

**UPDATE AN
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective November 27, 2012**

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>
02387875	Alysen 21	20mcg & 100mcg	Tab-21Pk	APX	9.7400
02387883	Alysen 28 (Interchangeable with Alesse)	20mcg & 100mcg	Tab-28Pk	APX	9.7400
02367866	Apo-Candesartan/HCTZ (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	APX	0.2995
02347261	Auro-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	AUR	4.4441
09857429	Auro-Cefprozil (Interchangeable with Cefzil)	125mg/5mL	Oral Susp-100mL Pk	AUR	5.9255
02347288	Auro-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	AUR	8.8856
09857430	Auro-Cefprozil (Interchangeable with Cefzil)	250mg/5mL	Oral Susp-100mL Pk	AUR	11.8475
02388650	Co Candesartan/HCT (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	COB	0.2995
02393581	Co Nabilone	0.5mg	Cap	COB	0.7757
02393603	Co Nabilone (Interchangeable with Cesamet)	1mg	Cap	COB	1.5513
02393263	Co Telmisartan/HCT	80mg & 12.5mg	Tab	COB	0.2824
02393271	Co Telmisartan/HCT (Interchangeable with Micardis Plus)	80mg & 25mg	Tab	COB	0.2824

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02392917	Mar-Fluoxetine (Interchangeable with Prozac)	20mg	Cap	MAR	0.4598
02392992	Mint-Irbesartan/HCTZ	150mg & 12.5mg	Tab	MIN	0.3024
02393018	Mint-Irbesartan/HCTZ	300mg & 12.5mg	Tab	MIN	0.3024
02393026	Mint-Irbesartan/HCTZ (Interchangeable with Avalide)	300mg & 25mg	Tab	MIN	0.3004
02374897	Mylan-Candesartan HCTZ (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	MYL	0.2995
02357534	Novo-Valacyclovir (Interchangeable with Valtrex)	500mg	Tab	TEV	0.8481

**Reason for
Use Code**

Clinical Criteria

159

Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 tablets.

LU Authorization Period: 1 year

02391295	PMS-Candesartan-HCTZ (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	PMS	0.2995
02327902	Sandoz Candesartan Plus (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	SDZ	0.2995

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02367335	Sandoz Latanoprost (Interchangeable with Xalatan)	0.005%	Oph Sol-2.5mL Pk	SDZ	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 |

02393557	Sandoz Telmisartan HCT	80mg & 12.5mg	Tab	SDZ	0.2824
02393565	Sandoz Telmisartan HCT (Interchangeable with Micardis Plus)	80mg & 25mg	Tab	SDZ	0.2824

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>
02393239	Apo-Lamivudine HBV (Interchangeable with Heptovir)	100mg	Tab	APX	3.5316
02352583	Apo-Riluzole (Interchangeable with Rilutek)	50mg	Tab	APX	7.3630
02357127	Jamp-Cyclobenzaprine (Interchangeable with Flexeril)	10mg	Tab	JPC	0.3765
02391422	Jamp-Montelukast (Interchangeable with Singulair)	10mg	Tab	JPC	1.7735
02392909	Mar-Fluoxetine (Interchangeable with Prozac)	10mg	Cap	MAR	1.1773
02357542	Novo-Valacyclovir (Interchangeable with Valtrex)	1000mg	Tab	TEV	3.3924
02389274	Pat-Tramadol/Acet (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	PAR	0.6263
02388197	Ran-Tramadol/Acet (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	RAN	0.6264

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02370417	Actonel DR	35mg	DR Tab	WAR	11.1000
00476366	Choledyl	20mg/mL	O/L	ERF	0.0387
02176017	Didrocal	400mg/500mg	Tab-90 Tablets Kit	WAR	47.9800
02013231	Lithane	150mg	Cap	ERF	0.1333
00406775	Lithane	300mg	Cap	ERF	0.1313
00476552	Nardil	15mg	Tab	ERF	0.3795
00024449	Navane	5mg	Cap	ERF	0.4600
01926780	Neuleptil	5mg	Cap	ERF	0.2370
01926772	Neuleptil	10mg	Cap	ERF	0.4091
01926756	Neuleptil	10mg/mL	O/L	ERF	0.4111
02046121	Novo-Clonidine	0.1mg	Tab	NOP	0.1649
02046148	Novo-Clonidine	0.2mg	Tab	NOP	0.2942
00337420	Novo-Methacin	25mg	Cap	NOP	0.2230
00337439	Novo-Methacin	50mg	Cap	NOP	0.4460
02302799	Novo-Morphine SR	100mg	SR Tab	NOP	2.4600
02302802	Novo-Morphine SR	200mg	SR Tab	NOP	4.5737
00363685	Novo-Peridol	0.5mg	Tab	NOP	0.1224
00363677	Novo-Peridol	1mg	Tab	NOP	0.1839
00363669	Novo-Peridol	2mg	Tab	NOP	0.2748
00363650	Novo-Peridol	5mg	Tab	NOP	0.4385
00713449	Novo-Peridol	10mg	Tab	NOP	0.6378
00768820	Novo-Peridol	20mg	Tab	NOP	1.1728
02242940	Novo-Ranidine	15mg/mL	Oral Sol	NOP	0.1480
02326450	Novo-Salbutamol HFA	100mcg/Metered Dose	Inh-200 dose Pk	NOP	5.0000
00337749	Novo-Semide	40mg	Tab	NOP	0.0746
01927744	Parsitan	50mg	Tab	ERF	0.2277
00638692	Procan SR	250mg	LA Tab	ERF	0.4705
02244647	Ratio-Aclavulanate 250F	50mg & 12.5mg/mL	O/L	RPH	0.1830
00653209	Ratio-Ectosone Mild	0.05%	Lot	RPH	0.2375
00750050	Ratio-Ectosone Regular	0.1%	Lot	RPH	0.3125
00024325	Sinequan	10mg	Cap	ERF	0.3324
00024333	Sinequan	25mg	Cap	ERF	0.4079
00024341	Sinequan	50mg	Cap	ERF	0.7566
02224887	Soframycin	0.5%	Oph Sol	ERF	1.3663
00023949	Thyroid	30mg	Tab	ERF	0.0707
00023957	Thyroid	60mg	Tab	ERF	0.0879
00023965	Thyroid	125mg	Tab	ERF	0.1217
02143305	Vincristine Sulfate	1mg/mL	Inj Sol	NOP	30.6000
00022799	Zarontin	250mg	Cap	ERF	0.3416
00023485	Zarontin	50mg/mL	O/L	ERF	0.0683

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00426857	Apo-Benztropine	2mg	Tab	PMS

Not-A-Benefit Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02390701	Sandoz Fenofibrate E	145mg	Tab	SDZ

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02368242	Teva-Tamsulosin CR Tab	0.4mg		TEV

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02296810	Lucentis	10mg/mL	Inj Sol-0.23mL Vial Pk	NOV

Reason
for Use
Code

Clinical Criteria

422

For the treatment of patients with new onset (< 3 months) neovascular (wet) age-related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-naïve eye. Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in intravitreal injections.

Patients receiving concurrent administration of verteporfin PDT (Visudyne) are not eligible for reimbursement.

Treatment should be initiated with a loading phase of one injection per month for three consecutive months, followed by a maintenance phase.

During the maintenance phase, patients should be monitored for best corrected visual acuity or continued disease activity. If there is clinical or diagnostic evidence of disease activity such as a loss of greater than 5 letters in visual acuity (Early Treatment Diabetic Retinopathy Score (ETDRS) chart or one Snellen line equivalent), Lucentis may be administered. The interval between two doses should not be shorter than one month.

LU Authorization Period: 1 year

439

For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and a hemoglobin A1c of less than 11%.

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Lucentis treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive monthly assessments.

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>
00426857	Benztropine	2mg	Tab	APX