



Formulary Update

Issue 07-02

May 28, 2007

Coverage of the following medications will be added to the Drug Programs Formulary effective, Monday, May 28, 2007:

08:12.06 ANTIBIOTICS CEPHALOSPORINS

CEFPROZIL

SEE APPENDIX A FOR EDS CRITERIA

250MG TABLET

02163659	CEFZIL (EDS)	BMS	FNSW
02292998	APO-CEFPROZIL (EDS)	APX	FNSW

500MG TABLET

02163667	CEFZIL (EDS)	BMS	FNSW
02293005	APO-CEFPROZIL (EDS)	APX	FNSW

25MG/ML ORAL SUSPENSION

02163675	CEFZIL (EDS)	BMS	FNSW
02293943	APO-CEFPROZIL (EDS)	APX	FNSW

50MG/ML ORAL SUSPENSION

02163683	CEFZIL (EDS)	BMS	FNSW
02293579	RAN-CEFPROZIL (EDS)	RAN	FNSW
02293951	APO-CEFPROZIL (EDS)	APX	FNSW

- (a) Step-down care following hospital separation in patients treated with intravenous cephalosporins. Up to 10 days of therapy will be considered.
- (b) For treatment of patients with asthma or COPD not responding to alternative antibiotics. Up to 10 days of therapy will be considered.
- (c) For treatment of infections caused by organisms known to be resistant to alternative antibiotics. Up to 10 days of therapy will be considered.
- (d) For treatment of patients known to be allergic to penicillin who fail to respond to alternative antibiotics. Up to 10 days of therapy will be considered. (Note: patients who have experienced immediate hypersensitivity to penicillin should not receive cephalosporins.)

08:18.08.20 ANTIRETROVIRAL AGENTS (NCLEOSIDE RESERSE TRANSCRIPTASE INHIBITORS)

TENOFOVIR & EMTRICITABINE

300MG & 200MG TABLET

02274906	TRUVADA (EDS)	GIL	A
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For the initial phase of treatment of adult patients with AIDS/HIV who have experienced intolerance or adverse events with other nucleoside combinations including lamivudine in combination with zidovudine, abacavir, stavudine, or didanosine and, who have not developed virologic failure or clinical progression on initial antiretroviral therapy.

08:22.00 QUINOLONES

CIPROFLOXACIN

SEE APPENDIX A FOR EDS CRITERIA (NURSING HOME PROGRAM DOES NOT REQUIRE AN EDS REQUEST)

1000MG EXTENDED-RELEASE TABLET

02251787	CIPRO XL (EDS)	BAY	FNSW
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For the treatment of complicated urinary tract infections in patients unresponsive or allergic to other oral agents.

10:00.00 ANTINEOPLASTIC AGENTS

TRIPTORELIN

3.75MG INTRAMUSCULAR INJECTION

02240000	TRELSTAR	PAL	FNSW
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11.25MG INTRAMUSCULAR INJECTION

02243856	TRELSTAR LA	PAL	FNSW
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12:12.00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

EPINEPHRINE HCL

SEE APPENDIX A FOR EDS CRITERIA

0.15MG/DOSE AUTO-INJECTOR

02268205	TWINJECT (EDS)	ALX	FW
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0.3MG/DOSE AUTO-INJECTOR

02247310	TWINJECT (EDS)	ALX	FW
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NOTE: Not interchangeable with Epipen or Epipen Jr.

For the emergency treatment of anaphylactic reactions, when out of reach of immediate medical attention.

Coverage is limited to one unit at a time.

To allow for the replacement of used or expired units, the pharmacy must contact the PEI Drug Programs office and coverage will be provided on the day of the fill. Additional physician requests are not required for replacement units once the initial request has been approved.

24:06.00 ANTILPEMIC DRUGS

FENOFIBRATE

100MG TABLET

02241601	LIPIDIL SUPRA	FFR	FNSW
02246859	APO-FENO-SUPER	APX	FNSW
02288044	SANDOZ FENOFIBRATE S	SDZ	FNSW

160MG TABLET

02241602	LIPIDIL SUPRA	FFR	FNSW
02246860	APO-FENO-SUPER	APX	FNSW
02288052	SANDOZ FENOFIBRATE S	SDZ	FNSW

FLUVASTATIN

80MG SUSTAINED RELEASE TABLET

02250527 LESCOL XL NVR FNSW

LOVASTATIN & NIACIN

20MG & 500MG EXTENDED-RELEASE TABLET

02270439 ADVICOR ORX FNSW

20MG & 1000MG EXTENDED-RELEASE TABLET

02270447 ADVICOR ORX FNSW

24:08.00 HYPOTENSIVE DRUGS***DOXAZOCIN**

1MG TABLET

01958100 CARDURA AST FNSW

02240498 GEN-DOXAZOSIN GPM FNSW

02240588 APO-DOXAZOSIN APX FNSW

02242728 NOVO-DOXAZOSIN NOP FNSW

02244527 PMS-DOXAZOSIN PMS FNSW

2MG TABLET

01958097 CARDURA AST FNSW

02240499 GEN-DOXAZOSIN GPM FNSW

02240589 APO-DOXAZOSIN APX FNSW

02242729 NOVO-DOXAZOSIN NOP FNSW

02244528 PMS-DOXAZOSIN PMS FNSW

4MG TABLET

01958119 CARDURA AST FNSW

02240500 GEN-DOXAZOSIN GPM FNSW

02240590 APO-DOXAZOSIN APX FNSW

02242730 NOVO-DOXAZOSIN NOP FNSW

02244529 PMS-DOXAZOSIN PMS FNSW

***PERINDOPRIL**

8MG TABLET

02246624 COVERSYL SEV FNSW

02289296 APO-PERINDOPRIL APX FNSW

28:08.04 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS**DICLOFENAC SODIUM**

75 MG SUSTAINED RELEASE TABLET

00782459 VOLTAREN SR NVR FNSW

02158582 NOVO-DIFENAC SR NOP FNSW

02162814 APO-DICLO SR APX FNSW

02228203 NU-DICLO SR NXP FNSW

02231504 PMS-DICLOFENAC SR PMS FNSW

02261901 SANDOZ DICLOFENAC SDZ FNSW

100 MG SUSTAINED RELEASE TABLET

00590827	VOLTAREN SR	NVR	FNSW
02048698	NOVO-DIFENAC SR	NOP	FNSW
02091194	APO-DICLO SR	APX	FNSW
02228211	NU-DICLO SR	NXP	FNSW
02231505	PMS-DICLOFENAC SR	PMS	FNSW
02261944	SANDOZ DICLOFENAC	SDZ	FNSW

NAPROXEN**250MG ENTERIC COATED TABLET**

02162792	NAPROSYN-E	HLR	FNSW
02243312	NOVO-NAPROX EC	NOP	FNSW
02246699	APO-NAPROXEN EC	APX	FNSW

375MG ENTERIC COATED TABLET

02162415	NAPROSYN-E	HLR	FNSW
02243313	NOVO-NAPROX EC	NOP	FNSW
02243432	GEN-NAPROXEN EC	GPM	FNSW
02246700	APO-NAPROXEN EC	APX	FNSW

500MG ENTERIC COATED TABLET

02162423	NAPROSYN-E	HLR	FNSW
02241024	GEN-NAPROXEN EC	GPM	FNSW
02243314	NOVO-NAPROX EC	NOP	FNSW
02246701	APO-NAPROXEN EC	APX	FNSW

750MG SUSTAINED RELEASE TABLET

02162466	NAPROSYN SR	HLR	FNSW
02177072	APO-NAPROXEN SR	APX	FNSW

52:04.12 ANTI-INFECTIVES (MISCELLANEOUS)**CHLORHEXIDINE****SEE APPENDIX A FOR EDS CRITERIA****0.12% ORAL RINSE**

02237452	PERIDEX (EDS)	ZIA	N
02240433	PERICHLOR (EDS)	PMS	N

For the treatment of periodontal disease in long term care residents who need assistance in mouth care upon written request or recommendation from a dentist. A copy of the recommendation must accompany the Exceptional Drug Request.

52:08.00 ANTI-INFLAMMATORY AGENTS**MOMETASONE****100MG/DOSE NASAL SPRAY**

02238465	NASONEX	SCH	FNSW
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TRIAMCINOLONE**55UG/DOSE NASAL SPRAY**

02213834	NASACORT AQ	AVN	FNSW
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52:26.00 OTHER EYE, EAR, NOSE AND THROAT AGENTS

TRAVAPROST & TIMOLOL

0.004% & 0.5% OPHTHALMIC SOLUTION
02278251 DUOTRAV

ALC FNSW

68:04.00 CORTICOSTEROIDS

CICLESONIDE

100UG/DOSE INHALATION AEROSOL
02285606 ALVESCO

ATA FNSW

200UG/DOSE INHALATION AEROSOL
02285614 ALVESCO

ATA FNSW

68:12.00 CONTRACEPTIVES

ESTRADIOL & ETONOGESTREL

2.GMG & 11.4MG VAGINAL INSERT
02253186 NUVARING

ORG FW

68:16.00 ESTROGENS

***CONJUGATED ESTROGENS & MEDROXYPROGESTERONE**

0.625MG & 2.5MG TABLET
02242878 PREMLUS

WAY FNSW

0.625MG & 5MG
02242879 PREMLUS

WAY FNSW

***ESTRADIOL**

25UG VAGINAL TABLET
02241332 VAGIFEM

NNO FNSW

68:20:20 ANTIDIABETIC DRUGS (ORAL HYPOGLYCEMICS)

ROSIGLITAZONE MALEATE & METFORMIN

SEE APPENDIX A FOR EDS CRITERIA

1MG & 500MG TABLET
02247085 AVANDAMET

GLA DNW

2MG & 500MG TABLET
02247086 AVANDAMET

GLA DNW

4MG & 500MG TABLET
02247087 AVANDAMET

GLA DNW

2MG & 1000MG TABLET
02248440 AVANDAMET

GLA DNW

4MG & 1000MG TABLET
02248441 AVANDAMET GLA DNW

For the treatment of patients registered with the Diabetes Control Program, diagnosed with Type II diabetes, and who are currently stabilized on equivalent strengths of rosiglitazone and metformin.

68:28.00 PITUITARY AGENTS

DESMOPRESSIN

SEE APPENDIX A FOR EDS CRITERIA

0.1MG TABLET

00824305 DDAVP (EDS) FEI FNSW
02284030 APO-DESMOPRESSIN (EDS)APX FNSW

0.2MG TABLET

00824143 DDAVP (EDS) FEI FNSW
02284049 APO-DESMOPRESSIN (EDS)APX FNSW

For the treatment of diabetes insipidus in patients unable to tolerate the intranasal solution or when the intranasal solution is ineffective.

86:12.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNIN CHLORIDE

SEE APPENDIX A FOR EDS CRITERIA

10MG CONTROLLED RELEASE TABLET

02273578 UROMAX (EDS) PFR FNSW

15MG CONTROLLED DOSAGE TABLET

02273586 UROMAX (EDS) PFR FNSW

For the treatment of urinary frequency, urgency, or urge incontinence when a patient has had to discontinue Oxybutynin immediate release due to intolerable side effects.

TROSPIMUM

SEE APPENDIX A FOR EDS CRITERIA

20MG TABLET

02275066 TROSEC (EDS) ORX FNSW

For the treatment of urinary frequency, urgency or urge incontinence when a patient has had to discontinue Oxybutynin due to intolerable side effects or where Oxybutynin has been ineffective.

92:00:00 UNCLASSIFIED THERAPEUTIC AGENTS

ADALIMUMAB

SEE APPENDIX A FOR EDS CRITERIA

40MG/0.8ML PRE-FILLED SYRINGE

02258595 HUMIRA (EDS) ABB M

For the treatment of Rheumatoid Arthritis in patients who:

1. Have not responded to a trial of at least 3 months of Leflunomide, **AND**
2. Have not responded to or have had intolerable toxicity to an adequate trial of Methotrexate and at least one of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
3. Are intolerant to or has a contraindication to Methotrexate and are refractory to at least two of the following DMARDs (disease modifying antirheumatic drugs): IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine, **OR**
4. Are not a candidate for combination DMARD therapy but has had an adequate trial of Methotrexate and at least two of the following DMARDs in sequence: IM Gold, Sulfasalazine, Hydroxychloroquine, Azathioprine, Chloroquine, or Penicillamine,

An adequate trial is considered to be 5 months for IM Gold, 6 months for Penicillamine, 4 months for Hydroxychloroquine, and 3 months for all other traditional DMARDs.

Unless limited by toxicity, Methotrexate dosage should be increased up to 25 mg/week unless a response is achieved at a lower dose.

Initial approval for Adalimumab is for 40 mg given every two weeks for 6 months. Renewal of coverage will require reassessment of the patient and submission of a new Exceptional Drug Request.

The request for coverage must be made by a Rheumatologist using the Exceptional Drug Request for Coverage of Infliximab or Etanercept for Rheumatoid Arthritis Form available from the Drug Programs office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

Patients must also apply for coverage by the High Cost Drug Program. The patient application is available from the Drug Program Office or online at www.gov.pe.ca/forms under the Department of Social Services and Seniors.

EPOPROSTENOL

SEE APPENDIX A FOR EDS CRITERIA

0.5MG POWDER FOR SOLUTION (INJECTION)

02230845 FLOLAN (EDS) GSK M

1.5MG POWDER FOR SOLUTION (INJECTION)

02230848 FLOLAN (EDS) GSK M

For the treatment of patients with WHO class III or IV pulmonary artery hypertension of either primary origin or secondary to connective tissue disease diagnosed by cardiac catheterization and who have had an inadequate response to conventional (e.g. diuretics, digoxin, warfarin, and calcium channel blockers), sildenafil, and bosentan therapy or where such therapies are contraindicated.

Note: Coverage will be limited to drug and diluent costs only. No coverage will be provided for pump rentals or supplies.

BOSENTAN**SEE APPENDIX A FOR EDS CRITERIA**

62.5MG TABLET

02244981 TRACLEER (EDS) ACT M

125MG TABLET

02249982 TRACLEER (EDS) ACT M

- a. For the treatment of patients with WHO class III or IV pulmonary artery hypertension of either primary origin or secondary to connective tissue disease diagnosed by cardiac catheterization and who have had an inadequate response to conventional (e.g. diuretics, digoxin, warfarin, and calcium channel blockers) and sildenafil therapy.
- b. For the treatment of patients with WHO class III or IV pulmonary artery hypertension secondary to congenital heart disease diagnosed by cardiac catheterization and who have had an inadequate response to conventional therapy (e.g. diuretics, digoxin, warfarin, and calcium channel blockers).
- c. For the treatment of patients with WHO class III or IV pulmonary artery hypertension associated with AIDS/HIV infection diagnosed by cardiac catheterization and who have had an inadequate response to conventional therapy (e.g. diuretics, digoxin, warfarin, and calcium channel blockers).

TAMSULOSIN**SEE APPENDIX A FOR EDS CRITERIA**

0.4MG SUSTAINED RELEASE CAPSULE

02238123	FLOMAX (EDS)	BOE	FNSW
02281392	NOVO-TAMSULOSIN (EDS)	NOP	FNSW
02294265	RATIO-TAMSULOSIN (EDS)	RPH	FNSW

For the treatment of benign prostatic hyperplasia (BPH) in patients who have experienced treatment failure or intolerance to alternative agents (e.g. terazosin, doxazosin).

ZARIFLUKAST**SEE APPENDIX A FOR EDS CRITERIA**

20MG TABLET

02236606 ACCOLATE (EDS) AST FNSW

For adjunctive treatment of asthma in patients not well controlled with regular use of inhaled corticosteroids. Only appropriate dosing as shown in the current Compendium of Pharmaceuticals and Specialties (CPS) will be considered.

ZOLENDRONIC ACID**SEE APPENDIX A FOR EDS CRITERIA**

5MG/100ML INJECTION

02269198 ACLASTA (EDS) NVR FNSW

For treatment of Paget's Disease of the bone.