

Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – March 2014

Effective March 27, 2014

Ministry of Health and Long-Term Care



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Additions to Formulary

New Single Source Drugs

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02403250	Jentaduetto 2.5mg & 500mg Tab	LINAGLIPTIN & METFORMIN	BOE	1.3337
02403269	Jentaduetto 2.5mg & 850mg Tab	LINAGLIPTIN & METFORMIN	BOE	1.3337
02403277	Jentaduetto 2.5mg & 1000mg Tab	LINAGLIPTIN & METFORMIN	BOE	1.3337

Therapeutic Note(s)

Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- Inadequate glycemic control (defined as HbA1c greater than 0.07) and intolerance or contraindication to a sulfonylurea; OR
- Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

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

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02381885	Oralair 100IR SL Tab	GRASS POLLEN ALLERGEN EXTRACT	PAL	1.2600
02381893	Oralair 300IR SL Tab	GRASS POLLEN ALLERGEN EXTRACT	PAL	3.8000

Reason for Use Code & Clinical Criteria

Code 451

For the seasonal treatment of grass pollen allergic rhinitis in patients that have not adequately responded to, or tolerated, conventional pharmacotherapy.

Notes:

- Treatment with grass pollen allergen extract must be initiated by an allergist.
- Treatment should be initiated four (4) months before the onset of pollen season and should only be continued until the end of the season.
- Treatment should not be taken for more than three (3) consecutive years.

LU Authorization Period: 1 Year

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02420082	Apo-Telmisartan	40mg	Tab	APX	0.2824
02420090	Apo-Telmisartan	80mg	Tab	APX	0.2824

(Interchangeable with Micardis)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02420023	Apo-Telmisartan/HCTZ	80mg & 12.5mg	Tab	APX	0.2824
02420031	Apo-Telmisartan/HCTZ	80mg & 25mg	Tab	APX	0.2824

(Interchangeable with Micardis Plus)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02400561	Auro-Donepezil <i>(Interchangeable with Aricept)</i>	5mg	Tab	AUR	1.2340

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
02418193	Jamp-Irbesartan	75mg	Tab	JPC	0.3025
02418207	Jamp-Irbesartan	150mg	Tab	JPC	0.3025
02418215	Jamp-Irbesartan	300mg	Tab	JPC	0.3025

(Interchangeable with Avapro)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418223	Jamp-Irbesartan and Hydrochlorothiazide	150mg & 12.5mg	Tab	JPC	0.3024
02418231	Jamp-Irbesartan and Hydrochlorothiazide	300mg & 12.5mg	Tab	JPC	0.3024
02418258	Jamp-Irbesartan and Hydrochlorothiazide	300mg & 25mg	Tab	JPC	0.3004

(Interchangeable with Avalide)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415275	Mercaptopurine Tablets USP	50mg	Tab	STE	2.8610
<i>(Interchangeable with Purinethol)</i>					

Therapeutic Note(s)

Decrease dose of mercaptopurine to 25-33% of initial dose if allopurinol used concomitantly.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02398427	Methotrexate Injection USP	50mg/2mL	Inj Sol-2mL Pk	SDZ	8.9200
<i>(Interchangeable with Methotrexate)</i>					

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02413485	Mylan-Risperidone ODT	0.5mg	Orally Disintegrating Tab	MYL	0.5588
02413493	Mylan-Risperidone ODT	1mg	Orally Disintegrating Tab	MYL	0.5150
02413507	Mylan-Risperidone ODT	2mg	Orally Disintegrating Tab	MYL	1.0188
02413515	Mylan-Risperidone ODT	3mg	Orally Disintegrating Tab	MYL	1.5275
02413523	Mylan-Risperidone ODT	4mg	Orally Disintegrating Tab	MYL	2.0425

(Interchangeable with Risperdal M-Tab)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416433	PMS-Ciprofloxacin XL	500mg	ER Tab	PMS	2.3340

(Interchangeable with Cipro XL)

Reason For Use Code & Clinical Criteria

Code 394

For patients with uncomplicated urinary tract infections (acute cystitis) who have failure, intolerance or hypersensitivity to all formulary antibiotic alternatives that are listed as General Benefits.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02328666	Sandoz Donepezil	5mg	Tab	SDZ	1.2340
02328682	Sandoz Donepezil	10mg	Tab	SDZ	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
02408473	Teva-Exemestane <i>(Interchangeable with Aromasin)</i>	25mg	Tab	TEV	1.3263

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.

Not-A-Benefit (NAB) Drugs

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02397145	Co Diclo-Miso	50mg & 200mcg	Tab	COB
<i>(Interchangeable with Arthrotec 50)</i>				

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02397153	Co Diclo-Miso	75mg & 200mcg	Tab	COB
<i>(Interchangeable with Arthrotec 75)</i>				

Off-Formulary Interchangeable (OFI) Product

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02416557	Mar-Pantoprazole	20mg	Ent Tab	MAR	1.2750
<i>(Interchangeable with Pantoloc)</i>					

New Diabetic Testing Agent

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857456	Accu-Chek Inform II Test Strips	ROD	0.6595	0.6595	0.0000

Changes to Current Formulary Products

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02361744	Zenhale	Metered Dose Inh-120 Dose Pk	50mcg & 5mcg	MEK	69.9400
02361752	Zenhale	Metered Dose Inh-120 Dose Pk	100mcg & 5mcg	MEK	88.7500
02361760	Zenhale	Metered Dose Inh-120 Dose Pk	200mcg & 5mcg	MEK	107.5700
02246026	*Pegetron	50mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	786.3916
02246030	*Pegetron	150mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	868.9618
02254581	*Pegetron Clearclick	80mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	786.3916
02254603	*Pegetron Clearclick	100mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	786.3916
02254638	*Pegetron Clearclick	120mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	868.9618
02254646	*Pegetron Clearclick	150mcg/0.5mL & 200mg/Cap	Inj Pd & Caps Combination Kit	MEK	868.9618

*Reimbursed under the Exceptional Access Program (EAP).

Price Change

DIN/PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857432	MediSure Blood Glucose Strip	MEH	0.6900	0.6900	0.0000

Change to Therapeutic Note(s)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02370921	Trajenta	5mg	Tab	BOE

Updated Therapeutic Note(s)

Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- Inadequate glycemic control (defined as HbA1c greater than 0.07) and intolerance or contraindication to a sulfonylurea; OR
- Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

DIN/NPN Change

CURRENT DIN	NEW NPN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00074225	80040226	Slow-K*	8meq	LA Tab	NOV

*Product listed under Facilitated Access HIV/AIDS DRUGS.

OFI Brand Name and Manufacturer Name Change

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02361698	Sumatriptan Sun	SPG	Taro-Sumatriptan	TAR	6mg/0.5mL	Inj Sol-Pref Syr 0.5mL Pk

Manufacturer Requested Discontinued Products

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00396818	Apo-Haloperidol	1mg	Tab	APX
00463698	Apo-Haloperidol	10mg	Tab	APX
00176095	Cafergot	1mg & 100mg	Tab	NOV
01907107	Monopril	10mg	Tab	BQU
01907115	Monopril	20mg	Tab	BQU
02162431	Naprosyn	25mg/mL	O/L	HLR