mg Tab	SOLIFENACIN SUCCINATE	ASE	1.6400
02277271	Vesicare 10mg Tab	SOLIFENACIN SUCCINATE	ASE	1.6400

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Use Code**

Clinical Criteria

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NOTE: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

Antimuscarinic agents should be used with caution in the **elderly** due to potentially serious adverse effects (e.g. confusion, psychosis, acute urinary retention, constipation). Antimuscarinic agents should be avoided in older adults with pre-existing cognitive impairment (e.g. dementia) and those who are already using other drugs with significant anticholinergic effects (e.g. tricyclic antidepressants) in order to avoid a high overall anticholinergic drug burden.

LU Authorization Period: Indefinite.

New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02299615	Apo-Dorzo-Timop (Interchangeable with Cosopt)	2% & 0.5%	Oph Sol	APX	4.2615
	Reason for Use Code	Clinical Criteria			
	310	As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.			
	393	For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite.			
02296527	Apo-Latanoprost (Interchangeable with Xalatan)	0.005%	Oph Sol-2.5mL Pk	APX	9.5830
	Reason for Use Code	Clinical Criteria			
	171	As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated; LU Authorization Period: Indefinite.			
	172	As second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents. LU Authorization Period: Indefinite.			
	387	For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective. LU Authorization Period: Indefinite			

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02362406	Apo-Tamsulosin CR Tab (Interchangeable with Flomax CR Tab)	0.4mg		APX	0.1500

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 For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin) have been ineffective.

LU Authorization Period: Indefinite.

352 For the management of benign prostatic hyperplasia where other formulary alpha blockers have produced intolerable side effects.

LU Authorization Period: Indefinite

02371529	Apo-Valsartan	80mg	Tab	APX	0.2958
02371537	Apo-Valsartan	160mg	Tab	APX	0.2958
02371545	Apo-Valsartan (Interchangeable with Diovan)	320mg	Tab	APX	0.2843

02348705	Atorvastatin	10mg	Tab	SAI	0.4160
02348713	Atorvastatin	20mg	Tab	SAI	0.5200
02348721	Atorvastatin	40mg	Tab	SAI	0.5590
02348748	Atorvastatin (Interchangeable with Lipitor)	80mg	Tab	SAI	0.5590

02321203	Auro-Gabapentin	100mg	Cap	AUR	0.1060
02321211	Auro-Gabapentin	300mg	Cap	AUR	0.2578
02321238	Auro-Gabapentin (Interchangeable with Neurontin)	400mg	Cap	AUR	0.3072

02351102	Famotidine Tablets	20mg	Tab	SAI	0.2658
02351110	Famotidine Tablets (Interchangeable with Pepcid)	40mg	Tab	SAI	0.4834

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02373041	Gd-Latanoprost (Interchangeable with Xalatan)	0.005%	Oph Sol-2.5mL Pk	GEM	9.5830

Reason for Use Code

Clinical Criteria

- 171 As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;

LU Authorization Period: Indefinite.
- 172 As second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite.
- 387 For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite

02356821	Jamp-Metoprolol-L	50mg	Tab	JPC	0.0624
02356848	Jamp-Metoprolol-L (Interchangeable with Lopresor)	100mg	Tab	JPC	0.1361

02372932	Mint-Simvastatin	5mg	Tab	MIN	0.2556
02372940	Mint-Simvastatin	10mg	Tab	MIN	0.5058
02372959	Mint-Simvastatin	20mg	Tab	MIN	0.6251
02372967	Mint-Simvastatin	40mg	Tab	MIN	0.6251
02372975	Mint-Simvastatin (Interchangeable with Zocor)	80mg	Tab	MIN	0.6251

02373734	Mylan-Valsartan HCTZ	80mg & 12.5mg	Tab	MYL	0.2958
02373742	Mylan-Valsartan HCTZ	160mg & 12.5mg	Tab	MYL	0.2958
02373750	Mylan-Valsartan HCTZ	160mg & 25mg	Tab	MYL	0.2958
02373769	Mylan-Valsartan HCTZ	320mg & 12.5mg	Tab	MYL	0.2912
02373777	Mylan-Valsartan HCTZ (Interchangeable with Diovan-HCT)	320mg & 25mg	Tab	MYL	0.2912

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02291789	PMS-Risperidone ODT	1mg	Orally Disintegrating Tab	PMS	0.7725
02291797	PMS-Risperidone ODT	2mg	Orally Disintegrating Tab	PMS	1.5281
(Interchangeable with Risperdal M-Tab)					
02371324	Ran-Bicalutamide (Interchangeable with Casodex)	50mg	Tab	RAN	1.6100
02371820	Ran-Finasteride (Interchangeable with Proscar)	5mg	Tab	RAN	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>
02372282	Ran-Letrozole (Interchangeable with Femara)	2.5mg	Tab	RAN	1.3780

**Reason for
Use Code**

Clinical Criteria

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|-----|---|
| 365 | For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.
LU Authorization Period: Indefinite. |
| 403 | For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy.
LU Authorization Period: 5 years. |
| 408 | As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.
LU Authorization Period: 5 years. |

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>
02366487	Apo-Memantine (Interchangeable with Ebixa)	10mg	Tab	APX	1.6357
02371510	Apo-Valsartan (Interchangeable with Diovan)	40mg	Tab	APX	0.5823
02348853	Auro-Cyclobenzaprine (Interchangeable with Apo-Cyclobenzaprine)	10mg	Tab	AUR	0.3765
02365529	Jamp-Pioglitazone	30mg	Tab	JPC	1.5667
02365537	Jamp-Pioglitazone (Interchangeable with Actos)	45mg	Tab	JPC	2.3556
02357070	Jamp-Terbinafine (Interchangeable with Lamisil)	250mg	Tab	JPC	2.5200
02362961	Lisinopril/HCTZ (Type Z) (Interchangeable with Zestoretic)	20mg & 25mg	Tab	SAI	0.7011
02249669	Pamidronate Disodium Omega	3mg/mL	Inj Sol-10mL Vial	OMG	86.7800
02249677	Pamidronate Disodium Omega	6mg/mL	Inj Sol-10mL Vial	OMG	176.7000
02249685	Pamidronate Disodium Omega (Interchangeable with Aredia)	9mg/mL	Inj Sol-10mL Vial	OMG	260.3300

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02238404	Apo-Methoprazine	5mg	Tab	APX	0.0991
02238405	Apo-Methoprazine	25mg	Tab	APX	0.2547
02238406	Apo-Methoprazine	50mg	Tab	APX	0.3857
00782475	Apo-Nadol	160mg	Tab	APX	1.2046
02245432	Apo-Pimozide	2mg	Tab	APX	0.3093
00886440	Apo-Prochlorazine	5mg	Tab	APX	0.1659
00886432	Apo-Prochlorazine	10mg	Tab	APX	0.2025
09857395	Avonex Pen	30mcg/0.5mL	Pref AutoInj Pen	BIG	399.0250
02269201	Avonex PS	30mcg/0.5mL	Pref Syr	BIG	399.0250
02309254	Niaspan FCT	500mg	ER Tab	SEP	1.2700
02309262	Niaspan FCT	750mg	ER Tab	SEP	1.2700
02309289	Niaspan FCT	1000mg	ER Tab	SEP	1.2700
00004723	Purinethol	50mg	Tab	NOP	4.7684
02289199	Sandoz Lisinopril	5mg	Tab	SDZ	0.1347
09857272	Sandoz Lisinopril	5mg	Tab	SDZ	0.1428
02289202	Sandoz Lisinopril	10mg	Tab	SDZ	0.1619
09857286	Sandoz Lisinopril	10mg	Tab	SDZ	0.1716
02289229	Sandoz Lisinopril	20mg	Tab	SDZ	0.1945
09857287	Sandoz Lisinopril	20mg	Tab	SDZ	0.2063
02234003	Sandoz Nitrazepam	5mg	Tab	SDZ	0.0357
02234007	Sandoz Nitrazepam	10mg	Tab	SDZ	0.0534
02243229	Sandoz Ranitidine	150mg	Tab	SDZ	0.1800
02243230	Sandoz Ranitidine	300mg	Tab	SDZ	0.3600
02295121	Sandoz Tamsulosin	0.4mg	Cap	SDZ	0.2375
02313960	Teva-Zolmitriptan	2.5mg	Tab	TEV	6.8583
02342545	Teva-Zolmitriptan OD	2.5mg	Orally Disintegrating Tab	TEV	6.8633
00521515	Vitamin B12-1000mcg/mL	1mg/mL	Inj Sol-10mL Pk	SDZ	3.0600

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02242518	Actonel	5mg	Tab	WAR
02239146	Actonel	30mg	Tab	WAR
02246896	Actonel	35mg	Tab	WAR
02070987	Apo-Trimip	75mg	Cap	AAP
02163152	Lidemol	0.05%	Emol Cr	VAE
02161923	Lidex	0.05%	Cr	VAE
02161966	Lidex	0.05%	Oint	VAE
00317047	Ortho 0.5/35	0.035mg & 0.5mg	Tab-21 Pk	JAN
00340731	Ortho 0.5/35	0.035mg & 0.5mg	Tab-28 Pk	JAN
00372846	Ortho 1/35	0.035mg & 1mg	Tab-21 Pk	JAN
00372838	Ortho 1/35	0.035mg & 1mg	Tab-28 Pk	JAN
02042533	Ortho-Cept	0.15mg & 0.03mg	Tab-28 Pk	JAN
02236950	Risperdal	1mg/mL	O/L	JAN
02240551	Risperdal	0.25mg	Tab	JAN
02240552	Risperdal	0.5mg	Tab	JAN
02025280	Risperdal	1mg	Tab	JAN
02025299	Risperdal	2mg	Tab	JAN
02025302	Risperdal	3mg	Tab	JAN
02025310	Risperdal	4mg	Tab	JAN
02247704	Risperdal M-Tab	0.5mg	Orally Disintegrating Tab	JAN
02247705	Risperdal M-Tab	1mg	Orally Disintegrating Tab	JAN
02247706	Risperdal M-Tab	2mg	Orally Disintegrating Tab	JAN
02268086	Risperdal M-Tab	3mg	Orally Disintegrating Tab	JAN
02268094	Risperdal M-Tab	4mg	Orally Disintegrating Tab	JAN
02161974	Topsyn	0.05%	Gel	VAE
02163934	Tylenol No.2	15mg	Tab	JAN
02163926	Tylenol No.3	30mg	Tab	JAN
02163918	Tylenol No.4	300mg & 60mg	Tab	JAN
02163942	Tylenol with Codeine	160mg & 8mg/5mL	O/L	JAN
00577308	Zaditen	1mg	Tab	TEV

Discontinued Drug(s) (Removed From Payment & Listing)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
01995227	Mylan-Triazolam	0.125mg	Tab	MYL
01913506	Mylan-Triazolam	0.25mg	Tab	MYL
02048493	Novo-Diflunisal	250mg	Tab	NOP

Not-A-Benefit Drug(s) (Removed From Listing)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00682047	Apo-Cal 250	Eq to 250mg Elemental Calcium	Tab	APX
00682039	Apo-Cal 500	Eq to 500mg Elemental Calcium	Tab	APX
00645958	Calcium-250	Eq to 250mg Elemental Calcium	Tab	NOP
00645923	Calcium-500	Eq to 500mg Elemental Calcium	Tab	NOP
00441473	Calcium Gluconate	Eq to 60mg Elemental Calcium	Tab	NOP
00241717	Calcium Gluconate	Eq to 60mg Elemental Calcium	Tab	RPR
00179698	Calcium Gluconate	Eq to 60mg Elemental Calcium	Tab	SDR
00021253	Calcium Lactate	Eq to 84mg Elemental Calcium	Tab	NOP
00179671	Calcium Lactate	Eq to 84mg Elemental Calcium	Tab	SDR
02042983	Os-Cal 250	Eq to 250mg Elemental Calcium	Tab	WAY
02042991	Os-Cal 500	Eq to 500mg Elemental Calcium	Tab	WAY

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02239064	Detrol	1mg	Tab	PFI
02239065	Detrol	2mg	Tab	PFI
02244612	Detrol LA	2mg	SR Cap	PFI
02244613	Detrol LA	4mg	SR Cap	PFI

Reason for Use Code

Clinical Criteria

290

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LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02238453	Xeloda	150mg	Tab	HLR
02238454	Xeloda	500mg	Tab	HLR

**Reason for
Use Code**

Clinical Criteria

346 For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.

NOTE: Not to be used in patients who have failed 5-fluorouracil.

LU Authorization Period: Indefinite.

360 For the treatment of metastatic breast cancer where patients have progressed after prior chemotherapy.

LU Authorization Period: Indefinite.

406 For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.

*high risk stage 2 colon cancer is defined as one of the following:

- obstruction,
- perforation,
- poorly differentiated adenocarcinoma,
- inadequate lymph node sampling,
- T4 tumour.

LU Authorization Period: 6 Months.

409 As part of the CAPOX regimen for the first-line and second-line treatment of metastatic colorectal cancer.

LU Authorization Period: Indefinite.

426 In combination with trastuzumab and cisplatin for the treatment of patients with HER2-positive metastatic adenocarcinoma of the stomach or gastro-esophageal junction who have not received prior anti-cancer treatment for their metastatic disease.

LU Authorization Period: Indefinite.

427 For the neo-adjuvant treatment of rectal cancer.

LU Authorization Period: Indefinite.

Status Change(s) from Not-A-Benefit to General Benefit Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02163152	Lidemol	0.05%	Emol Cr	MEC	0.1980
02161923	Lidex	0.05%	Cr	MEC	0.2378
02161966	Lidex	0.05%	Oint	MEC	0.3035
02161974	Topsyn	0.05%	Gel	MEC	0.3076

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02161974	Lidex	0.05%	Gel	MEC
02070987	Trimipramine	75mg	Cap	APX
02163934	Tylenol with Codeine No.2	300mg & 15mg & 15mg	Tab	JNO
02163926	Tylenol with Codeine No.3	300mg & 15mg & 30mg	Tab	JNO
02163918	Tylenol with Codeine No.4	300mg & 60mg	Tab	JNO
02163942	Tylenol with Codeine Elixir	160mg & 8mg/5mL	O/L	JNO