

**UPDATE AH**  
**Ontario Drug Benefit**  
**Formulary/Comparative Drug Index**  
**No. 41**  
**Effective May 29, 2012**

**SUMMARY OF CHANGES**

**TABLE OF CONTENTS**

	<u>Page</u>
New Single Source Drug(s)	2
New Multi-Source Drug(s)	3
Off Formulary Interchangeable Product(s)	7
Manufacturer Requested Discontinued Drug(s)	8
Delisted Drug(s)	9
Drug Benefit Price(s)	10
New Manufacturer Name(s)	11
Discontinued Drug(s) (Removed From Payment & Listing)	12
Trade Name Change(s)	13
<b>Index</b>	<b>14</b>

### New Single Source Drug(s)

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02375931	Intelence 200mg Tab	ETRAVIRINE	JAN	10.9000

**Note:** For use in combination with an optimized regimen, for the treatment of HIV-1 infection in treatment-experienced adult patients who have failed prior anti-retroviral therapies and have HIV-1 strains resistant to multiple antiretroviral agents, including protease inhibitors (PIs) and other non-nucleoside reverse transcriptase inhibitors (NNRTIs).

**Note:** For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

## New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02321459	Apo-Entacapone (Interchangeable with Comtan)	200mg	Tab	APX	0.4010
	<b>Reason for Use Code</b>	<b>Clinical Criteria</b>			
	367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.			
		LU Authorization Period: Indefinite.			
02337975	Apo-Rosuvastatin	5mg	Tab	APX	0.3225
02337983	Apo-Rosuvastatin	10mg	Tab	APX	0.3400
02337991	Apo-Rosuvastatin	20mg	Tab	APX	0.4250
02338009	Apo-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	APX	0.4975
02382547	Apo-Valsartan/HCTZ	80mg & 12.5mg	Tab	APX	0.2958
02382555	Apo-Valsartan/HCTZ	160mg & 12.5mg	Tab	APX	0.2958
02382563	Apo-Valsartan/HCTZ	160mg & 25mg	Tab	APX	0.2958
02382571	Apo-Valsartan/HCTZ	320mg & 12.5mg	Tab	APX	0.2912
02382598	Apo-Valsartan/HCTZ (Interchangeable with Divoan-HCT)	320mg & 25mg	Tab	APX	0.2912
02344823	Auro-Cefuroxime	250mg	Tab	AUR	0.7237
02344831	Auro-Cefuroxime (Interchangeable with Ceftin)	500mg	Tab	AUR	1.4337
02379260	Candesartan Cilexetil Tablets	4mg	Tab	ACH	0.1700
02379279	Candesartan Cilexetil Tablets	8mg	Tab	ACH	0.2850
02379287	Candesartan Cilexetil Tablets	16mg	Tab	ACH	0.2850
02379295	Candesartan Cilexetil Tablets (Interchangeable with Atacand)	32mg	Tab	ACH	0.2850
02339765	Co Rosuvastatin	5mg	Tab	COB	0.3225
02339773	Co Rosuvastatin	10mg	Tab	COB	0.3400
02339781	Co Rosuvastatin	20mg	Tab	COB	0.4250
02339803	Co Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	COB	0.4975

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02379686	Mar-Ciprofloxacin	250mg	Tab	MAR	0.6186
02379694	Mar-Ciprofloxacin	500mg	Tab	MAR	0.6979
02379708	Mar-Ciprofloxacin	750mg	Tab	MAR	1.2780

(Interchangeable with Cipro)

**Reason for Use Code      Clinical Criteria**

- 332      For the treatment of patients with:  
**SST/BJ(Gram negative bacteria):**  
Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.  
LU Authorization Period: 1 year.
- 333      **GU Tract:**  
Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.  
LU Authorization Period: 1 year.
- 334      **COPD with risk:**  
Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors<sup>1</sup>; bronchiectasis; pneumonic illness with cystic fibrosis.  
<sup>1</sup>Risk factors include: poor pulmonary lung function (FEV<sub>1</sub> below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.  
LU Authorization Period: 1 year.
- 336      **Step-Down:**  
Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia  
LU Authorization Period: 1 year.
- 350      **GI:**  
Traveller's diarrhea; enteric fever syndromes; Crohn's disease.  
LU Authorization Period: 1 year.
- 353      For the prophylaxis or treatment of B. anthracis exposure.  
LU Authorization Period: 1 year.
- 977      Exceptional cases of allergy or intolerance to all other appropriate therapies.  
LU Authorization Period: 1 year.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02378841	Metformin (Interchangeable with Glucophage)	500mg	Tab	MAR	0.0587
02380579	Mint-Fluoxetine (Interchangeable with Prozac)	20mg	Cap	MIN	0.4598
02381265	Mylan-Rosuvastatin	5mg	Tab	MYL	0.3225
02381273	Mylan-Rosuvastatin	10mg	Tab	MYL	0.3400
02381281	Mylan-Rosuvastatin	20mg	Tab	MYL	0.4250
02381303	Mylan-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	MYL	0.4975
02380900	PMS-Nabilone	0.5mg	Cap	PMS	0.7757
02380919	PMS-Nabilone (Interchangeable with Cesamet)	1mg	Cap	PMS	1.5513
02378523	PMS-Rosuvastatin	5mg	Tab	PMS	0.3225
02378531	PMS-Rosuvastatin	10mg	Tab	PMS	0.3400
02378558	PMS-Rosuvastatin	20mg	Tab	PMS	0.4250
02378566	PMS-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	PMS	0.4975
02358085	Ran-Nabilone	0.5mg	Cap	RAN	0.7757
02358093	Ran-Nabilone (Interchangeable with Cesamet)	1mg	Cap	RAN	1.5513
02382644	Ran-Rosuvastatin	5mg	Tab	RAN	0.3225
02382652	Ran-Rosuvastatin	10mg	Tab	RAN	0.3400
02382660	Ran-Rosuvastatin	20mg	Tab	RAN	0.4250
02382679	Ran-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	RAN	0.4975
02380005	Sandoz Entacapone (Interchangeable with Comtan)	200mg	Tab	SDZ	0.4010

<b>Reason for Use Code</b>	<b>Clinical Criteria</b>
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367	For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.
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LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02338726	Sandoz Rosuvastatin	5mg	Tab	SDZ	0.3225
02338734	Sandoz Rosuvastatin	10mg	Tab	SDZ	0.3400
02338742	Sandoz Rosuvastatin	20mg	Tab	SDZ	0.4250
02338750	Sandoz Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	SDZ	0.4975

02366312	Teva-Candesartan	8mg	Tab	TEV	0.2850
02366320	Teva-Candesartan	16mg	Tab	TEV	0.2850
02366339	Teva-Candesartan (Interchangeable with Atacand)	32mg	Tab	TEV	0.2932

02375559	Teva-Entacapone (Interchangeable with Comtan)	200mg	Tab	TEV	0.4010
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**Reason for Use Code      Clinical Criteria**

367      For the treatment of patients with Parkinson's disease with 25% of the waking day in the off state despite maximally tolerated doses of levodopa.

LU Authorization Period: Indefinite.

02354608	Teva-Rosuvastatin	5mg	Tab	TEV	0.3225
02354616	Teva-Rosuvastatin	10mg	Tab	TEV	0.3400
02354624	Teva-Rosuvastatin	20mg	Tab	TEV	0.4250
02354632	Teva-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	TEV	0.4975

**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>
02380951	Apo-Zolmitriptan (Interchangeable with Zomig)	2.5mg	Tab	APX	6.8583
02379651	Mar-Rizatriptan	5mg	Tab	MAR	11.1150
02379678	Mar-Rizatriptan (Interchangeable with Maxalt)	10mg	Tab	MAR	11.1150
02380560	Mint-Fluoxetine (Interchangeable with Prozac)	10mg	Cap	MIN	1.1773
02382733	Mylan-Olanzapine ODT (Interchangeable with Zyprexa Zydys)	20mg	Rapid Dissolve Tab	MYL	7.5900
02381230	PMS-Valacyclovir (Interchangeable with Valtrex)	1000mg	Tab	PMS	3.3924
02312999	PMS-Valsartan (Interchangeable with Diovan)	40mg	Tab	PMS	0.5823

### 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>
02115514	Desocort	0.05%	Lot	GAC
02115522	Desocort	0.05%	Oint	GAC



**Delisted Drug(s)**

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02230730	Novo-Ketotifen	1mg	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>
02322374	Abilify	2mg	Tab	BQU	3.0067
02322382	Abilify	5mg	Tab	BQU	3.3850
02322390	Abilify	10mg	Tab	BQU	4.0133
02322404	Abilify	15mg	Tab	BQU	4.6433
02322412	Abilify	20mg	Tab	BQU	5.2733
02322455	Abilify	30mg	Tab	BQU	6.5316
02112736	Cortenema	100mg/60mL	Enema-60mL Pk	BFI	6.7200
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	1.4358
00586668	Fucidin	2%	Cr	LEO	0.6247
00586676	Fucidin	2%	Oint	LEO	0.6247
02167840	Innohep	10000IU/mL	Inj - 2mL Pk	LEO	33.6520
02229515	Innohep	20000IU/mL	Inj - 2mL Pk	LEO	68.3600
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	4.2450
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	5.9350
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	7.6350
09853898	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	7.6350
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	17.3340
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	24.2640
09853901	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	24.2640
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	31.1940
09853928	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	31.1940
02357208	Jamp-Amlodipine	10mg	Tab	JPC	0.5034
00474517	One-Alpha	0.25mcg	Cap	LEO	0.4475
00474525	One-Alpha	1mcg	Cap	LEO	1.3396
01916823	Ridaura	3mg	Cap	PAL	6.0141
02112787	Salofalk	500mg	Ent Tab	BFI	0.5375
02112809	Salofalk	4g	Rect Susp-Pk	BFI	6.5000
02112760	Salofalk	500mg	Sup	BFI	1.1880
02242146	Salofalk	1000mg	Sup	BFI	1.7453
02100622	Sulcrate	1g	Tab	BFI	0.5710
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.1037
02238984	Urso	250mg	Tab	BFI	1.3701
02245894	Urso DS	500mg	Tab	BFI	2.5988
02230019	Viokase	8000 & 30000 & 30000 USP Units	Tab	BFI	0.2314
02241933	Viokase 16	16mg	Tab	BFI	0.3551
02319012	Xamiol	50mcg/g & 0.5mg/g	Top Gel	LEO	1.4657

## New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00790427	Apo-Keto	50mg	Cap	AAP
00790435	Apo-Keto-E	50mg	Ent Tab	AAP
00465186	Ceclor	250mg	Cap	MMT
00465194	Ceclor	500mg	Cap	MMT
00465208	Ceclor	25mg/mL	Oral Susp	MMT
00465216	Ceclor	50mg/mL	Oral Susp	MMT
01916823	Ridaura	3mg	Cap	XED

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00589241	Acetaminophen Tab	325mg		DPC
02231702	PMS-Bromocriptine	2.5mg	Tab	PMS
02236949	PMS-Bromocriptine	5mg	Cap	PMS

## Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00790427	Ketoprofen	50mg	Cap	APX
00790435	Ketoprofen-E	50mg	Ent Tab	APX
01916386	PMS-HYDROmorphine	1mg/mL	Oral Sol	PMS
00885444	PMS-HYDROmorphine	1mg	Tab	PMS
00885436	PMS-HYDROmorphine	2mg	Tab	PMS
00885401	PMS-HYDROmorphine	4mg	Tab	PMS
00885428	PMS-HYDROmorphine	8mg	Tab	PMS
02320630	Sandoz Mycophenolate Mofetil	250mg	Cap	SDZ
02313855	Sandoz Mycophenolate Mofetil	500mg	Tab	SDZ
02358263	Teva-Losartan/HCTZ	50mg & 12.5mg	Tab	TEV