

Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – December 2013

Effective January 03, 2014

Ministry of Health and Long-Term Care



Table of Contents

Additions to Formulary	3
New Single Source Products	4
New Multi-Source Products.....	5
Off-Formulary Interchangeable (OFI) Products	13
Not-A-Benefit (NAB) Products.....	15
Changes to Current Formulary Products	16
Drug Benefit Price (DBP) Changes	17
OFI Product Price Changes	18
Manufacturer Requested Discontinued Products	19
Product Manufacturer Name changes.....	20
DIN/PIN Changes	21
Removals from Formulary	22
Manufacturer Requested Delistings (General Benefit Products)	23
Manufacturer Requested Delisting (OFI/NAB Product)	24

Additions to Formulary

New Single Source Products

DIN	PRODUCT NAME	GENERIC NAME	MFR	DBP
02391449	Cipralext MELTZ 10mg Orally Disintegrating Tab	Escitalopram	VLH	1.7270
02391457	Cipralext MELTZ 20mg Orally Disintegrating Tab	Escitalopram	VLH	1.8387

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02404990	Auro-Anastrozole <i>(Interchangeable with Arimidex)</i>	1mg	Tab	AUR	1.2729

Reason for Use Code & Clinical Criteria

Code 365

For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.

Code 396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02404400	Auro-Letrozole (Interchangeable with Femara)	2.5mg	Tab	AUR	1.3780

Reason for Use Code & Clinical Criteria

Code 365

For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.

Code 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.

Code 408

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive early breast cancer for a maximum of five years.

LU Authorization Period: 5 years.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02411709	Auro-Mirtazapine	30mg	Tab	AUR	0.3100

(Interchangeable with Remeron)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02404389	Co Dorzotimolol	2% & 0.5%	Oph Sol	COB	2.0951

(Interchangeable with Cosopt)

Reason for Use Code & Clinical Criteria

Code 310

As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite.

Code 393

For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02411954	Mar-Paroxetine	20mg	Tab	MAR	0.4514
02411962	Mar-Paroxetine	30mg	Tab	MAR	0.4796

(Interchangeable with Paxil)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02408627	Mint-Montelukast	4mg	Chew Tab	MIN	0.3646

(Interchangeable with Singulair)

Reason for Use Code & Clinical Criteria

Code 382

For the treatment of asthma in patients aged 2-5 years old.

LU Authorization Period: 1 year.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02387085	Ovima 21	0.03mg & 0.15mg	Tab-21 Pk	APX	7.2800
<i>(Interchangeable with Min-Ovral 21)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02387093	Ovima 28	0.03mg & 0.15mg	Tab-28 Pk	APX	7.2800
<i>(Interchangeable with Min-Ovral 28)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02414090	Ran-Olanzapine ODT	5mg	Rapid Dissolve Tab	RAN	0.8937
02414104	Ran-Olanzapine ODT	10mg	Rapid Dissolve Tab	RAN	1.7857
02414112	Ran-Olanzapine ODT	15mg	Rapid Dissolve Tab	RAN	2.6777
<i>(Interchangeable with Zyprexa Zydys)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02403633	Teva- Alendronate/Cholecalciferol <i>(Interchangeable with Fosavance)</i>	70mg & 70mcg	Tab	TEV	2.7975

Note: The recommended dose of Vitamin D for osteoporosis prevention and treatment in adults over 50 years old is at least 800 IU/day, in conjunction with calcium. This product does not provide the total recommended daily intake of Vitamin D; supplemental Vitamin D may be required. The appropriate dosage of FOSAVANCE must be determined by the physician based on the patient's vitamin D requirement.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02403641	Teva- Alendronate/Cholecalciferol <i>(Interchangeable with Fosavance)</i>	70mg & 140mcg	Tab	TEV	2.7975

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02360101	Theo ER	400mg	SR Tab	AAP	0.3735
02360128	Theo ER	600mg	SR Tab	AAP	0.4524

(Interchangeable with Uniphyll)

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02326035	Zinda-Anastrozole <i>(Interchangeable with Arimidex)</i>	1mg	Tab	STA	1.2729

Reason for Use Code & Clinical Criteria

Code 365

For the treatment of metastatic breast cancer in hormone receptor positive postmenopausal women.

LU Authorization Period: Indefinite.

Code 396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

New Multi-Source Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02378213	Zinda-Letrozole (Interchangeable with Femara)	2.5mg	Tab	STA	1.3780

Reason for Use Code & Clinical Criteria

Code 365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

Code 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.

Code 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.

Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02411946	Mar-Paroxetine	10mg	Tab	MAR	1.0430
<i>(Interchangeable with Paxil)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02408635	Mint-Montelukast	5mg	Chew Tab	MIN	0.5565
<i>(Interchangeable with Singulair)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02408643	Mint-Montelukast	10mg	Tab	MIN	0.8195
<i>(Interchangeable with Singulair)</i>					

Off Formulary Interchangeable (OFI) Products (Cont'd...)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02414120	Ran-Olanzapine ODT	20mg	Rapid Dissolve Tab	RAN	7.4227
<i>(Interchangeable with Zyprexa Zydis)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02410338	Tetrabenazine Tablets	25mg	Tab	STE	4.8551
<i>(Interchangeable with Nitoman)</i>					

Not-A-Benefit (NAB) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02413809	Teva-Risedronate	150mg	Tab	TEV

(Interchangeable with Actonel)

Changes to Current Formulary Products

Drug Benefit Price (DBP) Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02377721	Apo-Risedronate	150mg	Tab	APX	17.2600
02083523	Bezalip	400mg	Tab	AGP	2.1113
02362759	Gd-Amlodipine/Atorvastatin	5 mg & 10 mg	Tab	GEM	0.5802
02362767	Gd-Amlodipine/Atorvastatin	5 mg & 20 mg	Tab	GEM	0.6842
02362775	Gd-Amlodipine/Atorvastatin	5 mg & 40 mg	Tab	GEM	0.7232
02362783	Gd-Amlodipine/Atorvastatin	5 mg & 80 mg	Tab	GEM	0.7232
02362791	Gd-Amlodipine/Atorvastatin	10 mg & 10 mg	Tab	GEM	0.6125
02362805	Gd-Amlodipine/Atorvastatin	10 mg & 20 mg	Tab	GEM	0.7636
02362813	Gd-Amlodipine/Atorvastatin	10 mg & 40 mg	Tab	GEM	0.8000
02362821	Gd-Amlodipine/Atorvastatin	10 mg & 80 mg	Tab	GEM	0.8000
02185881	Kytril	1mg	SR Tab	HLR	10.0730
02291789	PMS-Risperidone ODT	1mg	Orally Disintegrating Tab	PMS	0.5150
02291797	PMS-Risperidone ODT	2mg	Orally Disintegrating Tab	PMS	1.0188
02070847	Soriatane	10mg	Cap	AGP	2.1430
02070863	Soriatane	25mg	Cap	AGP	3.7637

OFI Product Price Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02397307	Jamp-Pioglitazone	15mg	Tab	JPC	1.5716
02314568	Novo-Atomoxetine	18mg	Cap	NOP	2.6523
02240363	PMS-Polytrimethoprim	10000U/mL & 1mg/mL	Oph Sol- 10mL Pk	PMS	23.1900
02402807	Ran-Montelukast	5mg	Chew Tab	RAN	1.2075
02389517	Ran-Montelukast	10mg	Tab	RAN	1.7735
02375850	Ran-Pioglitazone	15mg	Tab	RAN	1.5716
02375869	Ran-Pioglitazone	30mg	Tab	RAN	2.2017
02375877	Ran-Pioglitazone	45mg	Tab	RAN	3.3105
02363062	Ran-Valsartan	40mg	Tab	RAN	0.5823

Manufacturer Requested Discontinued Products

(Products will remain on Formulary for six months to facilitate depletion of supply)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00396796	Apo-Haloperidol	0.5mg	Tab	APX
00663719	Apo-Propranolol	20mg	Tab	APX
02273551	PMS-Fenofibrate Micro	200mg	Cap	PMS

Product Manufacturer Name Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	Current MFR	New MFR
02230434	Acet 120	120mg	Sup	PMS	PEN
02230436	Acet 325	325mg	Sup	PMS	PEN
02230437	Acet 650	650mg	Sup	PMS	PEN
01916947	Bactroban	2%	Oint	GSK	GCH

DIN/PIN Changes

CURRENT DIN/PIN	DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857353	02403420	Humalog Mix25 Kwikpen	25% & 75%	Inj Susp- 5x3mL Pk	LIL
09857437	02242905	Midazolam Injection	5mg/mL	Inj Sol-2mL Vial Pk	PPC

Removals from Formulary

(Removals from payment and listing)

Manufacturer Requested Delistings (General Benefit Products)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02241797	Procytox	200mg	Inj Pd-Vial Pk	BAX
02241799	Procytox	1000mg	Inj Pd-Vial Pk	BAX

Manufacturer Requested Delisting (OFI/NAB Product)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02370158	Piperacillin/Tazobactam powder for Inj.	2g & 250mg	Inj Pd-Vial Pk	TEV