

**UPDATE AU**  
**Ontario Drug Benefit**  
**Formulary/Comparative Drug Index**  
**No. 41**  
**Effective May 31, 2013**

**SUMMARY OF CHANGES**

**TABLE OF CONTENTS**

	<u>Page</u>
New Multi-Source Drug(s)	2
Off Formulary Interchangeable Product(s)	5
Change(s) to Strength and Dosage Form	6
Drug Benefit Price(s)	7
New Manufacturer Name(s)	9
Therapeutic Note Change(s)	10
Palliative Care Drug(s)	11
Reinstated Drug(s) (Added to Payment)	12
Status Change(s) from Not-A-Benefit to General Benefit	13
Status Change(s) from Discontinued Drug(s) to Not-A-Benefit	14
Trade Name Change(s)	15
<b>Index</b>	<b>16</b>

**New Multi-Source Drug(s)**

DIN      BRAND    STRENGTH                      DOSAGE FORM              MFR                      DBP

It is recommended that Pharmacists inform their patients when a different brand of imatinib is dispensed to support appropriate monitoring. In patients with CML, regular response monitoring is recommended, particularly when therapy is modified, to detect any changes in response so that actions may be implemented as appropriate.

02355337	Apo-Imatinib	100mg	Tab	APX	6.8186
02355345	Apo-Imatinib	400mg	Tab	APX	27.2743
	(Interchangeable with Gleevec)				

These products must be prescribed based on the following criteria:

- 1) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in chronic phase.  
  
 The initial dose is 400mg/day. The dose may be increased up to a maximum of 800 mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or if there has been loss of a previously achieved hematologic and/or cytogenetic response.  
  
**Note: The Ministry will only reimburse, in a patient's lifetime, any two (2) of the oral Tyrosine Kinase Inhibitors (TKIs)\* used for chronic phase CML.**  
 (\* TKIs: Imatinib, Nilotinib, or Dasatinib)
- 2) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in blast phase or accelerated phase.  
  
 The initial dose is 600mg/day. The dose may be increased to a maximum of 800 mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.

02403323	Auro-Losartan	25mg	Tab	AUR	0.3147
02403331	Auro-Losartan	50mg	Tab	AUR	0.3147
02403358	Auro-Losartan	100mg	Tab	AUR	0.3147
	(Interchangeable with Cozaar)				

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02395274	Co Temozolomide	20mg	Cap	COB	22.7194
02395282	Co Temozolomide	100mg	Cap	COB	113.5966
02395290	Co Temozolomide	140mg	Cap	COB	159.0358
02395312	Co Temozolomide	250mg	Cap	COB	283.9834

(Interchangeable with Temodal)

**Reason for Use Code      Clinical Criteria**

320      For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.

LU Authorization Period: Indefinite.

425      For the treatment of newly diagnosed glioblastoma multiforme.

Dose: Temozolomide 75 milligrams per square metre daily for up to 6 weeks concomitant with radiotherapy, followed by maintenance treatment of up to 200 milligrams per square metre daily for 5 days for 6 cycles.

LU Authorization Period: 1 year

02396491	Freya 21	0.15mg & 0.03mg	Tab-21 Pk	FAM	10.5672
02396610	Freya 28	0.15mg & 0.03mg	Tab-28 Pk	FAM	10.5672

(Interchangeable with Marvelon)

02400111	Jamp-Alprazolam	0.25mg	Tab	JPC	0.0633
02400138	Jamp-Alprazolam	0.5mg	Tab	JPC	0.0757

(Interchangeable with Xanax)

02398834	Jamp-Losartan	25mg	Tab	JPC	0.3147
02398842	Jamp-Losartan	50mg	Tab	JPC	0.3147
02398850	Jamp-Losartan	100mg	Tab	JPC	0.3147

(Interchangeable with Cozaar)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02396718	Mylan-Fentanyl Matrix Patch	25mcg/hr	Trans Patch	MYL	3.6582
02396726	Mylan-Fentanyl Matrix Patch	50mcg/hr	Trans Patch	MYL	6.8838
02396734	Mylan-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	MYL	9.6817
02396742	Mylan-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	MYL	12.0512

(Interchangeable with Duragesic)

**Reason for  
Use Code**

**Clinical Criteria**

201

For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

LU Authorization Period: 1 Year.

02400235	Sandoz Fluvastatin	20mg	Cap	SDZ	0.2202
02400243	Sandoz Fluvastatin	40mg	Cap	SDZ	0.3092

(Interchangeable with Lescol)

It is recommended that Pharmacists inform their patients when a different brand of imatinib is dispensed to support appropriate monitoring.  
In patients with CML, regular response monitoring is recommended, particularly when therapy is modified, to detect any changes in response so that actions may be implemented as appropriate.

02399806	Teva-Imatinib	100mg	Tab	TEV	6.8186
02399814	Teva-Imatinib	400mg	Tab	TEV	27.2743

(Interchangeable with Gleevec)

These products must be prescribed based on the following criteria:

- 1) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in chronic phase.

The initial dose is 400mg/day. The dose may be increased up to a maximum of 800 mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or if there has been loss of a previously achieved hematologic and/or cytogenetic response.

**Note: The Ministry will only reimburse, in a patient's lifetime, any two (2) of the oral Tyrosine Kinase Inhibitors (TKIs)\* used for chronic phase CML.**  
(\* TKIs: Imatinib, Nilotinib, or Dasatinib)

- 2) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in blast phase or accelerated phase.

The initial dose is 600mg/day. The dose may be increased to a maximum of 800 mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.

**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>
02386054	Apo-Eletriptan	20mg	Tab	APX	10.0850
02386062	Apo-Eletriptan (Interchangeable with Relpax)	40mg	Tab	APX	10.0850
09857437	Midazolam Injection (Interchangeable with Versed)	5mg/mL	Inj Sol-2mL Vial Pk	PPC	8.2000
02396696	Mylan-Fentanyl Matrix Patch (Interchangeable with Duragesic)	12mcg/hr	Trans Patch	MYL	3.2000
02273764	Novo-Glimepiride	2mg	Tab	NOP	0.4900
02273772	Novo-Glimepiride (Interchangeable with Amaryl)	4mg	Tab	NOP	0.4900
02402483	Pilocarpine Hydrochloride Tablets USP (Interchangeable with Salagen Tablets)	5mg	Tab	STE	0.7805
02392925	Teva-Nabilone (Interchangeable with Cesamet)	0.25mg	Cap	TEV	1.3962

**Change(s) to Strength and Dosage Form**

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02125447	R & C Shampoo/Conditioner	0.33% & 3%	Topical Shampoo	GSK
<b>PYRETHRINS 0.33% &amp; PIPERONYL BUTOXIDE 3%</b>				

## Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02239653	Androderm	12.2mg	Transdermal Patch	WAT	2.0929
02177153	Apo-Bromazepam	1.5mg	Tab	APX	0.0693
02239288	Apo-Flunisolide	0.025%	Nas Sp-25mL Pk	APX	18.8100
00441643	Apo-Ibuprofen	200mg	Tab	APX	0.0510
00642215	Apo-Pen V-K	300mg	Tab	APX	0.1873
00550957	Apo-Prednisone	50mg	Tab	APX	0.1735
02248472	BenzaClin	1% & 5%	Top Gel	SAV	0.9184
00265470	C.E.S.	0.625mg	Tab	VAL	0.0831
00461733	Carbolith	150mg	Cap	VAL	0.1206
00236683	Carbolith	300mg	Cap	VAL	0.0951
02097249	Cardizem CD	120mg	LA Cap	BIO	1.5632
02097257	Cardizem CD	180mg	LA Cap	BIO	2.0751
02097265	Cardizem CD	240mg	LA Cap	BIO	2.7524
02097273	Cardizem CD	300mg	LA Cap	BIO	3.4405
02256193	Cesamet	0.5mg	Cap	VAL	3.1956
00548375	Cesamet	1mg	Cap	VAL	6.3910
00016055	Cuprimine	250mg	Cap	ATO	3.3953
00029246	Delatestryl	1000mg/5mL Oily	Inj Sol-5mL Pk	THE	49.1800
02238162	Diastat	5mg/mL	Rect Gel-2x 5mg Pk	VAL	150.5700
09853340	Diastat	5mg/mL	Rect Gel-2x10mg Pk	VAL	150.5700
09853430	Diastat	5mg/mL	Rect Gel-2x15mg Pk	VAL	150.5700
00330582	Efudex	5%	Cr	VAL	0.8378
00247960	Etibi	100mg	Tab	VAL	0.1045
00247979	Etibi	400mg	Tab	VAL	0.2914
00230316	Hycort	100mg/60mL	Enema-60mL Pk	VAL	5.4357
02019930	M-Eslon	10mg	ER Cap	ETH	0.3029
02177749	M-Eslon	15mg	ER Cap	ETH	0.3499
02019949	M-Eslon	30mg	ER Cap	ETH	0.5222
02019957	M-Eslon	60mg	ER Cap	ETH	0.9269
02019965	M-Eslon	100mg	ER Cap	ETH	1.9949
02177757	M-Eslon	200mg	ER Cap	ETH	3.9895
00899356	Manerix	150mg	Tab	HLR	0.6240
02166747	Manerix	300mg	Tab	HLR	1.2252
00869961	Mestinon	60mg	Tab	VAL	0.4618
00869953	Mestinon	180mg	LA Tab	VAL	1.0100
00511528	Mogadon	5mg	Tab	VAL	0.1534
00511536	Mogadon	10mg	Tab	VAL	0.2296
00268585	Niacin-ICN	100mg	Tab	VAL	0.0312
02156091	Noritrate	1%	Top Cr	SAV	0.5571
02295946	Portia 21	0.03mg & 0.15mg	Tab-21 Pk	APX	10.6600
02295954	Portia 28	0.03mg & 0.15mg	Tab-28 Pk	APX	10.6600
00869945	Prostigmin	15mg	Tab	VAL	0.4698
02361663	Rapaflo	4mg	Cap	WAT	1.8231
02361671	Rapaflo	8mg	Cap	WAT	1.8231
00393444	Rofact	150mg	Cap	VAL	0.6383

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
00343617	Rofact	300mg	Cap	VAL	1.0047
02231150	Tiazac	120mg	SR Cap	BIO	0.8703
02231151	Tiazac	180mg	SR Cap	BIO	1.1787
02231152	Tiazac	240mg	SR Cap	BIO	1.5634
02231154	Tiazac	300mg	SR Cap	BIO	1.9255
02231155	Tiazac	360mg	SR Cap	BIO	2.3574
02256738	Tiazac XC	120mg	ER Tab	BIO	0.8348
02256746	Tiazac XC	180mg	ER Tab	BIO	1.1096
02256754	Tiazac XC	240mg	ER Tab	BIO	1.4733
02256762	Tiazac XC	300mg	ER Tab	BIO	1.4690
02256770	Tiazac XC	360mg	ER Tab	BIO	1.4732
00687456	Viroptic	1%	Oph Sol	THE	4.6940
01926462	Vitamin A Acid	0.01%	Gel	SAV	0.3052
01926489	Vitamin A Acid	0.05%	Gel	SAV	0.3052
02237825	Wellbutrin SR	150mg	Tab	BIO	0.9578
02275090	Wellbutrin XL	150mg	Tab	BIO	0.5688
02275104	Wellbutrin XL	300mg	Tab	BIO	1.1376
00271373	Winpred	1mg	Tab	VAL	0.1066
02238441	Zyban	150mg	SR Tab	VAL	0.9619



## New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02087324	Apo-Bromocriptine	2.5mg	Cap	AAP
02230454	Apo-Bromocriptine	5mg	Cap	AAP
00441619	Apo-Hydralazine	10mg	Tab	AAP
00441627	Apo-Hydralazine	25mg	Tab	AAP
00441635	Apo-Hydralazine	50mg	Tab	AAP
02238403	Apo-Methoprazine	2mg	Tab	AAP
02238404	Apo-Methoprazine	5mg	Tab	AAP
02238405	Apo-Methoprazine	25mg	Tab	AAP
02238406	Apo-Methoprazine	50mg	Tab	AAP
02231480	Kwellada-P	1%	Cr Rinse	MEP
02231348	Kwellada-P	5%	Lot	MEP
00899356	Manerix	150mg	Tab	MAB
02166747	Manerix	300mg	Tab	MAB
02170698	Methotrexate	2.5mg	Tab	PFI
02156091	Noritate	1%	Top Cr	VAL
02248232	Novo-Lamotrigine	25mg	Tab	TEV
02248233	Novo-Lamotrigine	100mg	Tab	TEV
02248234	Novo-Lamotrigine	150mg	Tab	TEV
02269309	Novo-Pramipexole	0.25mg	Tab	TEV
02269317	Novo-Pramipexole	0.5mg	Tab	TEV
02269325	Novo-Pramipexole	1mg	Tab	TEV
02269333	Novo-Pramipexole	1.5mg	Tab	TEV
02125447	R & C Shampoo/Conditioner	0.33% & 3%	Topical Shampoo	MEP
01926462	Vitamin A Acid	0.01%	Gel	VAL
01926489	Vitamin A Acid	0.05%	Gel	VAL
02237825	Wellbutrin SR	150mg	Tab	VAL

## Therapeutic Note Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
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It is recommended that Pharmacists inform their patients when a different brand of imatinib is dispensed to support appropriate monitoring. In patients with CML, regular response monitoring is recommended, particularly when therapy is modified, to detect any changes in response so that actions may be implemented as appropriate.

02253275	Gleevec	100mg	Tab	NOV
02253283	Gleevec	400mg	Tab	NOV

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- 1) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in chronic phase.

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**Note: The Ministry will only reimburse, in a patient's lifetime, any two (2) of the oral Tyrosine Kinase Inhibitors (TKIs)\* used for chronic phase CML.**  
 (\* TKIs: Imatinib, Nilotinib, or Dasatinib)

- 2) For the treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in blast phase or accelerated phase.

The initial dose is 600mg/day. The dose may be increased to a maximum of 800 mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.

**Palliative Care Drug(s)**

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
09857438	Midazolam Injection	5mg/mL	Inj Sol-2mL Vial Pk	PPC

**Reinstated Drug(S) (Added To Payment)**

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE</u> <u>FORM</u>	<u>MFR</u>	<u>DBP</u>
02045710	Novo-Metformin	500mg	Tab	NOP	0.0587

### Status Change(s) from Not-A-Benefit to General Benefit

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02402912	Co Pregabalin	25mg	Cap	COB	0.4115
02402920	Co Pregabalin	50mg	Cap	COB	0.6455
02402939	Co Pregabalin	75mg	Cap	COB	0.8353
02402955	Co Pregabalin	150mg	Cap	COB	1.1514
02402998	Co Pregabalin	300mg	Cap	COB	1.1514
(Interchangeable with Lyrica)					
02359596	PMS-Pregabalin	25mg	Cap	PMS	0.4115
02359618	PMS-Pregabalin	50mg	Cap	PMS	0.6455
02359626	PMS-Pregabalin	75mg	Cap	PMS	0.8353
02359634	PMS-Pregabalin	150mg	Cap	PMS	1.1514
02359642	PMS-Pregabalin	300mg	Cap	PMS	1.1514
(Interchangeable with Lyrica)					
02390817	Sandoz Pregabalin	25mg	Cap	SDZ	0.4115
02390825	Sandoz Pregabalin	50mg	Cap	SDZ	0.6455
02390833	Sandoz Pregabalin	75mg	Cap	SDZ	0.8353
02390841	Sandoz Pregabalin	150mg	Cap	SDZ	1.1514
02390868	Sandoz Pregabalin	300mg	Cap	SDZ	1.1514
(Interchangeable with Lyrica)					
02395444	Teva-Quetiapine XR	50mg	ER Tab	TEV	0.4938
02395452	Teva-Quetiapine XR	150mg	ER Tab	TEV	0.9725
02395460	Teva-Quetiapine XR	200mg	ER Tab	TEV	1.3150
02395479	Teva-Quetiapine XR	300mg	ER Tab	TEV	1.9300
02395487	Teva-Quetiapine XR	400mg	ER Tab	TEV	2.6200
(Interchangeable with Seroquel XR)					

**Status Change(s) from Discontinue Drug(s) to Not-A-Benefit**

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02229777	PMS-Benzydamine	0.15%	Oral Rinse	PMS

## Trade Name Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
01984853	Biaxin BID	250mg	Tab	ABB
02126710	Biaxin BID	500mg	Tab	ABB
02087324	Bromocriptine	2.5mg	Cap	APX
02230454	Bromocriptine	5mg	Cap	APX
00441619	Hydralazine	10mg	Tab	APX
00441627	Hydralazine	25mg	Tab	APX
00441635	Hydralazine	50mg	Tab	APX
02231480	Kwellada-P Creme Rinse	1%	Cr Rinse	GSK
02231348	Kwellada-P Lotion	5%	Lot	GSK
02238403	Methoprazine	2mg	Tab	APX
02238404	Methoprazine	5mg	Tab	APX
02238405	Methoprazine	25mg	Tab	APX
02238406	Methoprazine	50mg	Tab	APX
02125447	R & C Shampoo with Conditioner	0.33% & 3%	Topical Shampoo	GSK
02328305	Ran-Risperidone	0.25mg	Tab	RAN
02328313	Ran-Risperidone	0.5mg	Tab	RAN
02328321	Ran-Risperidone	1mg	Tab	RAN
02328348	Ran-Risperidone	2mg	Tab	RAN
02328364	Ran-Risperidone	3mg	Tab	RAN
02328372	Ran-Risperidone	4mg	Tab	RAN
02248232	Teva-Lamotrigine	25mg	Tab	NOP
02248233	Teva-Lamotrigine	100mg	Tab	NOP
02248234	Teva-Lamotrigine	150mg	Tab	NOP
02269309	Teva-Pramipexole	0.25mg	Tab	NOP
02269317	Teva-Pramipexole	0.5mg	Tab	NOP
02269325	Teva-Pramipexole	1mg	Tab	NOP
02269333	Teva-Pramipexole	1.5mg	Tab	NOP