

# Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – November 2013

Effective November 28, 2013

Ministry of Health and Long-Term Care



# Table of Contents

New Single Source Drug(s).....	3
New Multi-Source Drug(s).....	4
Off Formulary Interchangeable Product(s) .....	7
Manufacturer Requested Discontinued Drug(s) .....	9
Price Change(s).....	10
Not-A-Benefit Drug(s) .....	14
Discontinued Drug(s) (Removed From Payment & Listing) .....	15
Not-A-Benefit Drug(s) (Removed From Listing) .....	16
Limited Use Change(s) .....	17

## New Single Source Drug(s)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02377454	Fragmin 2500IU/mL Single-dose 4mL Vial Pk	DALTEPARIN SODIUM	PFI	16.5480

### Reason for Use Code & Clinical Criteria

#### Code 186

For acute treatment of deep venous thrombosis (DVT), for a maximum of three weeks.

*LU Authorization Period: 1 Year*

#### Code 187

For DVT in pregnant or lactating females.

*LU Authorization Period: 1 Year*

#### Code 188

For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated.

*LU Authorization Period: 1 Year*

#### Code 189

For DVT in patients who have failed treatment with warfarin.

*LU Authorization Period: 1 Year*

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02399466	Pentasa 1g ER Tab	5-AMINOSALICYLIC ACID	FEI	1.1138

## New Multi-Source Drug(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02411253	Apo-Amlodipine- Atorvastatin	5mg & 10mg	Tab	APX	0.5802
02411261	Apo-Amlodipine- Atorvastatin	5mg & 20mg	Tab	APX	0.6842
02411288	Apo-Amlodipine- Atorvastatin	5mg & 40mg	Tab	APX	0.7232
02411296	Apo-Amlodipine- Atorvastatin	5mg & 80mg	Tab	APX	0.7232
02411318	Apo-Amlodipine- Atorvastatin	10mg & 10mg	Tab	APX	0.6125
02411326	Apo-Amlodipine- Atorvastatin	10mg & 20mg	Tab	APX	0.7636
02411334	Apo-Amlodipine- Atorvastatin	10mg & 40mg	Tab	APX	0.8000
02411342	Apo-Amlodipine- Atorvastatin	10mg & 80mg	Tab	APX	0.8000

*(Interchangeable with Caduet)*

### Note:

Patients should be stabilized on a statin or a calcium channel blocker before being initiated on Amlodipine Besylate & Atorvastatin Calcium.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02382075	Mylan-Bupropion XL	150mg	ER Tab	MYL	0.3982
02382083	Mylan-Bupropion XL	300mg	ER Tab	MYL	0.7963

*(Interchangeable with Wellbutrin XL)*

### Reason for Use Code & Clinical Criteria

#### Code 315

For the treatment of depression.  
*LU Authorization Period: Indefinite*

### New Multi-Source Drug(s)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02407450	Mylan-Nitro 0.4	0.4mg/Hr	14.8sq cm Transdermal Patch	MYL	0.4704
02407469	Mylan-Nitro 0.6	0.6mg/Hr	22.2sq cm Transdermal Patch	MYL	0.4704

(Interchangeable with Nitro-Dur)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02408651	Mylan-Pregabalin	25mg	Cap	MYL	0.2058
02408678	Mylan-Pregabalin	50mg	Cap	MYL	0.3228
02408686	Mylan-Pregabalin	75mg	Cap	MYL	0.4176
02408694	Mylan-Pregabalin	150mg	Cap	MYL	0.5757
02408708	Mylan-Pregabalin	300mg	Cap	MYL	0.5757

(Interchangeable with Lyrica)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02397773	Mylan-Risedronate	150mg	Tab	MYL	22.3750

(Interchangeable with Actonel)

### New Multi-Source Drug(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02406810	Ran-Irbesartan	75mg	Tab	RAN	0.3025
02406829	Ran-Irbesartan	150mg	Tab	RAN	0.3025
02406837	Ran-Irbesartan	300mg	Tab	RAN	0.3025

*(Interchangeable with Avapro)*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02368242	Teva-Tamsulosin CR Tab	0.4mg	CR Tab	TEV	0.1500

*(Interchangeable with Flomax CR Tab)*

## Off Formulary Interchangeable Product(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02403587	Apo-Mometasone	50mcg/Dose	Nas Sp-140 Dose Pk	APX	21.6900

*(Interchangeable with Nasonex)*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02407590	Apo-Tetrabenazine	25mg	Tab	APX	4.8551

*(Interchangeable with Nitoman)*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02407442	Mylan-Nitro 0.2	0.2mg/Hr	7.4sq cm Transdermal Patch	MYL	0.4463
02407477	Mylan-Nitro 0.8	0.8mg/Hr	29.6sq cm Transdermal Patch	MYL	0.8743

*(Interchangeable with Nitro-Dur)*

**Off Formulary Interchangeable Product(s)**

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02382091	Teva-Eletriptan	20mg	Tab	TEV	10.0850
02382105	Teva-Eletriptan	40mg	Tab	TEV	10.0850

*(Interchangeable with Relpax)*



# Manufacturer Requested Discontinued Drug(s)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02126753	Novo-Nadolol	40mg	Tab	NOP
02126761	Novo-Nadolol	80mg	Tab	NOP
02247461	Ratio-Ketorolac	0.5%	Oph Sol	RPH
02221985	Renedil	2.5mg	SR Tab	SAV
02221993	Renedil	5mg	SR Tab	SAV
02222000	Renedil	10mg	SR Tab	SAV

## Price Change(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02263130	Apo-Ciproflox	0.3%	Oph Sol-5ml Pk	APX	1.7600
00895644	Apo-Dipyridamole	25mg	Tab	APX	0.2633
00895652	Apo-Dipyridamole	50mg	Tab	APX	0.3685
00895660	Apo-Dipyridamole	75mg	Tab	APX	0.4963
02246084	Apo-Ipravent	0.1%	Nasal Spray	APX	1.4900
02229080	Apo-Ketorolac	10mg	Tab	APX	0.5192
02243880	Apo-Loratadine	10mg	Tab	APX	0.6267
02305062	Apo-Metformin ER	500mg	ER Tab	APX	0.4259
02305054	Apo-Olopatadine	0.1%	Oph Sol	APX	5.2260
02243661	Apo-Oxaprozin	600mg	Tab	APX	0.6892
02302942	Apo-Pioglitazone	15mg	Tab	APX	1.5716
02302950	Apo-Pioglitazone	30mg	Tab	APX	2.2017
02302977	Apo-Pioglitazone	45mg	Tab	APX	3.3105
02325381	Apo-Ramipril	15mg	Cap	APX	0.8550
02355663	Apo-Repaglinide	0.5mg	Tab	APX	0.2083
02355671	Apo-Repaglinide	1mg	Tab	APX	0.2165
02355698	Apo-Repaglinide	2mg	Tab	APX	0.2441
02354705	Apo-Valacyclovir	1000mg	Tab	APX	3.3924
01946323	Apo-Zidovudine	100mg	Cap	APX	1.3977
02319020	Cefepime For Injection	1g	Inj Pd-Vial Pk	APX	12.9360
02319039	Cefepime For Injection	2g	Inj Pd-Vial Pk	APX	25.1150
02258102	Co Alendronate	40mg	Tab	COB	3.0557
02325713	Co Olanzapine	20mg	Tab	COB	10.3093
02302861	Co Pioglitazone	15mg	Tab	COB	1.5716
02302888	Co Pioglitazone	30mg	Tab	COB	2.2017
02302896	Co Pioglitazone	45mg	Tab	COB	3.3105

## Price Change(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02321491	Co Repaglinide	2mg	Tab	COB	0.2441
02342235	Gd-Eletriptan	20mg	Tab	GEM	10.0850
02368862	Jamp-Paroxetine	10mg	Tab	JPC	1.0430
02365529	Jamp-Pioglitazone	30mg	Tab	JPC	2.2017
02365537	Jamp-Pioglitazone	45mg	Tab	JPC	3.3105
02357070	Jamp-Terbinafine	250mg	Tab	JPC	2.5243
02389126	Mar-Olanzapine ODT	20mg	Rapid Dissolve Tab	MAR	7.5977
02244366	Mefloquine	250mg	Tab	AAP	3.6950
02297809	Metrogel	1%	Top Gel	GAC	0.6272
02398435	Mylan-Almotriptan	6.25mg	Tab	MYL	9.7833
02398443	Mylan-Almotriptan	12.5mg	Tab	MYL	9.7833
02396696	Mylan-Fentanyl Matrix Patch	12mcg/hr	Trans Patch	MYL	3.1980
02397471	Mylan-Gabapentin	600mg	Tab	MYL	1.3045
02397498	Mylan-Gabapentin	800mg	Tab	MYL	1.7393
02382733	Mylan-Olanzapine ODT	20mg	Rapid Dissolve Tab	MYL	7.5977
02298279	Mylan-Pioglitazone	15mg	Tab	MYL	1.5716
02298287	Mylan-Pioglitazone	30mg	Tab	MYL	2.2017
02298295	Mylan-Pioglitazone	45mg	Tab	MYL	3.3106
02242503	Mylan-Terbinafine	250mg	Tab	MYL	2.5246
02351560	Mylan-Valacyclovir	1000mg	Tab	MYL	3.3924
02383527	Mylan-Valsartan	40mg	Tab	MYL	0.5823
02387158	Mylan-Zolmitriptan ODT	2.5mg	Orally Disintegrating Tab	MYL	6.8633
02036347	Novamoxin Chewable	125mg	Tab	NOP	0.4584
02036355	Novamoxin Chewable	250mg	Chew Tab	NOP	0.6752

## Price Change(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02314584	Novo-Atomoxetine	40mg	Cap	NOP	3.3377
02289083	Novo-Fenofibrate-S	100mg	Tab	NOP	0.7877
02280183	Novo-Betahistine	8mg	Tab	NOP	0.2070
02280205	Novo-Betahistine	24mg	Tab	NOP	0.4983
02304163	Novo-Clonidine	0.025mg	Tab	NOP	0.2584
02309556	Novo-Cyproterone/Ethinyl Estradiol	2mg & 0.035mg	Tab-21 Pak	NOP	23.3400
02240868	Novo-Nabumetone	750mg	Tab	NOP	0.9192
02314290	Novo-Naratriptan	1mg	Tab	NOP	10.4113
02265524	Ondansertion Injection	2mg/mL	Inj Sol-2mL Vial Pk	NOP	13.2180
02265532	Ondansertion Injection	2mg/mL	Inj Sol-20mL Vial Pk	NOP	132.1800
02307669	Phl-Pioglitazone	15mg	Tab	PHE	1.5716
02307677	Phl-Pioglitazone	30mg	Tab	PHE	2.2017
02307723	Phl-Pioglitazone	45mg	Tab	PHE	3.3105
02391600	Pioglitazone Hydrochloride Tablets	15mg	Tab	ACH	1.1226
02339587	Pioglitazone Hydrochloride Tablets	30mg	Tab	ACH	1.5727
02339595	Pioglitazone Hydrochloride Tablets	45mg	Tab	ACH	2.3647
02315963	PMS-Cetirizine	20mg	Tab	PMS	0.7535
02320169	PMS-Finasteride	1mg	Tab	PMS	1.1453
02303124	PMS-Pioglitazone	15mg	Tab	PMS	1.5716
02303132	PMS-Pioglitazone	30mg	Tab	PMS	2.2017
02303140	PMS-Pioglitazone	45mg	Tab	PMS	3.3105
02389517	Ran-Montelukast	10mg	Tab	RAN	1.7737
02305038	Ran-Pantoprazole	20mg	Ent Tab	RAN	1.2750

## Price Change(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02383101	Ran-Sildenafil	25mg	Tab	RAN	8.2894
02383128	Ran-Sildenafil	50mg	Tab	RAN	8.8481
02383136	Ran-Sildenafil	100mg	Tab	RAN	9.2006
00608238	Ratio-Tecnal	330mg & 50mg & 40mg	Cap	RPH	1.3863
00608203	Ratio-Tecnal C1/4	330mg & 50mg & 40mg & 15mg	Cap	RPH	1.4865
00608181	Ratio-Tecnal C1/2	330mg & 50mg & 40mg & 30mg	Cap	RPH	1.8203
02298651	Sandoz Levofloxacin	750mg	Tab	SDZ	6.5484
02358913	Sandoz Olopatadine	0.1%	Oph Sol	SDZ	5.2260
02297922	Sandoz Pioglitazone	45mg	Tab	SDZ	3.3105
02356740	Sandoz Valsartan	40mg	Tab	SDZ	0.5823
02380927	Teva-Atovaquone Proguanil	250mg & 100mg	Tab	TEV	4.1308
02388065	Teva-Clopidogrel	300mg	Tab	TEV	9.5447
02355515	Teva-Montelukast	5mg	Chew Tab	TEV	1.2077
02355523	Teva-Montelukast	10mg	Tab	TEV	1.7737
02284251	Teva-Quetiapine	150mg	Tab	TEV	1.6222
02308738	Teva-Sildenafil	25mg	Tab	TEV	8.2900
02356643	Teva-Valsartan	40mg	Tab	TEV	0.5823
02245663	Trimebutine	100mg	Tab	AAP	0.2690
02245664	Trimebutine	200mg	Tab	AAP	0.5235
02320754	Zym-Pioglitazone	15mg	Tab	ZYN	1.5716
02320762	Zym-Pioglitazone	30mg	Tab	ZYN	2.2017
02320770	Zym-Pioglitazone	45mg	Tab	ZYN	3.3105

## Not-A-Benefit Drug(s)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02390760	Med-Cyproterone <i>(Interchangeable with Androcur)</i>	50mg	Tab	GMP

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02364905	Next Choice <i>(Interchangeable with Plan B)</i>	0.75mg	Tab-2 Tabs Pk	COB

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
00893749	Pravachol	10mg	Tab	BQU

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02337614	Apo-Sibutramine	10mg	Cap	APX
02337622	Apo-Sibutramine	15mg	Cap	APX
00265470	C.E.S.	0.625mg	Tab	VAL
02270625	Co Sotalol	80mg	Tab	COB
09852468	Lovenox	60mg/0.6mL	Pref Syr-0.6mL Pk	SAV
09852476	Lovenox	80mg/0.8mL	Pref Syr-0.8mL Pk	SAV
09852484	Lovenox	100mg/mL	Pref Syr-1mL Pk	SAV
09857137	Lovenox HP	120mg/0.8mL	Pref Syr-0.8mL Pk	SAV
02392631	Mylan-Finasteride Hg	1mg	Tab	MYL
02230476	Mylan-Gemfibrozil	600mg	Tab	MYL
02264951	Pamidronate Disodium	3mg/mL	Inj Sol-10mL Vial	SDZ
02264978	Pamidronate Disodium	6mg/mL	Inj Sol-10mL Vial	SDZ
02264986	Pamidronate Disodium	9mg/mL	Inj Sol-10mL Vial	SDZ
00040851	PMS-ASA	325mg	Tab	PMS
02253933	PMS-Ciprofloxacin	0.3%	Oph Sol-5mL Pk	PMS
02230183	PMS-Gemfibrozil	600mg	Tab	PMS
02240363	PMS-Polytrimethoprim	10000U/mL & 1mg/mL	Oph Sol-10mL Pk	PMS
02241023	PMS-Tryptophan	500mg	Cap	PMS
02240445	PMS-Tryptophan	500mg	Tab	PMS
02230202	PMS-Tryptophan	1g	Tab	PMS
02249391	Ran-Fentanyl	25mcg/hr	Trans Patch	RAN
02249413	Ran-Fentanyl	50mcg/hr	Trans Patch	RAN
02249421	Ran-Fentanyl	75mcg/hr	Trans Patch	RAN
02249448	Ran-Fentanyl	100mcg/hr	Trans Patch	RAN
02267969	Ran-Lovastatin	20mg	Tab	RAN
02267977	Ran-Lovastatin	40mg	Tab	RAN
02294885	Ran-Tamsulosin	0.4mg	Cap	RAN
02224828	Rythmodan	150mg	Cap	SAV
02288079	Sandoz Alendronate	5mg	Tab	SDZ
02242912	Sandoz Nabumetone	500mg	Tab	SDZ
02257580	Sandoz Zopiclone	7.5mg	Tab	SDZ
02331780	Tamsulosin Capsules	0.4mg	Cap	RAN

## Not-A-Benefit Drug(s) (Removed From Listing)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
00036145	ASA	325mg	Tab	RPR
02030802	Norpace	150mg	Cap	RBT



# Limited Use Change(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02377233	Eliquis	2.5mg	Tab	BQU

## Reason for Use Code & Clinical Criteria

### Code 433

For the prevention of venous thromboembolic events in patients who have undergone elective total knee replacement (TKR) surgery.

Note: Limited to 14 days of reimbursement in TKR. Limited to 1 claim in a 120 day period.

*LU Authorization Period: 1 Year*

### Code 434

For the prevention of venous thromboembolic events in patients who have undergone elective total hip replacement (THR).

Note: Limited to 35 days of reimbursement in THR. Limited to 1 claim in a 120 day period.

*LU Authorization Period: 1 Year*

### Code 448

#### INCLUSION CRITERIA:

At risk patients with non-valvular atrial fibrillation, for the prevention of stroke and systemic embolism AND in whom:

1. Anticoagulation is inadequate following at least a 2-month trial on warfarin; OR
2. Anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor the patient via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy, and at home)

## Limited Use Change(s)

### EXCLUSION CRITERIA:

1. Patients with impaired renal function (creatinine clearance or estimated glomerular filtration rate less than 25mL/min); OR
2. Patients who are greater than or equal to 75 years of age and who do not have documented stable renal function; OR
3. Patients who have hemodynamically significant rheumatoid valvular heart disease (especially mitral stenosis); OR
4. Patients who have prosthetic heart valves.

### Notes:

“At-risk patients with atrial fibrillation” are defined as those with a CHADS2 score of greater than or equal to 1. Prescribers may consider an antiplatelet regimen or oral anticoagulation for patients with a CHADS2 score of 1.

“Inadequate anticoagulation” is defined as INR testing results that are outside the desired INR range for at least 35% of the tests during the monitoring period (i.e., adequate anticoagulation is defined as INR test results that are within the desired INR range for at least 65% of the tests during the monitoring period).

“Documented stable renal function” is defined as creatinine clearance or estimated glomerular filtration rate maintained for at least 3 months.

### Notes:

Dosing: the usual recommended dose is 5mg twice daily; a reduced dose of apixaban 2.5mg twice daily is recommended for patients with at least two [2] of the following: age greater than or equal to 80 years old, body weight less than or equal to 60 kg, or serum creatinine greater than or equal to 133 micromole/litre.

Since renal impairment can increase bleeding risk, renal function should be regularly monitored. Other factors that increase bleeding risk should also be assessed and monitored (see apixaban product monograph).

Patients starting apixaban should have ready access to appropriate medical services to manage a major bleeding event.

### Limited Use Change(s)

There is currently no data to support that apixaban provides adequate anticoagulation in patients with rheumatic valvular disease or those with prosthetic heart valves. As a result, apixaban is not recommended for these patient populations.

*LU Authorization Period: Indefinite*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02242705	Aromasin	25mg	Tab	PFI
02390183	Co Exemestane	25mg	Tab	COB

### Reason for Use Code & Clinical Criteria

#### Code 180

For the hormonal treatment of metastatic breast cancer in hormone receptor positive post-menopausal women who have disease progression following tamoxifen therapy.

*LU Authorization Period: Indefinite.*

#### Code 407

For the sequential treatment of postmenopausal women with estrogen receptor-positive early breast cancer who have received 2-3 years of initial adjuvant tamoxifen therapy.

*LU Authorization Period: Treatment period required to complete a total of 5 years of adjuvant therapy.*

#### Code 450

In combination with everolimus, for the treatment of hormone-receptor positive HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status less than or equal to 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI).

*LU Authorization period: 1 year*