

UPDATE AJ
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective July 27, 2012

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>
02370603	Edurant 25mg Tab	RILPIVIRINE HYDROCHLORIDE	JAN	13.7970

Note: For use in combination with other antiretroviral therapies, for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in antiretroviral treatment naive adult patients.

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

02367289	Viramune XR 400mg ER Tab	NEVIRAPINE	BOE	2.4692
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02374900	Visanne 2mg Tab	DIENOGEST	BAH	1.9643
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Reason for Use Code

Clinical Criteria

432

For the management of pelvic pain associated with endometriosis in patients for whom one or more less costly options are either ineffective or cannot be used.

Note: For example for patients who are refractory to 6 months of continuous combined oral contraceptives and/or medroxyprogesterone therapy OR have contraindications to these therapies.

LU Authorization Period: 1 Year

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02378604	Xarelto 15mg Tab	RIVAROXABAN	BAH	2.8400
02378612	Xarelto 20mg Tab	RIVAROXABAN	BAH	2.8400

Reason for Use Code

Clinical Criteria

435 For the prevention of stroke and systemic embolism in at-risk patients who have non-valvular atrial fibrillation (AF) **AND** in whom:

- 1) Anticoagulation is inadequate following a reasonable trial on warfarin; **OR**
- 2) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e., no access to INR testing services at a laboratory, clinic, pharmacy, and at home).

Exclusion Criteria: Patients who:

- (a) have impaired renal function (creatinine clearance or estimated glomerular filtration rate less than 30mL/min); **OR**
- (b) are greater than or equal to 75 years in age without documented stable renal function; **OR**
- (c) have hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis; **OR**
- (d) have prosthetic heart valves.

Definitions and Clarification:

- (a) "documented stable renal function" is defined as creatinine clearance or estimated glomerular filtration rate that maintained for at least 3 months (i.e., 30-49mL/min for 15mg once daily dosing or greater than or equal to 50mL/min for 20mg once daily dosing for at least 3 months).
- (b) "at-risk patients with atrial fibrillation" are defined as those with a CHADS2 score of greater than or equal to 1. Although the ROCKET-AF trial included patients with higher CHADS2 score (greater than or equal to 2), other landmark studies with the other newer oral anticoagulants demonstrated a therapeutic benefit in patients with a CHADS2 score of 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1.

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DIN

PRODUCT

GENERIC NAME

MFR

DBP

Continued from the previous page
Reason for Use Code **Clinical Criteria**

Definitions and Clarification:

- (c) “inadequate anticoagulation” is defined as INR testing results that are outside of the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).
- (d) “a reasonable trial on warfarin” is defined as at least 2 months of therapy.
- (e) Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see Xarelto product monograph).
- (f) Patients starting rivaroxaban should have ready access to appropriate medical services to manage a major bleeding event.
- (g) There is currently no data to support that rivaroxaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves, so rivaroxaban is not recommended in these populations.

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>
02369052	Apo-Lamivudine	150mg	Tab	APX	3.6269
02369060	Apo-Lamivudine (Interchangeable with 3TC)	300mg	Tab	APX	7.2538

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. Reimbursement will not be provided for the treatment of hepatitis.

02375540	Apo-Lamivudine-Zidovudine (Interchangeable with Combivir)	150mg & 300mg	Tab	APX	2.6103
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02383241	Fluoxetine Capsules BP (Interchangeable with Prozac)	20mg	Cap	ACH	0.4598
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02378620	Mar-Metformin (Interchangeable with Glucophage)	500mg	Tab	MAR	0.0587
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02384701	Ran-Alendronate	10mg	Tab	RAN	0.4987
02384728	Ran-Alendronate (Interchangeable with Fosamax)	70mg	Tab	RAN	2.5144

02387247	Teva-Lamivudine/Zidovudine (Interchangeable with Combivir)	150mg & 300mg	Tab	TEV	2.6103
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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>
02386194	Co Bosentan	62.5mg	Tab	COB	48.1340
02386208	Co Bosentan (Interchangeable with Tracleer)	125mg	Tab	COB	48.1340
02383497	Mylan-Bosentan	62.5mg	Tab	MYL	32.0893
02383500	Mylan-Bosentan (Interchangeable with Tracleer)	125mg	Tab	MYL	32.0893
02387158	Mylan-Zolmitriptan ODT (Interchangeable with Zomig Rapimelt)	2.5mg	Orally Disintegrating Tab	MYL	6.8583
02383012	PMS-Bosentan	62.5mg	Tab	PMS	32.0893
02383020	PMS-Bosentan (Interchangeable with Tracleer)	125mg	Tab	PMS	32.0893
02370158	Piperacillin/Tazobactam powder for Injection	2g & 250mg	Inj Pd-Vial Pk	TEV	10.1300
02370166	Piperacillin/Tazobactam powder for Injection	3g & 375mg	Inj Pd-Vial Pk	TEV	15.2000
02370174	Piperacillin/Tazobactam powder for Injection (Interchangeable with Tazocin)	4g & 500mg	Inj Pd-Vial Pk	TEV	20.2700
02375850	Ran-Pioglitazone	15mg	Tab	RAN	1.1225
02375869	Ran-Pioglitazone	30mg	Tab	RAN	1.5726
02375877	Ran-Pioglitazone (Interchangeable with Actos)	45mg	Tab	RAN	2.3646

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02386410	Sandoz Atomoxetine	10mg	Cap	SDZ	2.3140
02386429	Sandoz Atomoxetine	18mg	Cap	SDZ	2.6523
02386437	Sandoz Atomoxetine	25mg	Cap	SDZ	2.9280
02386445	Sandoz Atomoxetine	40mg	Cap	SDZ	3.3377
02386453	Sandoz Atomoxetine	60mg	Cap	SDZ	3.7023
02386461	Sandoz Atomoxetine	80mg	Cap	SDZ	3.9963
02386488	Sandoz Atomoxetine	100mg	Cap	SDZ	4.3524
	(Interchangeable with Strattera)				
02386275	Sandoz Bosentan	62.5mg	Tab	SDZ	48.1340
02386283	Sandoz Bosentan	125mg	Tab	SDZ	48.1340
	(Interchangeable with Tracleer)				

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>
02247937	Apo-Hydroxyurea	500mg	Cap	APX
00893773	Gen-Timolol	0.25%	Oph Sol	GEN
00885843	Lotensin	10mg	Tab	NOV
00690244	M.O.S.-60	60mg	Tab	VAL
02257378	Mylan-Amilazide	5mg & 50mg	Tab	MYL
00454583	Phenazo	200mg	Tab	VAL
00010480	Tofranil	50mg	Tab	NOV

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02242119	Aggrenox	200mg/25mg	Cap	BOE	0.8492
02247686	Atrovent HFA	20mcg/Metered Dose	Inh-200 Dose Pk	BOE	18.9200
00716618	Betaderm	0.05%	Cr	TAR	0.0596
00716626	Betaderm	0.1%	Cr	TAR	0.0889
00716642	Betaderm	0.05%	Oint	TAR	0.0596
00716650	Betaderm	0.1%	Oint	TAR	0.0889
02270102	Flomax CR Tab	0.4mg		BOE	0.6190
02240769	Micardis	40mg	Tab	BOE	1.1657
02240770	Micardis	80mg	Tab	BOE	1.1657
02244344	Micardis Plus	80mg & 12.5mg	Tab	BOE	1.1657
02318709	Micardis Plus	80mg & 25mg	Tab	BOE	1.1657
02237145	Mirapex	0.25mg	Tab	BOE	1.0836
09857268	Mirapex	0.25mg	Tab	BOE	1.0836
02237146	Mirapex	1mg	Tab	BOE	2.1672
09857269	Mirapex	1mg	Tab	BOE	2.1672
02237147	Mirapex	1.5mg	Tab	BOE	2.1672
09857270	Mirapex	1.5mg	Tab	BOE	2.1672
02046113	PMS-Sodium Cromoglycate	1%	Inh Sol-2mL Pk	PMS	0.7692
02246793	Spiriva	18mcg	Cap	BOE	2.1667

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02248251	Novo-Alendronate	5mg	Tab	TEV
02247373	Novo-Alendronate	10mg	Tab	TEV
01913484	Novo-Alprazol	0.25mg	Tab	TEV
01913492	Novo-Alprazol	0.5mg	Tab	TEV
02239835	Novo-Amiodarone	200mg	Tab	TEV
02250497	Novo-Amlodipine	5mg	Tab	TEV
02250500	Novo-Amlodipine	10mg	Tab	TEV
01912062	Novo-Atenol	50mg	Tab	TEV
01912054	Novo-Atenol	100mg	Tab	TEV
02302918	Novo-Atenolthalidone	50 & 25mg	Tab	TEV
02302926	Novo-Atenolthalidone	100 & 25mg	Tab	TEV
02236819	Novo-Azathioprine	50mg	Tab	TEV
00782718	Novo-Carbamaz	200mg	Tab	TEV
02241709	Novo-Clindamycin	150mg	Cap	TEV

Not-A-Benefit Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00546291	Capoten	50mg	Tab	BQU
02212374	Zantac	15mg/mL	Oral Sol	GSK

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02177072	Apo-Naproxen SR	750mg	SR Tab	APX
00236063	Benoxyl	5%	Lot	STI
00187585	Benoxyl	20%	Lot	STI
09853790	Fragmin	10000IU/0.4mL	Inj Pref Syr	PFI
09853820	Fragmin	12500IU/0.5mL	Inj Pref Syr	PFI
09853880	Fragmin	15000IU/0.6mL	Inj Pref Syr	PFI
09853910	Fragmin	18000IU/0.72mL	Inj Pref Syr	PFI
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
02229723	Gen-Cyproterone	50mg	Tab	GEN
02265133	Gen-Divalproex	125mg	Tab	GEN
02265141	Gen-Divalproex	250mg	Tab	GEN
02265168	Gen-Divalproex	500mg	Tab	GEN
02243431	Gen-Naproxen EC	250mg	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
00740497	Hepalean	50000USP U/5mL	Inj Sol-5mL Pk	ORG
00740519	Hepalean	10000USP U/10mL	Inj Sol-10mL Pk	ORG
09853898	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO
09853901	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO
09853928	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO
02245860	Lumigan	0.03%	Oph Sol	ALL
02245697	Mylan-Fluconazole	150mg	Cap	MYL
00364282	Novo-Purol	100mg	Tab	NOP
00565342	Novo-Purol	200mg	Tab	NOP
00363693	Novo-Purol	300mg	Tab	NOP
02091275	PMS-Fluphenazine Decanoate	125mg/5mL	Inj Susp-5mL Pk	PMS
02245284	PMS-Morphine Sulfate	15mg	SR Tab	PMS
02245285	PMS-Morphine Sulfate	30mg	SR Tab	PMS
02245287	PMS-Morphine Sulfate SR	100mg	SR Tab	PMS
02245288	PMS-Morphine Sulfate SR	200mg	SR Tab	PMS
02245999	PMS-Pamidronate	9mg/mL	Inj Sol-10mL Vial	PMS
97982440	Pregestimil		Pd-454g Pk	MJN
02247875	Sandoz Metoprolol (Type L)	50mg	Tab	SDZ
02247876	Sandoz Metoprolol (Type L)	100mg	Tab	SDZ
00578568	Stieva-A	0.03%	Sol	STI
00646237	UltraMOP	10mg	SG Cap	CDX

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00349917	Modecate	125mg/5mL	Inj Susp-5mL Pk	BQU
02162466	Naprosyn SR	750mg	SR Tab	HLR

Status Change(s) from General Benefit to Limited Use

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02316986	Xarelto	10mg	Tab	BAH	8.8598

Reason for Use Code

Clinical Criteria

433

For the prevention of venous thromboembolic events in patients who have undergone elective total knee replacement (TKR) surgery.

Note: Limited to 14 days of reimbursement in TKR. Limited to 1 claim in a 120 day period.

LU Authorization Period: 1 Year

434

For the prevention of venous thromboembolic events in patients who have undergone elective total hip replacement (THR).

Note: Limited to 35 days of reimbursement in THR. Limited to 1 claim in a 120 day period.

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>
02248251	Teva-Alendronate	5mg	Tab	NOP
02247373	Teva-Alendronate	10mg	Tab	NOP
01913484	Teva-Alprazolam	0.25mg	Tab	NOP
01913492	Teva-Alprazolam	0.5mg	Tab	NOP
02239835	Teva-Amiodarone	200mg	Tab	NOP
02250497	Teva-Amlodipine	5mg	Tab	NOP
02250500	Teva-Amlodipine	10mg	Tab	NOP
01912062	Teva-Atenolol	50mg	Tab	NOP
01912054	Teva-Atenolol	100mg	Tab	NOP
02302918	Teva-Atenolol/Chlorthalidone	50 & 25mg	Tab	NOP
02302926	Teva-Atenolol/Chlorthalidone	100 & 25mg	Tab	NOP
02236819	Teva-Azathioprine	50mg	Tab	NOP
00782718	Teva-Carbamazepine	200mg	Tab	NOP
02241709	Teva-Clindamycin	150mg	Cap	NOP