

UPDATE AO
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective December 21, 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>
02243595	Asmanex Twisthaler 200mcg/ Metered Dose Pd Inh-60 Dose Pk	MOMETASONE FUROATE	MEK	35.0000
02243596	Asmanex Twisthaler 400mcg/ Metered Dose Pd Inh-30 Dose Pk	MOMETASONE FUROATE	MEK	35.0000
09857431	Asmanex Twisthaler 400mcg/ Metered Dose Pd Inh-60 Dose Pk	MOMETASONE FUROATE	MEK	70.0000

NOTES: The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

02272903	Linessa 21 3 Phase Tab-21 Pk	DESOGESTREL & ETHINYL ESTRADIOL	ORG	14.8500
02257238	Linessa 28 3 Phase Tab-28 Pk	DESOGESTREL & ETHINYL ESTRADIOL	ORG	14.8500

02375842	Onglyza 2.5mg Tab	SAXAGLIPTIN	BQU	2.3000
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Treatment of Type 2 diabetes in patients on maximal doses of metformin (2000mg/day) who have:

- Inadequate glycemic control (HbA1c>0.07) and intolerance or contraindication to a sulfonylurea

02369753	Prezista 150mg Tab	DARUNAVIR	JAN	3.6760
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. For the treatment of HIV infection in treatment-experienced pediatric patients in combination with ritonavir and an appropriate background regimen, who are resistant to two other protease inhibitors.

New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02351218	Anastrozole (Interchangeable with Arimidex)	1mg	Tab	ACH	1.2729

Reason for Use Code

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.
- 396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

02374420	Apo-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	APX	1.2729
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Reason for Use Code

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.
- 396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02388073	Auro-Amoxicillin	250mg	Cap	AUR	0.1750
02388081	Auro-Amoxicillin (Interchangeable with Amoxil)	500mg	Cap	AUR	0.3417
02390884	Auro-Meloxicam	7.5mg	Tab	AUR	0.2003
02390892	Auro-Meloxicam (Interchangeable with Mobicox)	15mg	Tab	AUR	0.2311
02390205	Auro-Quetiapine	25mg	Tab	AUR	0.1235
02390213	Auro-Quetiapine	100mg	Tab	AUR	0.3295
02390248	Auro-Quetiapine	200mg	Tab	AUR	0.6617
02390256	Auro-Quetiapine (Interchangeable with Seroquel)	300mg	Tab	AUR	0.9656
02390906	Auro-Sertraline	25mg	Cap	AUR	0.2038
02390914	Auro-Sertraline	50mg	Cap	AUR	0.4000
02390922	Auro-Sertraline (Interchangeable with Zoloft)	100mg	Cap	AUR	0.4458
02394898	Co Anastrozole (Interchangeable with Arimidex)	1mg	Tab	COB	1.2729

**Reason for
Use Code**

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.
LU Authorization Period: Indefinite.
- 396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.
LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02393247	Co Telmisartan	40mg	Tab	COB	0.2824
02393255	Co Telmisartan (Interchangeable with Micardis)	80mg	Tab	COB	0.2824
02391058	Jamp-Atorvastatin	10mg	Tab	JPC	0.4160
02391066	Jamp-Atorvastatin	20mg	Tab	JPC	0.5200
02391074	Jamp-Atorvastatin	40mg	Tab	JPC	0.5590
02391082	Jamp-Atorvastatin (Interchangeable with Lipitor)	80mg	Tab	JPC	0.5590
02369206	Jamp-Domperidone (Interchangeable with Motilium)	10mg	Tab	JPC	0.0594
02391252	Jamp-Rosuvastatin	5mg	Tab	JPC	0.3225
02391260	Jamp-Rosuvastatin	10mg	Tab	JPC	0.3400
02391279	Jamp-Rosuvastatin	20mg	Tab	JPC	0.4250
02391287	Jamp-Rosuvastatin (Interchangeable with Crestor)	40mg	Tab	JPC	0.4975
02245211	Levocarb CR (Interchangeable with Sinemet CR)	200mg & 50mg	Tab	AAP	1.0000

**Reason for
Use Code**

Clinical Criteria

- 64 For patients with Parkinson's disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena.
LU Authorization Period: Indefinite.
- 65 For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily.
LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02379104	Med-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	GMP	1.2729

Reason for Use Code

Clinical Criteria

- | | |
|-----|---|
| 365 | For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite. |
| 396 | As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite. |

02361418	Mylan-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	MYL	1.2729
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Reason for Use Code

Clinical Criteria

- | | |
|-----|---|
| 365 | For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite. |
| 396 | As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite. |

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02390337	Mylan-Entacapone (Interchangeable with Comtan)	200mg	Tab	MYL	0.4010

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.

02320738	PMS-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	PMS	1.2729
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Reason for Use Code

Clinical Criteria

365

For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.

396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02328690	Ran-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	RAN	1.2729

Reason for Use Code

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.
- 396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

02313049	Teva-Anastrozole (Interchangeable with Arimidex)	1mg	Tab	TEV	1.2729
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Reason for Use Code

Clinical Criteria

- 365 For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.
- 396 As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02395541	Teva-Candesartan/HCTZ (Interchangeable with Atacand Plus)	16mg & 12.5mg	Tab	TEV	0.2995
02248804	Teva-Clarithromycin (Interchangeable with Biaxin)	250mg	Tab	TEV	0.4122

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>
02391511	AJ-Pip/Taz	2g & 250mg	Inj Pd-Vial Pk	AJC	10.1300
02391538	AJ-Pip/Taz	3g & 375mg	Inj Pd-Vial Pk	AJC	15.2000
02391546	AJ-Pip/Taz (Interchangeable with Tazocin)	4g & 500mg	Inj Pd-Vial Pk	AJC	20.2700
02393468	Apo-Rizatriptan	5mg	Tab	APX	11.1150
02393476	Apo-Rizatriptan (Interchangeable with Maxalt)	10mg	Tab	APX	11.1150
02381575	Apo-Zolmitriptan Rapid (Interchangeable with Zomig Rapimelt)	2.5mg	Orally Disintegrating Tab	APX	6.8633
02385627	Auro-Fluoxetine (Interchangeable with Prozac)	10mg	Cap	AUR	1.1773
02383276	Auro-Paroxetine (Interchangeable with Paxil)	10mg	Tab	AUR	1.0430
02393441	Fluoxetine Capsules BP (Interchangeable with Prozac)	10mg	Cap	ACH	1.1773
02392526	Gabapentin Tablets USP	600mg	Tab	ACH	1.3045
02392534	Gabapentin Tablets USP (Interchangeable with Neurontin)	800mg	Tab	ACH	1.7393
02388308	Jamp-Acet-Tramadol (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	JPC	0.6264
02389800	Mint-Tramadol/Acet (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	MIN	0.6264
02391716	Mint-Zopiclone	5mg	Tab	MIN	0.2231
02391724	Mint-Zopiclone (Interchangeable with Imovane)	7.5mg	Tab	MIN	0.4685

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02379236	Montelukast Sodium Tablets (Interchangeable with Singulair)	10mg	Tab	ACH	1.7735
02390299	Mylan-Riluzole (Interchangeable with Rilutek)	50mg	Tab	MYL	7.3630
02391600	Pioglitazone Hydrochloride Tablets (Interchangeable with Actos)	15mg	Tab	ACH	1.1225
02393360	PMS-Rizatriptan RDT	5mg	Orally Disintegrating Tab	PMS	11.1150
02393379	PMS-Rizatriptan RDT (Interchangeable with Maxalt RPD)	10mg	Orally Disintegrating Tab	PMS	11.1150
02388294	Tramaphen-Odan (Interchangeable with Tramacet)	37.5mg & 325mg	Tab	ODN	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>
09852468	Lovenox	60mg/0.6mL	Pref Syr-0.6mL Pk	SAV
00040851	PMS-ASA	325mg	Tab	PMS
02267969	Ran-Lovastatin	20mg	Tab	RAN
02267977	Ran-Lovastatin	40mg	Tab	RAN
02294885	Ran-Tamsulosin	0.4mg	Cap	RAN
02331780	Tamsulosin Capsules	0.4mg	Cap	RAN

Delisted Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02302063	Rasilez	150mg	Tab	NOV
02302071	Rasilez	300mg	Tab	NOV

New Drug Identification Number(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02378426	Lovenox	60mg/0.6mL	Pref Syr-0.6mL 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>
02369613	Banzel	100mg	Tab	EIS	0.7182
02369621	Banzel	200mg	Tab	EIS	1.4364
02318253	Rebif	66mcg	Inj-Cart Pk	SRO	375.2661
02318261	Rebif	132mcg	Inj-Cart Pk	SRO	456.8457
02237319	Rebif	22mcg	Inj-Syr Pk	SRO	125.0900
02237320	Rebif	44mcg	Inj-Syr Pk	SRO	152.2833

New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02230089	Novo-Flutamide	250mg	Tab	TEV
02284235	Novo-Quetiapine	25mg	Tab	TEV
02284243	Novo-Quetiapine	100mg	Tab	TEV
02284251	Novo-Quetiapine	150mg	Tab	TEV
02284278	Novo-Quetiapine	200mg	Tab	TEV
02284286	Novo-Quetiapine	300mg	Tab	TEV
02236848	Novo-Ticlopidine	250mg	Tab	TEV
02248860	Novo-Topiramate	25mg	Tab	TEV
02248861	Novo-Topiramate	100mg	Tab	TEV
02248862	Novo-Topiramate	200mg	Tab	TEV
02275023	Novo-Venlafaxine XR	37.5mg	ER Cap	TEV
02275031	Novo-Venlafaxine XR	75mg	ER Cap	TEV
02275058	Novo-Venlafaxine XR	150mg	ER Cap	TEV

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02314630	Novo-Fentanyl	25mcg/hr	Trans Patch	NOP
02314649	Novo-Fentanyl	50mcg/hr	Trans Patch	NOP
02314657	Novo-Fentanyl	75mcg/hr	Trans Patch	NOP
02314665	Novo-Fentanyl	100mcg/hr	Trans Patch	NOP
02273764	Novo-Glimepiride	2mg	Tab	NOP
02273772	Novo-Glimepiride	4mg	Tab	NOP
02248232	Novo-Lamotrigine	25mg	Tab	NOP
02248233	Novo-Lamotrigine	100mg	Tab	NOP
02248234	Novo-Lamotrigine	150mg	Tab	NOP
02045710	Novo-Metformin	500mg	Tab	NOP
00703605	PMS-Lindane	1%	Shampoo	PMS
02245286	PMS-Morphine Sulfate	60mg	SR Tab	PMS
00779474	Ratio-Codeine	5mg/mL	O/L	RPH
02247889	Ratio-Meloxicam	7.5mg	Tab	RPH
02248031	Ratio-Meloxicam	15mg	Tab	RPH
02270927	Ratio-Mirtazapine	30mg	Tab	RPH
02311704	Ratio-Quetiapine	25mg	Tab	RPH
02311712	Ratio-Quetiapine	100mg	Tab	RPH
02311747	Ratio-Quetiapine	200mg	Tab	RPH
02311755	Ratio-Quetiapine	300mg	Tab	RPH
00828688	Ratio-Ranitidine	300mg	Tab	RPH
02247068	Ratio-Simvastatin	10mg	Tab	RPH
02247070	Ratio-Simvastatin	40mg	Tab	RPH
02247071	Ratio-Simvastatin	80mg	Tab	RPH
02243023	Ratio-Temazepam	15mg	Cap	RPH
02243024	Ratio-Temazepam	30mg	Cap	RPH
02312816	Temodal	180mg	Cap	SCH
02241332	Vagifem	25mcg	Vag Tab	NOO

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

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
00026220	Kwellada	1%	Shampoo	RCA

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
09857386	Botox	50U/Vial	Pd Inj-50U Vial Pk	ALL
01981501	Botox	100U/Vial	Pd Inj-100U Vial Pk	ALL
09857387	Botox	200U/Vial	Pd Inj-200U Vial Pk	ALL

Reason for Use Code

Clinical Criteria

- 10 For the treatment of strabismus and blepharospasm associated with dystonia, including benign essential blepharospasm or VII nerve disorders in patients 12 years of age or older.
LU Authorization Period: 1 year.
- 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.
- 413 For the treatment of focal spasticity secondary to cerebral palsy in patients two years of age or older.
LU Authorization Period: 1 year.
- 440 For adult patients with urinary incontinence due to neurogenic detrusor overactivity resulting from neurogenic bladder associated with multiple sclerosis or subcervical spinal cord injury who fail to respond to behavioural medication and anticholinergics and/or are intolerant to anticholinergics.
The recommended dose is 200U injected into the detrusor muscle. Subsequent injections should be provided at intervals of no less than every 36 weeks and patients who fail to respond to initial treatment with Botulinum Toxin Type A should not be retreated.
LU Authorization Period: 1 year.
- Note: Botox should be administered personally by a urologist, pediatrician, neurologist, physical medicine specialist or a physician with equivalent post-graduate training and experience with neuromuscular disorders as appropriate.

Status Change(s) from Limited Use to General Benefit

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02352419	Jamp-Tamsulosin	0.4mg	Cap	JPC	0.2375
02298570	Mylan-Tamsulosin	0.4mg	Cap	MYL	0.2375
02281392	Novo-Tamsulosin SR	0.4mg	Cap	NOP	0.2375
02294885	Ran-Tamsulosin	0.4mg	Cap	RAN	0.2375
02294265	Ratio-Tamsulosin	0.4mg	Cap	RPH	0.1500
02295121	Sandoz Tamsulosin	0.4mg	Cap	SDZ	0.2375
02331780	Tamsulosin Capsules (Interchangeable with Flomax {NAB})	0.4mg	Cap	RAN	0.2375
02362406	Apo-Tamsulosin CR Tab	0.4mg		APX	0.1500
02270102	Flomax CR Tab	0.4mg		BOE	0.6190
09857334	Ratio-Tamsulosin Cap	0.4mg		RPH	0.1500
02340208	Sandoz Tamsulosin CR Tab (Interchangeable with Flomax CR)	0.4mg		SDZ	0.1500

Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO
02230089	Teva-Flutamide	250mg	Tab	NOP
02284235	Teva-Quetiapine	25mg	Tab	NOP
02284243	Teva-Quetiapine	100mg	Tab	NOP
02284251	Teva-Quetiapine	150mg	Tab	NOP
02284278	Teva-Quetiapine	200mg	Tab	NOP
02284286	Teva-Quetiapine	300mg	Tab	NOP
02236848	Teva-Ticlopidine	250mg	Tab	NOP
02248860	Teva-Topiramate	25mg	Tab	NOP
02248861	Teva-Topiramate	100mg	Tab	NOP
02248862	Teva-Topiramate	200mg	Tab	NOP
02275023	Teva-Venlafaxine XR	37.5mg	ER Cap	NOP
02275031	Teva-Venlafaxine XR	75mg	ER Cap	NOP
02275058	Teva-Venlafaxine XR	150mg	ER Cap	NOP