

**UPDATE AQ
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective February 28, 2013**

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>
02377209	NovoRapid FlexTouch 100U/mL Inj Sol-Prefil 5x3mL Pk Disposable Pen	INSULIN ASPART	NOO	59.4300

**Reason for
Use Code**

Clinical Criteria

- | | |
|-----|--|
| 388 | For the treatment of patients with Type 1 diabetes mellitus.

LU Authorization Period: Indefinite. |
| 389 | For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.

LU Authorization Period: Indefinite. |
| 390 | For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on a less intensive regimen of regular insulin (1-2 injections per day).

LU Authorization Period: Indefinite |

02361663	Rapaflo 4mg Cap	SILODOSIN	WAT	1.7700
02361671	Rapaflo 8mg Cap	SILODOSIN	WAT	1.7700

**Reason for
Use Code**

Clinical Criteria

- | | |
|-----|---|
| 351 | For the management of benign prostatic hyperplasia where six weeks of treatment with other formulary alpha blockers (e.g., doxazosin, terazosin, tamsulosin) have been ineffective.

LU Authorization Period: Indefinite. |
| 352 | For the management of benign prostatic hyperplasia where other formulary alpha blockers (e.g., doxazosin, terazosin, tamsulosin) have produced intolerable side effects.

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>
02399105	Apo-Candesartan (Interchangeable with Atacand)	32mg	Tab	APX	0.2932
02395126	Apo-Candesartan/HCTZ	32mg & 12.5mg	Tab	APX	0.8985
02395134	Apo-Candesartan/HCTZ (Interchangeable with Atacand Plus)	32mg & 25mg	Tab	APX	0.8985
02387387	Auro-Ramipril Cap	1.25mg		AUR	0.1733
02387395	Auro-Ramipril Cap	2.5mg		AUR	0.2000
02387409	Auro-Ramipril Cap	5mg		AUR	0.2000
02387417	Auro-Ramipril Cap (Interchangeable with Altace)	10mg		AUR	0.2533
02396327	Mar-Allopurinol	100mg	Tab	MAR	0.0780
02396335	Mar-Allopurinol	200mg	Tab	MAR	0.1300
02396343	Mar-Allopurinol (Interchangeable with Zyloprim)	300mg	Tab	MAR	0.2125
02396289	Mylan-Terazosin	1mg	Tab	MYL	0.1835
02396297	Mylan-Terazosin	2mg	Tab	MYL	0.2333
02396300	Mylan-Terazosin	5mg	Tab	MYL	0.3168
02396319	Mylan-Terazosin (Interchangeable with Hytrin)	10mg	Tab	MYL	0.4637
02299224	Teva-Fluvastatin	20mg	Cap	TEV	0.7048
02299232	Teva-Fluvastatin (Interchangeable with Lescol)	40mg	Cap	TEV	0.9896

Off Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE</u> <u>FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02291991	Gd-Sildenafil	25mg	Tab	GEM	8.2900
02292009	Gd-Sildenafil	50mg	Tab	GEM	8.8475
02292017	Gd-Sildenafil	100mg	Tab	GEM	9.2000

(Interchangeable with Viagra)

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>
02306069	PMS-Rivastigmine	6mg	Cap	PMS

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	1.4692
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	1.4693
02150956	Dovonex	50mcg/g	Cr	LEO	0.7929
01976133	Dovonex	50mcg/g	Oint	LEO	0.7983
00586668	Fucidin	2%	Cr	LEO	0.6560
00586676	Fucidin	2%	Oint	LEO	0.6560
09857294	Humira	40mg/0.8mL	Inj Sol-Pref Pen Pk	ABB	740.3600
02258595	Humira	40mg/0.8mL	Inj Sol-Pref Syr Pk	ABB	740.3600
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	4.5000
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	6.2930
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	8.0930
02167840	Innohep	10000IU/mL	Inj - 2mL Pk	LEO	35.6710
02229515	Innohep	20000IU/mL	Inj - 2mL Pk	LEO	72.4600
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	18.3740
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	25.7200
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	33.0660
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	ABB	2.1865
02312301	Kaletra	100mg & 25mg	Tab	ABB	2.7407
02285533	Kaletra	200mg & 50mg	Tab	ABB	5.4813
02229145	Norvir	80mg/mL	O/L	ABB	1.1958
00474517	One-Alpha	0.25mcg	Cap	LEO	0.4609
00474525	One-Alpha	1mcg	Cap	LEO	1.3797

Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02315866	Apo-Alfuzosin	10mg	Prolong-Rel Tab	APX
02314282	Novo-Alfuzosin PR	10mg	Prolong-Rel Tab	NOP
02304678	Sandoz Alfuzosin	10mg	Prolong-Rel Tab	SDZ
02245565	Xatral	10mg	Prolong-Rel Tab	SAV

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