UPDATE AW
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective July 30, 2013

SUMMARY OF CHANGES

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New Single Source Drug(s)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
01968017	Neupogen 300mcg/mL 1mL Vial	FILGRASTIM (GRANULOCYTE COLONY STIMULATING FACTOR)	AMG	187.7800
09853464	Neupogen 480mcg/1.6mL 1.6mL Vial	FILGRASTIM (GRANULOCYTE COLONY STIMULATING FACTOR)	AMG	300.4480

Reason for Use Code	Clinical Criteria

446 **Prophylaxis of febrile neutropenia for patients receiving chemotherapy with curative intent as follows:**

Primary G-CSF prophylaxis
Patients with cancer receiving a curative chemotherapy who are expected to have incidence of febrile neutropenia of more than or equal to 20% (e.g., due to highly myelosuppressive regimen, patient co-morbidities, pre-existing severe neutropenia, etc.).

Secondary G-CSF prophylaxis
For secondary prophylaxis of febrile neutropenia (i.e. patient has experienced an episode of sepsis or febrile neutropenia or neutropenia such that treatment has had to be delayed for at least one week) for patients with cancer receiving a curative chemotherapy.

Notes: Reimbursement is limited to the duration of chemotherapy and to prescriptions written by an oncologist or hematologist.

Dosage Restriction:

- Patient's weight less than 90kg: 300mcg
- Patient's weight more than or equal to 90kg: 480mcg
- Note: 480mcg dose may be considered for patients less than 90kg who are unable to achieve an adequate response from 300mcg

EXCLUSION criteria
Patients with non-curative cancer receiving chemotherapy with palliative intent are NOT eligible for either primary or secondary G-CSF Prophylaxis.

LU Authorization Period: 1 Year

447 **Pre-Stem Cell Transplant Mobilization:**

For Peripheral Blood Progenitor Cell (PBPC) collection for peripheral stem cell transplant as treatment for malignant disease.

LU Authorization Period: 14 days
Notes: Reimbursement is limited to the duration required per the treatment protocol and to prescriptions written by an oncologist or hematologist.

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02393050	Prezista 800mg Tab	DARUNAVIR	JAN	21.7160

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism. In combination with ritonavir, as part of a HIV treatment regimen for treatment-naïve adult patients.

02397137	Stribild 150mg & 150mg & 200mg & 300mg Tab	COBICISTAT & ELVITEGRAVIR & EMTRICITABINE & TENOFOVIR DISOPROXIL FUMARATE	GIL	45.5200

As a complete regimen for antiretroviral treatment-naive HIV-1 infected patients in whom efavirenz is not indicated.

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

New Multi-Source Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02405814	Auro-Finasteride (Interchangeable with Proscar)	5mg	Tab	AUR	0.4633

Reason for Use Code	Clinical Criteria
384	For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia. LU Authorization Period: Indefinite.
385	For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker. * Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains: 1. feeling of incomplete emptying of the bladder after voiding 2. needing to urinate again less than 2 hours after previous void 3. stopping and starting urine several times while voiding 4. difficulty postponing urination 5. weak urinary stream 6. pushing or straining to begin voiding 7. the need to get up to void at least 3 times in the night. LU Authorization Period: Indefinite.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02405040	Auro-Valacyclovir (Interchangeable with Valtrex)	500mg	Tab	AUR	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

02403870	Mar-Domperidone (Interchangeable with Motilium)	10mg	Tab	MAR	0.0594
02399822	Mar-Quetiapine	25mg	Tab	MAR	0.1235
02399830	Mar-Quetiapine	100mg	Tab	MAR	0.3295
02399849	Mar-Quetiapine	200mg	Tab	MAR	0.6617
02399857	Mar-Quetiapine (Interchangeable with Seroquel)	300mg	Tab	MAR	0.9656

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02395258	PMS-Lansoprazole	15mg	DR Cap	PMS	0.5000
02395266	PMS-Lansoprazole (Interchangeable with Prevacid)	30mg	DR Cap	PMS	0.5000

Reason for Use Code	Clinical Criteria
	Gastroesophageal Reflux Disease (GERD)
293	For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or stepdown therapy to H2-receptor antagonist therapy. **Note:** There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 year
	H. pylori-positive Peptic Ulcers
295	For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment). LU Authorization Period: 1 year
	Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:
297	For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding. **Note:** There is a lack of published evidence to support double-dose PPI therapy in this setting. LU Authorization Period: 1 year
401	**Other Gastrointestinal Disorders** For the treatment of gastroduodenal Crohn's disease, short-gut syndrome, scleroderma, or pancreatitis. **Note:** There is a lack of published evidence to support double-dose PPI therapy in these settings LU Authorization Period: 1 year

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DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP

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Reason for Use Code	Clinical Criteria
402	**Severe Conditions:** For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy. LU Authorization Period: 1 year

02405776	PMS-Nevirapine (Interchangeable with Viramune)	200mg	Tab	PMS	1.2346

Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02385066	Zarah 28 (Interchangeable with Yasmin 28)	3.0mg & 0.03mg	Tab-28 Pk	COB	9.0150

Off Formulary Interchangeable Product(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02400871	Ketotifen Ophthalmic Solution (Interchangeable with Zaditor)	0.25mg/mL	Oph Sol-5mL Pk (with Preservative)	STE	$21.1700
02389517	Ran-Montelukast (Interchangeable with Singulair)	10mg	Tab	RAN	0.8195
02398400	Teva-Bosentan	62.5mg	Tab	TEV	32.0893
02398419	Teva-Bosentan (Interchangeable with Tracleer)	125mg	Tab	TEV	32.0893

Manufacturer Requested Discontinued Drug(s)
Please note that these discontinued products will remain on the formulary until the current stock is depleted.

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
00294926	Benuryl	500mg	Tab	VAL
01912828	Cortisporin	10000U & 5mg & 10mg/mL	Ot Sol	GSK
02139200	Mylan-Amantadine	100mg	Cap	MYL
02184648	Mylan-Valproic	250mg	Cap	MYL
09853510	Neocate		Pd-400g Pk	SHS
00587834	Nerisone	0.1%	Oint	STI
02229799	Novo-Benzydamine	0.15%	Oral Rinse	NOP
00391603	Novo-Pen-VK-500	60mg/mL	O/L	NOP
00021202	Novo-Pen-VK-500	300mg	Tab	NOP
00263702	Panoxyl	5%	Gel	STI
02214849	Panoxyl Aquagel	5%	Gel	STI
02264757	Ratio-Risperidone	0.25mg	Tab	RPH
02264765	Ratio-Risperidone	0.5mg	Tab	RPH
02264773	Ratio-Risperidone	1mg	Tab	RPH
02264781	Ratio-Risperidone	2mg	Tab	RPH
02264803	Ratio-Risperidone	3mg	Tab	RPH
02264811	Ratio-Risperidone	4mg	Tab	RPH
01966065	Tantum	0.15%	Oral Rinse	GRA

New Generic Name(s)

DIN/PIN	PRODUCT	GENERIC NAME	MFR
09857386	Botox 50U/Vial Pd Inj-50U Vial Pk	ONABOTULINUMTOXIN A	ALL
01981501	Botox 100U/Vial Pd Inj-100U Vial Pk	ONABOTULINUMTOXIN A	ALL
09857387	Botox 200U/Vial Pd Inj-200U Vial Pk	ONABOTULINUMTOXIN A	ALL

Drug Benefit Price(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02133253	Hypotears	1%	Oph Sol	NOV	0.3317
00000809	Isopto Tears	0.5%	Oph Sol	ALC	0.4947
00000817	Isopto Tears	1%	Oph Sol	ALC	0.4947
01928783	Koffex DM	3mg/mL	O/L	ROG	0.0190
00337765	Novo-Cloxin	250mg	Cap	NOP	0.1852
00337757	Novo-Cloxin	25mg/mL	O/L	NOP	0.0472
02231015	Novo-Furantoin	50mg	Cap	NOP	0.3252
00342084	Novo-Lexin	250mg	Cap	NOP	0.3454
00342114	Novo-Lexin	500mg	Cap	NOP	0.6276
00232378	Novo-Prednisone	50mg	Tab	NOP	0.1735
00726540	Novo-Trimel	40mg & 8mg/mL	O/L	NOP	0.0457
02031159	Ratio-Levobunolol	0.25%	Oph Sol	RPH	1.8667
00390291	Tears Naturale	0.1%/0.3%	Oph Sol	ALC	0.3060
00743445	Tears Naturale II	0.1%/0.3%/0.001%	Oph Sol	ALC	0.3180
00782718	Teva-Carbamazepine	200mg	Tab	TEV	0.2316

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02394235	Apo-Pregabalin	25mg	Cap	APX	0.2058
02402912	Co Pregabalin	25mg	Cap	COB	0.2058
02360136	Gd-Pregabalin	25mg	Cap	GEM	0.2058
02359596	PMS-Pregabalin	25mg	Cap	PMS	0.2058
02392801	Ran-Pregabalin	25mg	Cap	RAN	0.2058
02390817	Sandoz Pregabalin	25mg	Cap	SDZ	0.2058
02361159	Teva-Pregabalin	25mg	Cap	TEV	0.2058
02394243	Apo-Pregabalin	50mg	Cap	APX	0.3228
02402920	Co Pregabalin	50mg	Cap	COB	0.3228
02360144	Gd-Pregabalin	50mg	Cap	GEM	0.3228
02359618	PMS-Pregabalin	50mg	Cap	PMS	0.3228
02392828	Ran-Pregabalin	50mg	Cap	RAN	0.3228
02390825	Sandoz Pregabalin	50mg	Cap	SDZ	0.3228
02361175	Teva-Pregabalin	50mg	Cap	TEV	0.3228
02394251	Apo-Pregabalin	75mg	Cap	APX	0.4176
02402939	Co Pregabalin	75mg	Cap	COB	0.4176
02360152	Gd-Pregabalin	75mg	Cap	GEM	0.4176
02359626	PMS-Pregabalin	75mg	Cap	PMS	0.4176
02392836	Ran-Pregabalin	75mg	Cap	RAN	0.4176
02390833	Sandoz Pregabalin	75mg	Cap	SDZ	0.4176
02361183	Teva-Pregabalin	75mg	Cap	TEV	0.4176
02394278	Apo-Pregabalin	150mg	Cap	APX	0.5757
02402955	Co Pregabalin	150mg	Cap	COB	0.5757
02360179	Gd-Pregabalin	150mg	Cap	GEM	0.5757
02359634	PMS-Pregabalin	150mg	Cap	PMS	0.5757
02392844	Ran-Pregabalin	150mg	Cap	RAN	0.5757
02390841	Sandoz Pregabalin	150mg	Cap	SDZ	0.5757
02361205	Teva-Pregabalin	150mg	Cap	TEV	0.5757
02394294	Apo-Pregabalin	300mg	Cap	APX	0.5757
02402998	Co Pregabalin	300mg	Cap	COB	0.5757
02360209	Gd-Pregabalin	300mg	Cap	GEM	0.5757
02359642	PMS-Pregabalin	300mg	Cap	PMS	0.5757
02392860	Ran-Pregabalin	300mg	Cap	RAN	0.5757
02390868	Sandoz Pregabalin	300mg	Cap	SDZ	0.5757
02361248	Teva-Pregabalin	300mg	Cap	TEV	0.5757

New Manufacturer Name(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02216256	Apo-Desipramine	25mg	Tab	AAP
02216264	Apo-Desipramine	50mg	Tab	AAP
02216272	Apo-Desipramine	75mg	Tab	AAP
02317192	Apri 21	0.15mg & 0.03mg	Tab-21 Pk	BAR
02317206	Apri 28	0.15mg & 0.03mg	Tab-28Pk	BAR
02315955	Extra Strength Allergy Relief	10mg	Tab	PMS
02272695	Mylan-Combo Sterinebs	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk	TEV
02216221	Mylan-Ipratropium Sterinebs	250mcg/mL	Inh Sol-2mL UDV Pk	TEV
01926934	Mylan-Salbutamol Sterinebs P.F.	1mg/mL	Inh Sol- 2.5mL Pk	TEV
02173360	Mylan-Salbutamol Sterinebs P.F.	2mg/mL	Inh Sol- 2.5mL Pk	TEV
02231150	Tiazac	120mg	SR Cap	VAL
02231151	Tiazac	180mg	SR Cap	VAL
02231152	Tiazac	240mg	SR Cap	VAL
02231154	Tiazac	300mg	SR Cap	VAL
02231155	Tiazac	360mg	SR Cap	VAL

Not-A-Benefit Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02402769	Apo-Allopurinol	100mg	Tab	APX
02402777	Apo-Allopurinol	200mg	Tab	APX
02402785	Apo-Allopurinol	300mg	Tab	APX
	(Interchangeable with Zyloprim)			

Trade Name Change(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02216256	Desipramine	25mg	Tab	APX
02216264	Desipramine	50mg	Tab	APX
02216272	Desipramine	75mg	Tab	APX
02272695	Teva-Combo Sterinebs	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk	MYL
02216221	Teva-Ipratropium Sterinebs	250mcg/mL	Inh Sol-2mL UDV Pk	MYL
01926934	Teva-Salbutamol Sterinebs P.F.	1mg/mL	Inh Sol- 2.5mL Pk	MYL
02173360	Teva-Salbutamol Sterinebs P.F.	2mg/mL	Inh Sol- 2.5mL Pk	MYL

New Diabetic Testing Agent(s)

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857452	Accu-Chek Mobile Blood Glucose Strip	ROD	0.7125	0.7125	0.0000