

UPDATE B
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective October 01, 2008

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>
02301334	Apo-Brimonidine P (Interchangeable with Alphagan P)	0.15%	Oph Sol	APX	1.1550

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 |

02306239	Citalopram-Odan	20mg	Tab	ODN	0.6250
02306247	Citalopram-Odan (Interchangeable with Celexa)	40mg	Tab	ODN	0.6250
02307898	Novo-Oxycodone Acet (Interchangeable with Percocet)	5mg & 325mg	Tab	NOP	0.1285

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02306212	Ondansetron-Odan	4mg	Tab	ODN	5.9884
02306220	Ondansetron-Odan (Interchangeable with Zofran)	8mg	Tab	ODN	9.1402

Reason for Use Code

Clinical Criteria

- 215 For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.
LU Authorization Period: 1 year.
- 216 For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.
LU Authorization Period: 1 year.
- 217 For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.
LU Authorization Period: 1 year.
- 218 For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.

NOTE: The therapeutic value of Zofran more than 24 hours after the last dose of chemotherapy is unproven.
LU Authorization Period: 1 year.

02302616	PMS-Diclofenac	25mg	Ent Tab	PMS	0.1563
02302624	PMS-Diclofenac (Interchangeable with Voltaren)	50mg	Ent Tab	PMS	0.3932

02269430	Sandoz Paroxetine	20mg	Tab	SDZ	0.7950
02269449	Sandoz Paroxetine (Interchangeable with Paxil)	30mg	Tab	SDZ	0.8450

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02314177	Sandoz Rabeprazole	10mg	Tab	SDZ	0.3250
02314185	Sandoz Rabeprazole (Interchangeable with Pariet)	20mg	Tab	SDZ	0.6500

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>
00265489	C.E.S.	1.25mg	Tab	VAL
02097389	Cardizem	60mg	Tab	BIO
00514217	M.O.S.	5mg/mL	O/L	VAL
02254751	Sandoz Paroxetine	20mg	Tab	SDZ
02254778	Sandoz Paroxetine	30mg	Tab	SDZ
00894710	Terazol 3	80mg	Vag Ovule	JNO
00268607	Vitamin B6-ICN	25mg	Tab	VAL

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02242987	Diamicron MR	30mg	SR Tab	SEV	0.1405
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	ABB	2.1245
02285533	Kaletra	200mg & 50mg	Tab	ABB	5.4004
02212331	Zantac	150mg	Tab	GSK	0.1800
02212358	Zantac	300mg	Tab	GSK	0.3600

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>
02229080	Apo-Ketorolac (Interchangeable with Toradol)	10mg	Tab	APX	0.4550
02262983	Supeudol (Interchangeable with Oxy.IR)	20mg	Tab	SDZ	0.5810