

**UPDATE E**  
**Ontario Drug Benefit**  
**Formulary/Comparative Drug Index**  
**No. 41**  
**Effective December 23, 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>
02305704	Co Famciclovir (Interchangeable with Famvir)	500mg	Tab	COB	3.2026

**Reason for Use Code      Clinical Criteria**

147      Herpes zoster in patients 50 years of age or older, up to 72 hours\* after appearance of lesions. Dose: 500mg 3 times/day for 7days.

\*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 21 tablets.  
LU Authorization Period: 1 Year.

02305259	Mint-Ondansetron	4mg	Tab	MIN	5.9884
02305267	Mint-Ondansetron (Interchangeable with Zofran)	8mg	Tab	MIN	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.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02171929	Novo-5-ASA (Interchangeable with Asacol)	400mg	Tab	NOP	0.2549

02313421	PMS-Bupropion SR (Interchangeable with Wellbutrin SR)	150mg	Tab	PMS	0.4000
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<b>Reason for Use Code</b>	<b>Clinical Criteria</b>
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315	For the treatment of depression.  LU Authorization Period: Indefinite.
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02312247	Ran-Ondansetron	4mg	Tab	RAN	5.9884
02312255	Ran-Ondansetron (Interchangeable with Zofran)	8mg	Tab	RAN	9.1402

<b>Reason for Use Code</b>	<b>Clinical Criteria</b>
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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.

## New Drug Identification Number(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02126567	Monistat Derm	2%	Cr	OMC
01916475	Percocet	5mg & 325mg	Tab	BQU
01916572	Percodan	5mg & 325mg	Tab	BQU

### 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>
00497797	Monistat Derm	2%	Cr	OMC
00580201	Percocet	5mg & 325mg	Tab	BQU
00580236	Percodan	5mg & 325mg	Tab	BQU
02221950	Surgam	300mg	Tab	SAV
01926519	Vitamin A Acid	0.05%	Cr	SAV

## Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02313936	Apo-Quetiapine	200mg	Tab	APX	1.3233
02313944	Apo-Quetiapine	300mg	Tab	APX	1.9312
02250004	Fenomax	160mg	Tab	ORY	0.5500
02244291	Flovent HFA	50mcg/Metered Dose	Inh-120 Dose Pk	GSK	23.9292
09853936	Fraxiparine	9500IU/mL	Pref Syr-0.3mL Pk	GSK	9.1290
09853944	Fraxiparine	9500IU/mL	Pref Syr-0.4mL Pk	GSK	9.1290
09853952	Fraxiparine	9500IU/mL	Pref Syr-0.6mL Pk	GSK	9.1290
09853979	Fraxiparine	9500IU/mL	Pref Syr-0.8mL Pk	GSK	9.1290
09853987	Fraxiparine	9500IU/mL	Pref Syr-1.0mL Pk	GSK	9.1290
02240114	Fraxiparine Forte	19000IU/mL	Pref Syr-0.6mL Pk	GSK	18.2580
09854100	Fraxiparine Forte	19000IU/mL	Pref Syr-0.8mL Pk	GSK	18.2580
09854118	Fraxiparine Forte	19000IU/mL	Pref Syr-1.0mL Pk	GSK	18.2580
00808539	Novo-Difenac	25mg	Ent Tab	NOP	0.1563
02261545	Telzir	700mg	Tab	GSK	7.9200

## New Manufacturer Name(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
97982580	Boost 1.0 Standard	1.06kcal/mL	Liq-237mL Pk	NES
97982610	Boost 1.5 Plus Calories	1.5kcal/mL	Liq-237mL Pk	NES
09853154	Boost Fruit Flavoured Beverage		Liq-235mL Pk	NES
97983330	Compleat Modified		Liq-250mL Pk	NES
09857173	Compleat Pediatric	1kcal/mL	Liq-250mL Pk	NES
09854266	IsoSource 1.5 Cal		Liq-250mL Pk	NES
97984663	IsoSource HN		Liq-250mL Pk	NES
09854363	IsoSource HN with Fibre		Liq-250mL Pk	NES
09853553	IsoSource VHN		Liq-250mL Pk	NES
97904473	MCT Oil	7.7kcal/mL	Liq-946mL Pk	NES
09854258	NovaSource Renal		Liq-237mL Pk	NES
09853170	Resource 2.0		Liq-237mL Pk	NES
09857427	Resource Diabetic	1.06kcal/mL	Liq-250mL Pk	NES
09857142	Resource Just for Kids 1.5 Cal	1.5kcal/mL	Liq-237mL Pk	NES
97982750	Tolerex		Pd-80g Pk	NES
09853308	Vivonex Pediatric		Pd-48.7g Pk	NES
97982830	Vivonex Plus		Pd-79.5g Pk	NES
09853618	Vivonex T.E.N.		Pd-80.4g Pk	NES

## 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>
02305682	Co Famciclovir	125mg	Tab	COB	2.0240
02305690	Co Famciclovir (Interchangeable with Famvir)	250mg	Tab	COB	2.7200
02315963	PMS-Cetirizine (Interchangeable with Reactine)	20mg	Tab	PMS	0.6764
02307863	PMS-Pantoprazole (Interchangeable with Pantoloc)	20mg	Ent Tab	PMS	1.2750
02311925	Ratio-Fentanyl (Interchangeable with Duragesic 12)	12mcg/hr	Trans Patch	RPH	3.1980
00608203	Ratio-Tecnal C1/4 (Interchangeable with Fiorinal C1/4)	330mg & 50mg & 40mg & 15mg	Cap	RPH	0.5400
00608181	Ratio-Tecnal C1/2 (Interchangeable with Fiorinal C1/2)	330mg & 50mg & 40mg & 30mg	Cap	RPH	0.6615
00608238	Ratio-Tecnal (Interchangeable with Fiorinal)	330mg & 50mg & 40mg	Cap	RPH	0.5038
02302381	Sandoz Lisinopril HCT (Interchangeable with Zestoretic)	20mg & 25mg	Tab	SDZ	0.7011



## Limited Use Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02238453	Xeloda	150mg	Tab	HLR
02238454	Xeloda	500mg	Tab	HLR

### Reason for Use Code

### Clinical Criteria

- 346 For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.
- NOTE:** Not to be used in patients who have failed 5-fluorouracil.
- LU Authorization Period: Indefinite.
- 360 For the treatment of metastatic breast cancer in combination with docetaxel in women who experience disease progression on or after an anthracycline.
- LU Authorization Period: Indefinite.
- 406 For adjuvant treatment of stage 3 or high risk stage 2\* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.
- \*high risk stage 2 colon cancer is defined as one of the following:
- obstruction,
  - perforation,
  - poorly differentiated adenocarcinoma,
  - inadequate lymph node sampling,
  - T4 tumour.
- LU Authorization Period: 6 Months.
- 409 As part of the CAPOX regimen for the first-line and second-line treatment of metastatic colorectal cancer.
- LU Authorization Period: Indefinite.

**Trade Name Change(s)**

<u>DIN/PIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
09857293	Breeze 2 Strip			BAH
02246568	Coversyl Plus LD	2mg & 0.625mg	Tab	SEV

**New Diabetic Testing Agent(s)**

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/ UNIT</u>	<u>AMT MOH PAYS</u>	<u>AMT PATIENT PAYS</u>
09857313	Nova Max Strip	NOB	0.7290	0.7290	0.0000