

UPDATE AM
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective October 30, 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>
02295695	Suboxone 2mg & 0.5mg SL Tab	BUPRENORPHINE & NALOXONE	RBP	2.6700
02295709	Suboxone 8mg & 2mg SL Tab	BUPRENORPHINE & NALOXONE	RBP	4.7300

Reason for Use Code	Clinical Criteria
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437	For the treatment of opioid dependence in patients who have failed, have significant intolerance, have a contraindication to, or who are at high risk for toxicity with methadone.
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Note: High risk for toxicity with methadone defined as: use of benzodiazepines, alcohol abuse or dependence, elderly, patients who are dependent on codeine or abuse opioids on a less than daily basis, on medications that interfere with methadone metabolism, at high risk for prolonged QT interval.

Note: Physicians should complete an accredited course on opioid addiction and buprenorphine treatment before prescribing Suboxone.

LU Authorization Period: 1 year.

438	For the treatment of opioid dependence when a methadone maintenance program is not available or accessible (i.e. No methadone maintenance programs available in the area, or waiting list is 3 months or longer).
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Note: Physicians should complete an accredited course on opioid addiction and buprenorphine treatment before prescribing Suboxone.

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>
02390183	Co Exemestane (Interchangeable with Aromasin)	25mg	Tab	COB	3.9008

Reason for Use Code Clinical Criteria

- 180 For the hormonal treatment of metastatic breast cancer in hormone receptor positive postmenopausal women who have disease progression following tamoxifen therapy.

LU Authorization Period: Indefinite
- 407 For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.

LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.

02358840	Co Raloxifene (Interchangeable with Evista)	60mg	Tab	COB	0.4701
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Reason for Use Code Clinical Criteria

- 373 For the treatment of osteoporosis in postmenopausal women who have:

Failed or, experienced intractable side effects, or have a contraindication to, alendronate **OR** risedronate.

Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02388138	Esme 21	20mcg & 100mcg	Tab-21 Pk	MYL	9.7356
02388146	Esme 28 (Interchangeable with Alesse)	20mcg & 100mcg	Tab-28 Pk	MYL	9.7356
02391171	PMS-Candesartan	4mg	Tab	PMS	0.1700
02391198	PMS-Candesartan	8mg	Tab	PMS	0.2850
02391201	PMS-Candesartan	16mg	Tab	PMS	0.2850
02391228	PMS-Candesartan (Interchangeable with Atacand)	32mg	Tab	PMS	0.2932
02392224	PMS-Losartan-HCTZ	50mg & 12.5mg	Tab	PMS	0.3147
02392232	PMS-Losartan-HCTZ (Interchangeable with Hyzaar)	100mg & 12.5mg	Tab	PMS	0.3082
02392240	PMS-Losartan-HCTZ (Interchangeable with Hyzaar DS)	100mg & 25mg	Tab	PMS	0.3147
02358921	PMS-Raloxifene (Interchangeable with Evista)	60mg	Tab	PMS	0.4701

**Reason for
Use Code**

Clinical Criteria

For the treatment of osteoporosis in postmenopausal women who have:

373

Failed or, experienced intractable side effects, or have a contraindication to, alendronate **OR** risedronate.

Failure is defined as: continued loss of bone mineral density (loss of more than 3%) after two years of therapy; or a new osteoporosis related fracture after one year of therapy.

LU Authorization Period: Indefinite.

02391236	PMS-Telmisartan	40mg	Tab	PMS	0.2824
02391244	PMS-Telmisartan (Interchangeable with Micardis)	80mg	Tab	PMS	0.2824
02390701	Sandoz Fenofibrate E (Interchangeable with Lipidil EZ)	145mg	Tab	SDZ	0.9113

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>
02388324	Mar-Tramadol/Acet (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	MAR	0.6264
02383039	Mylan-Esomeprazole	20mg	DR Tab	MYL	1.8690
02383047	Mylan-Esomeprazole (Interchangeable with Nexium)	40mg	DR Tab	MYL	1.8690
02347180	Teva-Tramadol/ Acetaminophen (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	TEV	0.6264

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>
09852476	Lovenox	80mg/0.8mL	Pref Syr-0.8mL Pk	SAV
09852484	Lovenox	100mg/mL	Pref Syr-1mL Pk	SAV
00893749	Pravachol	10mg	Tab	BQU

Delisted Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00587354	PMS-Procyclidine	5mg	Tab	PMS

New Drug Identification Number(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02378434	Lovenox	80mg/0.8mL	Pref Syr-0.8mL Pk	SAV
02378442	Lovenox	100mg/mL	Pref Syr-1mL Pk	SAV

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02238162	Diastat	5mg/mL	Rect Gel-2x 5mg Pk	VAL	147.6200
09853340	Diastat	5mg/mL	Rect Gel-2x 10mg Pk	VAL	147.6200
09853430	Diastat	5mg/mL	Rect Gel-2x 15mg Pk	VAL	147.6200
02380455	Jamp-Rizatriptan	5mg	Tab	JPC	11.1150
02380463	Jamp-Rizatriptan	10mg	Tab	JPC	11.1150
02297809	Metrogel	1%	Top Gel	GAC	0.6148
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG	340.5600
02257130	Sensipar	30mg	Tab	AMG	10.9673
02256738	Tiazac XC	120mg	ER Tab	BIO	0.8224
02256746	Tiazac XC	180mg	ER Tab	BIO	1.0932
02256754	Tiazac XC	240mg	ER Tab	BIO	1.4517
02256762	Tiazac XC	300mg	ER Tab	BIO	1.4473
02256770	Tiazac XC	360mg	ER Tab	BIO	1.4516
02357615	Vimpat	50mg	Tab	UCB	2.3942
02357623	Vimpat	100mg	Tab	UCB	3.3606
02357631	Vimpat	150mg	Tab	UCB	4.4582
02357658	Vimpat	200mg	Tab	UCB	5.4996
02237825	Wellbutrin SR	150mg	Tab	BIO	0.9438
02275090	Wellbutrin XL	150mg	Tab	BIO	0.5604
02275104	Wellbutrin XL	300mg	Tab	BIO	1.1208
02316986	Xarelto	10mg	Tab	BAH	2.8400
02238441	Zyban	150mg	SR Tab	VAL	0.9524

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02239653	Androderm	12.2mg	Transdermal Patch	WAT
00015229	Aventyl	10mg	Cap	PEN
00015237	Aventyl	25mg	Cap	PEN
02313979	Gen-Levofloxacin	250mg	Tab	MYL
02313987	Gen-Levofloxacin	500mg	Tab	MYL
02248457	Novo-Gabapentin	600mg	Tab	TEV
02247346	Novo-Gabapentin	800mg	Tab	TEV
02296632	Novo-Rabeprazole EC	10mg	Tab	TEV
02296640	Novo-Rabeprazole EC	20mg	Tab	TEV
02247945	Novo-Ramipril Cap	2.5mg		TEV
02247946	Novo-Ramipril Cap	5mg		TEV
02247947	Novo-Ramipril Cap	10mg		TEV
02250144	Novo-Simvastatin	5mg	Tab	TEV
02250152	Novo-Simvastatin	10mg	Tab	TEV
02250160	Novo-Simvastatin	20mg	Tab	TEV
02250179	Novo-Simvastatin	40mg	Tab	TEV
02250187	Novo-Simvastatin	80mg	Tab	TEV
02324784	Simponi Autoinjector	50mg/0.5mL	Inj Sol	JAN

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02331071	Jamp-Amlodipine	5mg	Tab	JPC
02331098	Jamp-Amlodipine	10mg	Tab	JPC
02331020	Jamp-Simvastatin	5mg	Tab	JPC
02331039	Jamp-Simvastatin	10mg	Tab	JPC
02331047	Jamp-Simvastatin	20mg	Tab	JPC
02331055	Jamp-Simvastatin	40mg	Tab	JPC
02331063	Jamp-Simvastatin	80mg	Tab	JPC
02197405	Nu-Acyclovir	200mg	Tab	NXP
02197413	Nu-Acyclovir	400mg	Tab	NXP
02232191	PMS-Clobetasol	0.05%	Cr	PMS
02232193	PMS-Clobetasol	0.05%	Oint	PMS

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00027898	Celestoderm-V/2	0.05%	Cr	SCH
00027901	Celestoderm-V	0.1%	Cr	SCH
00028355	Celestoderm-V/2	0.05%	Oint	SCH
00028363	Celestoderm-V	0.1%	Oint	SCH
00487805	Midamor	5mg	Tab	MSD
00004588	Zyloprim	100mg	Tab	BWE
00506370	Zyloprim	200mg	Tab	BWE

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02313979	Mylan-Levofloxacin	250mg	Tab	GEN
02313987	Mylan-Levofloxacin	500mg	Tab	GEN
02248457	Teva-Gabapentin	600mg	Tab	NOP
02247346	Teva-Gabapentin	800mg	Tab	NOP
02296632	Teva-Rabeprazole EC	10mg	Tab	NOP
02296640	Teva-Rabeprazole EC	20mg	Tab	NOP
02247945	Teva-Ramipril Cap	2.5mg		NOP
02247946	Teva-Ramipril Cap	5mg		NOP
02247947	Teva-Ramipril Cap	10mg		NOP
02250144	Teva-Simvastatin	5mg	Tab	NOP
02250152	Teva-Simvastatin	10mg	Tab	NOP
02250160	Teva-Simvastatin	20mg	Tab	NOP
02250179	Teva-Simvastatin	40mg	Tab	NOP
02250187	Teva-Simvastatin	80mg	Tab	NOP