Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – February 2014

Effective February 27, 2014

Ministry of Health and Long-Term Care

Ontario

Table of Contents

Additions to Formulary

New Single Source Drug(s)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02245972	Androderm 24.3mg Transdermal Patch	TESTOSTERONE	WAT	4.1858

Reason for Use Code & Clinical Criteria

Code 397

For male patients with confirmed low morning serum testosterone levels associated with documented, symptomatic hypothalamic, pituitary or testicular disease, or in HIV-infected patients.

Note: Older males with nonspecific symptoms of fatigue, malaise, depression who have a low normal random testosterone level do not satisfy these criteria.

LU Authorization Period: 1 year.

New Single Source Products (Cont'd...)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02396971	Epuris 10mg Cap	ISOTRETINOIN	CIP	1.0710
02396998	Epuris 20mg Cap	ISOTRETINOIN	CIP	1.4424
02397005	Epuris 30mg Cap	ISOTRETINOIN	CIP	1.8139
02397013	Epuris 40mg Cap	ISOTRETINOIN	CIP	2.1853

Therapeutic Note(s)

Isotretinoin is indicated for the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne that are unresponsive to conventional therapy including systemic antibiotics. Females of childbearing potential should have a negative pregnancy test within 2 weeks prior to starting treatment. Isotretinoin should be started the second or third day of the next normal menstrual period. Effective contraception should be used for at least 1 month prior to starting isotretinoin, during treatment and for at least 1 month following discontinuation of treatment.

New Single Source Products (Cont'd...)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02404516	Fycompa 2mg Tab	PERAMPANEL	EIS	9.4500
02404524	Fycompa 4mg Tab	PERAMPANEL	EIS	9.4500
02404532	Fycompa 6mg Tab	PERAMPANEL	EIS	9.4500
02404540	Fycompa 8mg Tab	PERAMPANEL	EIS	9.4500
02404559	Fycompa 10mg Tab	PERAMPANEL	EIS	9.4500
02404567	Fycompa 12mg Tab	PERAMPANEL	EIS	9.4500

Reason for Use Code & Clinical Criteria

Code 430

As adjunctive therapy in the treatment of adult patients with partial onset seizures who have had an inadequate response or have significant intolerance to at least 3 less costly anticonvulsant therapies;

AND

Patients are under the care of a physician experienced in the treatment of epilepsy.

Note: Less costly anticonvulsant therapies may include the following:

Phenytoin, Carbamazepine, Gabapentin, Lamotrigine, Vigabatrin, Topiramate, etc.

LU Authorization Period: Indefinite.

New Single Source Products (Cont'd...)

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02374803	Saphris 5mg SL Tab	ASENAPINE	MEK	1.4300
02374811	Saphris 10mg SL Tab	ASENAPINE	MEK	1.4300

Therapeutic Note(s)

For the acute treatment of manic or mixed episodes associated with bipolar I disorder as either:
Monotherapy, after a trial of lithium or divalproex sodium has failed, and trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response;
OR
Co-therapy with lithium or divalproex sodium, after trials of less expensive atypical antipsychotic agents have failed due to intolerance or lack of response

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02362260	Apo-Donepezil	5mg	Tab	APX	1.2340
02362279	Apo-Donepezil	10mg	Tab	APX	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.
Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02400588	Auro-Donepezil	10mg	Tab	AUR	1.2340
	(Interchangeable with Aricept)				

Reason for Use Code & Clinical Criteria

Code 347

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397595	Co Donepezil	5mg	Tab	COB	1.2340
02397609	Co Donepezil	10mg	Tab	COB	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02404419	Jamp-Donepezil	5mg	Tab	JPC	1.2340
02404427	Jamp-Donepezil	10mg	Tab	JPC	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02357054	Jamp-Pantoprazole	40mg	Ent Tab	JPC	0.5054

(Interchangeable with Pantoloc)

Reason For Use Code & Clinical Criteria

Code 293

Gastroesophageal Reflux Disease (GERD)
For the treatment of erosive GERD or upper GI malignancy;
OR
For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.
Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.
Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 295

H. pylori-positive Peptic Ulcers
For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.
Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

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Reason For Use Code & Clinical Criteria

Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:
For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;
OR
For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.
Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 401

Other Gastrointestinal Disorders
For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.
Note: There is a lack of published evidence to support double-dose PPI therapy in these settings

LU Authorization Period: 1 year.

Code 402

Severe Conditions:
For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.
For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment.
Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02402092	Mar-Donepezil	5mg	Tab	MAR	1.2340
02402106	Mar-Donepezil	10mg	Tab	MAR	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02359472	Mylan-Donepezil	5mg	Tab	MYL	1.2340
02359480	Mylan-Donepezil	10mg	Tab	MYL	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02322331	PMS-Donepezil	5mg	Tab	PMS	1.2340
02322358	PMS-Donepezil	10mg	Tab	PMS	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

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Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02381508	Ran-Donepezil	5mg	Tab	RAN	1.2340
02381516	Ran-Donepezil	10mg	Tab	RAN	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.
Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02340607	Teva-Donepezil	5mg	Tab	TEV	1.2340
02340615	Teva-Donepezil	10mg	Tab	TEV	1.2340

(Interchangeable with Aricept)

Reason for Use Code & Clinical Criteria

Code 347

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.
Network note: Maximum duration 3 months.

LU Authorization Period: 1 year.

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 year.

Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02418118	Apo-Sildenafil R	20mg	Tab	APX	7.2940

(Interchangeable with Revatio)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02397617	Co Donezepil ODT	5mg	Orally Disintegrating Tab	COB	3.6176
02397625	Co Donezepil ODT	10mg	Orally Disintegrating Tab	COB	3.6176

(Interchangeable with Aricept RDT)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02403986	Co Olopatadine 0.1%	0.1%	Oph Sol	COB	5.2260

(Interchangeable with Patanol)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02400146	Jamp-Alprazolam	1mg	Tab	JPC	0.3099

(Interchangeable with Xanax)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02400154	Jamp-Alprazolam	2mg	Tab	JPC	0.5508

(Interchangeable with Xanax TS)

Changes to Current Formulary Products

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02245345	Androgel	1%	2.5g Foil Packet	SPH	2.2300
02245346	Androgel	1%	5.0g Foil Packet	SPH	3.9433
02244641	Biaxin	250mg/5mL	Susp	ABB	0.5822
02150956	Dovonex	50mcg/g	Cr	LEO	0.8143
00586668	Fucidin	2%	Cr	LEO	0.6887
00586676	Fucidin	2%	Oint	LEO	0.6887
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	ABB	85.0300
00818658	Hytrin	1mg	Tab	ABB	0.7875
00818682	Hytrin	2mg	Tab	ABB	1.0010
00818666	Hytrin	5mg	Tab	ABB	1.3594
00818674	Hytrin	10mg	Tab	ABB	1.9899
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	4.6800
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	6.5450
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	8.4170
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	18.5580
02167840	Innohep	10000IU/mL	Inj-2mL Pk	LEO	37.0980
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	26.7490
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	34.3880
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	75.3600
01934317	Isoptin SR	180mg	LA Tab	ABB	1.6330
00742554	Isoptin SR	240mg	LA Tab	ABB	2.1777
02242163	Kadian	10mg	SR Cap	ABB	0.3769
02184435	Kadian	20mg	SR Cap	ABB	0.7323
02184443	Kadian	50mg	SR Cap	ABB	1.3853
02184451	Kadian	100mg	SR Cap	ABB	2.4162
02312301	Kaletra	100mg & 25mg	Tab	ABV	2.7598
02285533	Kaletra	200mg & 50mg	Tab	ABV	5.5197
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	ABV	2.2084

Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02269074	Lipidil EZ	48mg	Tab	FOU	0.4287
02269082	Lipidil EZ	145mg	Tab	FOU	1.0977
01919342	Luvox	50mg	Tab	SPH	0.8960
01919369	Luvox	100mg	Tab	SPH	1.6110
00474517	One-Alpha	0.25mcg	Cap	LEO	0.4748
00474525	One-Alpha	1mcg	Cap	LEO	1.4211
02370697	PMS-Risperidone ODT	3mg	Orally Disintegrating Tab	PMS	1.5275
02370700	PMS-Risperidone ODT	4mg	Orally Disintegrating Tab	PMS	2.0425
02172062	Synthroid	0.025mg	Tab	ABB	0.0886
02172070	Synthroid	0.05mg	Tab	ABB	0.0608
02172089	Synthroid	0.075mg	Tab	ABB	0.0958
02172097	Synthroid	0.088mg	Tab	ABB	0.0958
02172100	Synthroid	0.1mg	Tab	ABB	0.0751
02171228	Synthroid	0.112mg	Tab	ABB	0.1013
02172119	Synthroid	0.125mg	Tab	ABB	0.1024
02172127	Synthroid	0.15mg	Tab	ABB	0.0807
02172135	Synthroid	0.175mg	Tab	ABB	0.1097
02172143	Synthroid	0.2mg	Tab	ABB	0.0857
02172151	Synthroid	0.3mg	Tab	ABB	0.1182
02240432	Teveten	400mg	Tab	SPH	0.7246
02243942	Teveten	600mg	Tab	SPH	1.1079
02253631	Teveten Plus	600mg & 12.5mg	Tab	SPH	1.1079
02014165	Uniphyl	400mg	SR Tab	PFP	0.3734
02014181	Uniphyl	600mg	SR Tab	PFP	0.4524

Manufacturer Requested Discontinued Products

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00598194	Apo-Prednisone	1mg	Tab	APX

Dosage Form Name Change(s)

CURRENT DOSAGE FORM	NEW DOSAGE FORM	BRAND NAME	STRENGTH	DIN	MFR
168 Caps & 56 Caps & 2 Redipens, Combination Kit	168 Caps & 56 Caps & 2 Clearclicks, Combination Kit	Victrelis Triple*	200mg Cap & 200mg Cap & 80mcg Inj Pd	02371448	MEK
168 Caps & 56 Caps & 2 Redipens, Combination Kit	168 Caps & 56 Caps & 2 Clearclicks, Combination Kit	Victrelis Triple*	200mg Cap & 200mg Cap & 100mcg Inj Pd	02371456	MEK
168 Caps & 70 Caps & 2 Redipens, Combination Kit	168 Caps & 70 Caps & 2 Clearclicks, Combination Kit	Victrelis Triple*	200mg Cap & 200mg Cap & 120mcg Inj Pd	02371464	MEK
168 Caps & 84 Caps & 2 Redipens, Combination Kit	168 Caps & 84 Caps & 2 Clearclicks, Combination Kit	Victrelis Triple*	200mg Cap & 200mg Cap & 150mcg Inj Pd	02371472	MEK
168 Caps & 98 Caps & 2 Redipens, Combination Kit	168 Caps & 98 Caps & 2 Clearclicks, Combination Kit	Victrelis Triple*	200mg Cap & 200mg Cap & 150mcg Inj Pd	09857396	MEK

This is a product covered under the Exceptional Access Program

Removals from Formulary

(Removals from payment and listing)

Manufacturer Requested Delisting

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02022117	Leustatin	1mg/mL	Inj	JNO
02407841	Med-Exemestane	25mg	Tab	GMP

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00396826	Apo-Haloperidol	2mg	Tab	APX
00396834	Apo-Haloperidol	5mg	Tab	APX
00402788	Apo-Propranolol	10mg	Tab	APX
00402753	Apo-Propranolol	40mg	Tab	APX
00402761	Apo-Propranolol	80mg	Tab	APX
02136112	Apo-Tiaprofenic	200mg	Tab	APX
02136120	Apo-Tiaprofenic	300mg	Tab	APX
02237991	PMS-Levobunolol	0.5%	Oph Sol	PMS
02306069	PMS-Rivastigmine	6mg	Cap	PMS