

UPDATE AI
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
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SUMMARY OF CHANGES

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New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02381486	Alendronate Sodium Tablets	10mg	Tab	ACH	0.4987
02381494	Alendronate Sodium Tablets (Interchangeable with Fosamax)	70mg	Tab	ACH	2.5144
02378760	Amlodipine-Odan	5mg	Tab	ODN	0.3391
02378779	Amlodipine-Odan (Interchangeable with Norvasc)	10mg	Tab	ODN	0.5034
02364115	Apo-Hydromorphone	1mg	Tab	APX	0.0959
02364123	Apo-Hydromorphone	2mg	Tab	APX	0.1417
02364131	Apo-Hydromorphone	4mg	Tab	APX	0.2240
02364158	Apo-Hydromorphone (Interchangeable with Dilaudid)	8mg	Tab	APX	0.3528
02377721	Apo-Risedronate (Interchangeable with Actonel)	150mg	Tab	APX	32.3625
02383780	Mycophenolate Mofetil Capsules	250mg	Cap	ACH	0.5155
02378574	Mycophenolate Mofetil Tablets (Interchangeable with Cellcept)	500mg	Tab	ACH	1.0310
	Reason for Use Code	Clinical Criteria			
	190	For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants. LU Authorization Period: Indefinite.			
02384418	Mylan-Bisoprolol	5mg	Tab	MYL	0.0994
02384426	Mylan-Bisoprolol (Interchangeable with Monacor)	10mg	Tab	MYL	0.1450
02382709	Mylan-Olanzapine ODT	5mg	Rapid Dissolve Tab	MYL	0.8937
02382717	Mylan-Olanzapine ODT	10mg	Rapid Dissolve Tab	MYL	1.7857
02382725	Mylan-Olanzapine ODT (Interchangeable with Zyprexa Zydis)	15mg	Rapid Dissolve Tab	MYL	2.6778

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02383535	Mylan-Valsartan	80mg	Tab	MYL	0.2958
02383543	Mylan-Valsartan	160mg	Tab	MYL	0.2958
02383551	Mylan-Valsartan (Interchangeable with Diovan)	320mg	Tab	MYL	0.2843
02313006	PMS-Valsartan	80mg	Tab	PMS	0.2958
02313014	PMS-Valsartan	160mg	Tab	PMS	0.2958
02344564	PMS-Valsartan (Interchangeable with Diovan)	320mg	Tab	PMS	0.2843
02379813	Ran-Clopidogrel (Interchangeable with Plavix)	75mg	Tab	RAN	0.6576

**Reason for
Use Code**

Clinical Criteria

- 375 For patients immediately post-hospitalization for Acute Coronary Syndrome (ACS), in combination with ASA. ACS is defined as any myocardial infarction (MI) or unstable angina (UA).

LU Authorization Period: Indefinite.
- 376 For patients immediately pre- or post-percutaneous coronary intervention (PCI).*
*Therapy may be initiated up to 10 days prior to PCI

LU Authorization Period: Indefinite.
- 411 For patients who experience a stroke or transient ischemic attack (TIA) while taking Aggrenox (dipyridamole and ASA) or ASA alone; or

For patients experiencing ongoing severe symptomatic peripheral vascular disease (PVD) (i.e. with Ankle Brachial Index < 0.5) after a vascular event while on ASA. ASA should not be used concomitantly; or

For patients requiring ASA with documented severe allergy to ASA, such as anaphylactic reaction or bronchospasm. Gastrointestinal events (GI), including GI bleeds, are excluded.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02379627	Septa-Ciprofloxacin	250mg	Tab	SET	0.6186
02379635	Septa-Ciprofloxacin	500mg	Tab	SET	0.6979
02379643	Septa-Ciprofloxacin	750mg	Tab	SET	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 factors¹; bronchiectasis; pneumonic illness with cystic fibrosis.
¹Risk factors include: poor pulmonary lung function (FEV₁ 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>
02379767	Septa-Metformin (Interchangeable with Glucophage)	500mg	Tab	SET	0.0587
02378884	Simvastatin-Odan	5mg	Tab	ODN	0.2556
02378892	Simvastatin-Odan	10mg	Tab	ODN	0.5058
02378906	Simvastatin-Odan	20mg	Tab	ODN	0.6251
02378914	Simvastatin-Odan	40mg	Tab	ODN	0.6251
02378922	Simvastatin-Odan (Interchangeable with Zocor)	80mg	Tab	ODN	0.6251
02319403	Teva-Hydromorphone	1mg	Tab	TEV	0.0959
02319411	Teva-Hydromorphone	2mg	Tab	TEV	0.1417
02319438	Teva-Hydromorphone	4mg	Tab	TEV	0.2240
02319446	Teva-Hydromorphone (Interchangeable with Dilaudid)	8mg	Tab	TEV	0.3528
02384884	Teva-Nabilone	0.5mg	Cap	TEV	0.7757
02384892	Teva-Nabilone (Interchangeable with Cesamet)	1mg	Cap	TEV	1.5513

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>
02383209	Co Tramadol/Acet (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	COB	0.6264
02378639	Mar-Metformin (Interchangeable with Glucophage)	850mg	Tab	MAR	0.2090
02378973	Mylan-Atomoxetine	80mg	Cap	MYL	3.9960
02378981	Mylan-Atomoxetine (Interchangeable with Strattera)	100mg	Cap	MYL	4.3520
02383527	Mylan-Valsartan (Interchangeable with Diovan)	40mg	Tab	MYL	0.4320

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>
02280213	Avalide	300mg & 25mg	Tab	SAV
00546283	Capoten	25mg	Tab	BQU
01997653	Dantrium	100mg	Cap	JHP
02146118	Dilaudid-HP-Plus	20mg/mL	Inj	PFP
02145863	Dilaudid-XP	50mg/mL	Inj-1mL Pk	PFP
02185881	Kytril	1mg	Tab	HLR
00611190	Marinol	2.5mg	Cap	SPH
00611204	Marinol	5mg	Cap	SPH

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02083523	Bezalip	400mg	SR Tab	AGP	2.0107
02379295	Candesartan Cilexetil Tablets	32mg	Tab	ACH	0.2932
00716731	Docusate Sodium	100mg	Cap	TAR	0.0328
00649392	PMS-Procyclidine	2.5mg	Tab	PMS	0.0577
02070847	Soriatane	10mg	Cap	AGP	2.0410
02070863	Soriatane	25mg	Cap	AGP	3.5843
02286386	Tysabri	300mg/15mL	Inj Sol-15mL Vial Pk	BIG	3081.5800

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00842664	Apo-Keto-E	100mg	Ent Tab	AAP

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02324032	Xeomin	100 LD50 Units	Pd for Inj-Vial Pk	MEZ

**Reason for
Use Code**

Clinical Criteria

- | | |
|-----|---|
| 130 | To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.

LU Authorization Period: 1 Year. |
| 412 | For the management of focal spasticity, due to stroke or spinal cord injury in adults.

LU Authorization Period: 1 Year. |
| 421 | For the treatment of blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in adults.

LU Authorization Period: 1 Year. |

Note: Xeomin should be administered personally by a neurologist or a physician with equivalent post-graduate training and experience with neuromuscular disorders.

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02357860	Celestoderm-V/2	0.05%	Cr	VAE	0.0596
02357844	Celestoderm-V	0.1%	Cr	VAE	0.0889
02357879	Celestoderm-V/2	0.05%	Oint	VAE	0.0596
02357852	Celestoderm-V	0.1%	Oint	VAE	0.0889

Status Change(s) from Not-A- Benefit to Limited Use

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02043408	Premarin	0.625mg	Tab	WAY	0.3000

Reason for Use Code

398

Clinical Criteria

For short-term use in women who are experiencing symptoms of menopause.

Note: Recent evidence has demonstrated that use of hormone replacement therapy (HRT) increases the rate of coronary events, breast cancer, dementia, stroke, venous thromboembolism and referrals for abnormal vaginal bleeding. These risks should be discussed with patients and reviewed periodically.

LU Authorization Period: 1 Year

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00842664	Ketoprofen-E	100mg	Ent Tab	APX