UPDATE 16

Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 39
Effective April 2, 2007

SUMMARY OF CHANGES

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New Single Source Drug(s)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02246569	Coversyl Plus 4mg & 1.25mg Tab	PERINDOPRIL ERBUMINE & INDAPAMIDE	SEV	0.9400
00765996	Diamicron 80mg Tab	GLICLAZIDE	SEV	0.3725
02242987	Diamicron MR 30mg SR Tab	GLICLAZIDE	SEV	0.3725

For the treatment of type 2 diabetes in a patient with:
a. Inadequate glycemic control (HbA1C>7%) using maximal doses of glyburide (10mg/day) AND metformin (2000mg/day); OR
b. Inadequate glycemic control and demonstrated intolerance or contraindication to metformin and are on maximal doses of glyburide; OR
c. Inadequate glycemic control and demonstrated intolerance or contraindication to glyburide and are on maximal doses of metformin; OR
d. Demonstrated intolerance or contraindication to both glyburide AND metformin; OR
e. Adequate glycemic control (HbA1c <=7%) who develops intolerance or contraindication to glyburide or metformin; OR
f. HbA1c <=7% and greater than 50% of fasting blood glucose (FBG >7mmol/L) or post-prandial plasma glucose (PPG>10mmol/L) levels are not within target range and using maximally tolerated doses of glyburide and metformin.

02246568	Preterax 2mg & 0.625mg Tab	PERINDOPRIL ERBUMINE & INDAPAMIDE	SEV	0.7900

New Multi-Source Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02284030	Apo-Desmopressin	0.1mg	Tab	APX	0.9913
02284049	Apo-Desmopressin (Interchangeable with DDAVP)	0.2mg	Tab	APX	1.9826
02292068	Apo-Famciclovir (Interchangeable with Famvir)	500mg	Tab	APX	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 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 21 tablets.

LU Authorization Period: 1 year.

02292378	Apo-Pramipexole (Interchangeable with Mirapex PIN 9857268)	0.25mg	Tab	APX	0.4950
02292394	Apo-Pramipexole (Interchangeable with Mirapex PIN 9857269)	1mg	Tab	APX	0.9900
02292408	Apo-Pramipexole (Interchangeable with Mirapex PIN 9857270)	1.5mg	Tab	APX	0.9900

Note: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson's Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer's Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson's Disease specifically. Novo-Pramipexole, PMS-Pramipexole and Apo-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson's Disease.

02285215	Co Cilazapril	2.5mg	Tab	COB	0.3400
02285223	Co Cilazapril (Interchangeable with Inhibace)	5mg	Tab	COB	0.3950
02248182	Co Pravastatin	10mg	Tab	COB	0.7567

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02248183	Co Pravastatin	20mg	Tab	COB	0.8925
02248184	Co Pravastatin (Interchangeable with Pravachol)	40mg	Tab	COB	1.0750
02287390	Co Sertraline	25mg	Cap	COB	0.4000
02287404	Co Sertraline	50mg	Cap	COB	0.8000
02287412	Co Sertraline (Interchangeable with Zoloft)	100mg	Cap	COB	0.8750
02273497	PMS-Ursodiol C (Interchangeable with Urso)	250mg	Tab	PMS	0.8635

Reason for Use Code	Clinical Criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.

02273500	PMS-Ursodiol C (Interchangeable with Urso DS)	500mg	Tab	PMS	1.6380

Reason for Use Code	Clinical Criteria
273	For the treatment of primary biliary cirrhosis. LU Authorization Period: Indefinite.
386	For the treatment of primary sclerosing cholangitis. LU Authorization Period: Indefinite.

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
02241575	Apo-Levobunolol	0.25%	Oph Sol	APX
00846465	Apo-Sulfatrim	40mg & 8mg/mL	O/L	APX
00436895	Balminil DM	3mg/mL	O/L	TCH
00587958	Stieva-A	0.01%	Gel	STI

New Drug Benefit Price(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02216256	Apo-Desipramine	25mg	Tab	APX	0.1729
02246860	Apo-Feno-Super	160mg	Tab	APX	0.6231
00618632	Apo-Metoprolol	50mg	Tab	APX	0.0968
00618640	Apo-Metoprolol	100mg	Tab	APX	0.1747
02245058	Apo-Omeprazole Cap	20mg		APX	1.1000
00022802	Celontin	300mg	Cap	ERF	0.3800
02230302	Codeine Contin	50mg	CR Tab	PFP	0.2932
02163748	Codeine Contin	100mg	CR Tab	PFP	0.5862
02163780	Codeine Contin	150mg	CR Tab	PFP	0.8860
02163799	Codeine Contin	200mg	CR Tab	PFP	1.1728
02247521	Ezetrol	10mg	Tab	MFS	1.6800
02125323	Hydromorph Contin	3mg	CR Cap	PFP	0.6254
02125331	Hydromorph Contin	6mg	CR Cap	PFP	0.9382
02125366	Hydromorph Contin	12mg	CR Cap	PFP	1.6262
02243562	Hydromorph Contin	18mg	CR Cap	PFP	2.3454
02125382	Hydromorph Contin	24mg	CR Cap	PFP	3.0024
02125390	Hydromorph Contin	30mg	CR Cap	PFP	3.5964
02013231	Lithane	150mg	Cap	ERF	0.0995
00406775	Lithane	300mg	Cap	ERF	0.0991
02015439	MS Contin	15mg	SR Tab	PFP	0.6362
02014297	MS Contin	30mg	SR Tab	PFP	0.9606
02014300	MS Contin	60mg	SR Tab	PFP	1.6934
02014319	MS Contin	100mg	SR Tab	PFP	2.5818
02014327	MS Contin	200mg	SR Tab	PFP	4.7998
02014238	MS-IR	20mg	Tab	PFP	0.3226
02014254	MS-IR	30mg	Tab	PFP	0.4142
01926780	Neuleptil	5mg	Cap	ERF	0.1825
01926772	Neuleptil	10mg	Cap	ERF	0.2930
01926756	Neuleptil	10mg/mL	O/L	ERF	0.3600
02024292	Novolin ge 10/90 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	36.6700
02024306	Novolin ge 20/80 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	36.6700
02024217	Novolin ge 30/70	1000U/10mL	Inj Susp-10mL Pk	NOO	18.3300
09853812	Novolin ge 30/70 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	35.9700
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	36.6700
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	36.6700
02024225	Novolin ge NPH	1000U/10mL	Inj Susp-10mL Pk	NOO	18.3300
09853782	Novolin ge NPH Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	35.9700

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02024233	Novolin ge Toronto	1000U/10mL	Inj Sol-10mL Pk	NOO	18.3300
09853774	Novolin ge Toronto Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	35.9700
00648043	Novo-Metoprol	100mg	Tab	NOP	0.1747
02245397	NovoRapid	100U/mL	Inj Sol-10mL Pk	NOO	25.3400
02244353	NovoRapid	100U/mL	Inj Sol-5x3mL Pk	NOO	50.7100
02202441	Oxycontin	10mg	SR Tab	PFP	0.8340
02202468	Oxycontin	20mg	SR Tab	PFP	1.2508
02202476	Oxycontin	40mg	SR Tab	PFP	2.1682
02202484	Oxycontin	80mg	SR Tab	PFP	4.0028
01927744	Parsitan	50mg	Tab	ERF	0.2000
02014270	Phyllocontin	225mg	SR Tab	PFP	0.2125
02014289	Phyllocontin-350	350mg	SR Tab	PFP	0.2708
00638692	Procan SR	250mg	LA Tab	ERF	0.3500
00638676	Procan SR	500mg	LA Tab	ERF	0.4500
00638684	Procan SR	750mg	LA Tab	ERF	0.7000
02278650	Sandoz Famciclovir	500mg	Tab	SDZ	3.2026
00367729	Senokot	1.7mg/mL	Syrup	PFP	0.0318
02224895	Soframycin	0.5%	Oph Oint-5g Pk	ERF	15.0000
02192675	Tanta Orciprenaline	2mg/mL	O/L	TAN	0.0302
00023949	Thyroid	30mg	Tab	ERF	0.0420
00023957	Thyroid	60mg	Tab	ERF	0.0498
00023965	Thyroid	125mg	Tab	ERF	0.0800
02256746	Tiazac XC	180mg	ER Tab	BIO	1.0195
02163934	Tylenol No.2	15mg	Tab	JNO	0.0476
02163926	Tylenol No.3	30mg	Tab	JNO	0.0524
02163918	Tylenol No.4	300mg & 60mg	Tab	JNO	0.1384
02014165	Uniphyl	400mg	SR Tab	PFP	0.4882
02014181	Uniphyl	600mg	SR Tab	PFP	0.5914
02241332	Vagifem	25mcg	Vag Tab	NOO	2.5180
00022799	Zarontin	250mg	Cap	ERF	0.3100
00023485	Zarontin	50mg/mL	O/L	ERF	0.0620

New Manufacturer Name(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02230437	ACET 650	650mg	Sup	PMS

Not-A-Benefit Drug(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
09853685	Apo-Lisinopril	5mg	Tab	APX
09853960	Apo-Lisinopril	10mg	Tab	APX
09854010	Apo-Lisinopril	20mg	Tab	APX
02217481	Apo-Lisinopril	5mg	Tab	APX
02217503	Apo-Lisinopril	10mg	Tab	APX
02217511	Apo-Lisinopril	20mg	Tab	APX
00865532	Nu-Triazide	25mg & 50mg	Tab	NXP

Discontinued Drug(s) (Removed From Payment & Listing)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
01924613	Albert-Tiafen	200mg	Tab	ALT
02167824	Alti-Bromazepam	6mg	Tab	ALT
02048760	Asmavent	5mg/mL	Inh Sol-10mL Pk	TCH
02237864	Captril	100mg	Tab	TCH
00779466	Codeine	30mg	Tab	ROG
02238042	Deproic	50mg/mL	O/L	TCH
00236691	Nemasol	500mg	Tab	ICN
00311731	Quinate	325mg	Tab	ROG
00026883	Quinidine	200mg	Tab	ROG
02229874	Scabene	0.63% & 5.04%	Aero Spray	MET
00307548	Theophylline	5.3mg/mL	O/L	ROG
02230284	Trazorel	50mg	Tab	ICN
02230285	Trazorel	100mg	Tab	ICN

Limited Use Change(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR	DBP
02231384	Femara	2.5mg	Tab	NOV	5.2463

Reason for Use Code	Clinical Criteria
365	For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women. LU Authorization Period: Indefinite.
403	For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy. LU Authorization Period: 5 years.
408	As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years. LU Authorization Period: 5 years.

Trade Name Change(s)

DIN	BRAND	STRENGTH	DOSAGE FORM	MFR
02244353	NovoRapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO