Ontario Drug Benefit Formulary/ Comparative Drug Index

Edition 42

Summary of Changes – May 2014

Effective May 29, 2014

Ministry of Health and Long-Term Care

Ontario

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Additions to Formulary

New Single Source Products

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02387751	Latuda 40mg Tab	LURASIDONE HYDROCHLORIDE	SUO	4.0800
02387778	Latuda 80mg Tab	LURASIDONE HYDROCHLORIDE	SUO	4.0800
02387786	Latuda 120mg Tab	LURASIDONE HYDROCHLORIDE	SUO	4.0800

Therapeutic Note

For the management of the manifestations of schizophrenia after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

DIN	PRODUCT	GENERIC NAME	MFR	DBP
02373955	Lodalis 625mg Tab	COLESEVELAM HYDROCHLORIDE	VAL	1.1000

Therapeutic Note

Lodalis is indicated for the reduction of cholesterol blood level in patients with hypercholesterolemia (Frederickson Type IIa) as an adjunct to diet and lifestyle changes, when the response to these measures has been inadequate, in patients:

- who are not adequately controlled with an HMG-CoA reductase inhibitor (statin) alone, or
- who are unable to tolerate a statin.

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02409674	Apo-Voriconazole	50mg	Tab	APX	3.2465
02399245	Sandoz Voriconazole	50mg	Tab	SDZ	3.2465
02396866	Teva-Voriconazole	50mg	Tab	TEV	3.2465

(Interchangeable with Vfend 50mg)

Reason for Use Code & Clinical Criteria

Code 399

Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole.

* The first prescription must be written by a physician based at the hospital where the patient was hospitalized.

Note: Limited to 3 months of reimbursement.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02409682	Apo-Voriconazole	200mg	Tab	APX	12.9808
02399253	Sandoz Voriconazole	200mg	Tab	SDZ	12.9808
02396874	Teva-Voriconazole	200mg	Tab	TEV	12.9808

(Interchangeable with Vfend 200mg)

Reason for Use Code & Clinical Criteria

Code 399

Outpatient continuation of treatment for documented invasive aspergillosis in patients who have demonstrated a clinical response to either oral or parenteral voriconazole.

* The first prescription must be written by a physician based at the hospital where the patient was hospitalized.

Note: Limited to 3 months of reimbursement.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418428	Auro-Efavirenz	600mg	Tab	AUR	3.8031

(Interchangeable with Sustiva)

Therapeutic Notes

For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02414414	Auro-Lamivudine/Zidovudine	150mg & 300mg	Tab	AUR	2.6103

(Interchangeable with Combivir)

Therapeutic Notes

For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422867	Auro-Montelukast Chewable Tablet	4mg	Chew Tab	AUR	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
02422220	Auro-Omeprazole	20mg	DR Cap	AUR	0.4117

(Interchangeable with Losec DR (DIN 00846503))

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 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.

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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...)

PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857467	Auro-Omeprazole	20mg	DR Cap	AUR	0.4117

(Interchangeable with Losec DR (PIN 09857195))

Reason for Use Code & Clinical Criteria

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.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415208	Auro-Pantoprazole	40mg	Ent Tab	AUR	0.3628

(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
02414228	Auro-Valsartan	80mg	Tab	AUR	0.2958
02414236	Auro-Valsartan	160mg	Tab	AUR	0.2958
02414244	Auro-Valsartan	320mg	Tab	AUR	0.2843

(Interchangeable with Diovan)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02402645	Donepezil Hydrochloride Tablets	5mg	Tab	ACH	1.2340
02402653	Donepezil Hydrochloride Tablets	10mg	Tab	ACH	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
02420821	Mar-Galantamine ER	8mg	ER Cap	MAR	1.2465
02420848	Mar-Galantamine ER	16mg	ER Cap	MAR	1.2465
02420856	Mar-Galantamine ER	24mg	ER Cap	MAR	1.2465

(Interchangeable with Reminyl ER)

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
02421232	Mar-Olanzapine	2.5mg	Tab	MAR	0.4493
02421240	Mar-Olanzapine	5mg	Tab	MAR	0.8986
02421259	Mar-Olanzapine	7.5mg	Tab	MAR	1.3479
02421267	Mar-Olanzapine	10mg	Tab	MAR	1.7972
02421275	Mar-Olanzapine	15mg	Tab	MAR	2.6958

(Interchangeable with Zyprexa)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417529	Mar-Pregabalin	25mg	Cap	MAR	0.2058
02417537	Mar-Pregabalin	50mg	Cap	MAR	0.3228
02417545	Mar-Pregabalin	75mg	Cap	MAR	0.4176
02417561	Mar-Pregabalin	150mg	Cap	MAR	0.5757
02417618	Mar-Pregabalin	300mg	Cap	MAR	0.5757

(Interchangeable with Lyrica)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02420457	Mar-Ramipril	1.25mg	Cap	MAR	0.1274
02420465	Mar-Ramipril	2.5mg	Cap	MAR	0.1470
02420473	Mar-Ramipril	5mg	Cap	MAR	0.1470
02420481	Mar-Ramipril	10mg	Cap	MAR	0.1862

(Interchangeable with Altace)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02405733	Mint-Losartan	25mg	Tab	MIN	0.3147
02405741	Mint-Losartan	50mg	Tab	MIN	0.3147
02405768	Mint-Losartan	100mg	Tab	MIN	0.3147

(Interchangeable with Cozaar)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421380	Mint-Paroxetine	20mg	Tab	MIN	0.4514
02421399	Mint-Paroxetine	30mg	Tab	MIN	0.4796

(Interchangeable with Paxil)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421488	PMS-Levocarb CR	100mg/25mg	Tab	PMS	0.3857
02421496	PMS-Levocarb CR	200mg/50mg	Tab	PMS	0.7115

(Interchangeable with Sinemet CR)

Reason For Use Code & Clinical Criteria

Code 64

For patients with Parkinson's disease who have been treated with conventional therapy (Prolopa or conventional Sinemet), and experienced adverse effects related to drug level fluctuations, such as ON/OFF or wearing off phenomena.

LU Authorization Period: Indefinite.

Code 65

For patients presently requiring anti-parkinsonian drug administration (levodopa/carbidopa) more than three times daily.

LU Authorization Period: Indefinite.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02319217	Sandoz Tamsulosin	0.4mg	SR Cap	SDZ	0.1500

(Interchangeable with Flomax DIN 02238123)

Note: Randomized controlled trials have shown no significant differences in efficacy between daily doses of 0.4mg and 0.8mg of tamsulosin. Therefore, the daily tamsulosin dose should not exceed 0.4mg.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415100	Taro-Zoledronic Acid	5mg/100mL	Inj Sol-100mL Pk	TAR	335.4000

(Interchangeable with Aclasta)

Reason For Use Code & Clinical Criteria

Code 319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.

Code 436

For the treatment of osteoprosis in postmenopausal women who would otherwise be eligible for funding for oral bisphosphonates, but for whom bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g., esopahgeal stricture or achalasia), AND have at leaset two of the following:
. Age greater than 75 years old
. A prior fragility fracture
. A bone mineral density (BMD) T-Score less than or equal to -2.5

Note: Patients receiving Zoledronic Acid should not be receiving cocomitant biphosphonate therapy. The recommended dose of Zoledronic Acid is a single IV injection of 5mg, once yearly.

LU Authorization Period: Indefinite.

Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02404095	Act Olopatadine 0.2%	0.2%	Oph Sol-2.5mL Pk	ACV	26.1300
02402823	Apo-Olopatadine	0.2%	Oph Sol-2.5mL Pk	APX	26.1300

(Interchangeable with Pataday)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02405660	Jamp-Sildenafil	25mg	Tab	JPC	8.2900
02405679	Jamp-Sildenafil	50mg	Tab	JPC	8.8475
02405687	Jamp-Sildenafil	100mg	Tab	JPC	9.2000

(Interchangeable with Viagra)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02417596	Mar-Pregabalin	225mg	Cap	MAR	1.7270

(Interchangeable with Lyrica)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420503	Mar-Ramipril	15mg	Cap	MAR	0.8550
(Interchangeable with Altace)					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421372	Mint-Paroxetine	10mg	Tab	MIN	1.0430
(Interchangeable with Paxil)					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02419521	Mint-Zolmitriptan	2.5mg	Tab	MIN	6.8583
(Interchangeable with Zomig)					

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02367688	Sandoz Donepezil ODT	5mg	Orally Disintegrating Tab	SDZ	3.6176
02367696	Sandoz Donepezil ODT	10mg	Orally Disintegrating Tab	SDZ	3.6176

(Interchangeable with Aricept RDT)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02415186	Taro-Zoledronic Acid Concentrate	4mg/5mL	Inj Sol-5mL Pk	TAR	415.5600

(Interchangeable with Zometa Concentrate*)*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02407639	Zoledronic Acid for Injection	4mg/5mL	Inj Sol-5mL Pk	TEV	415.5600

(Interchangeable with Zometa Concentrate*)*

Not-A-Benefit Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02420813	Reclipsen 21	0.15mg & 0.03mg	Tab	ACV

(Interchangeable with Marvelon 21)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02417464	Reclipsen 28	0.15mg & 0.03mg	Tab	ACV

(Interchangeable with Marvelon 28)

Changes to Current Formulary Products

Status Change from General Benefit to Not-A-Benefit

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02230540	Clindamycin Phosphate Injection USP	300mg/2mL	Inj Sol-2mL Pk	SDZ

(Interchangeable with Dalacin C)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02347261	Auro-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	AUR
09857429	Auro-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	AUR
02347288	Auro-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	AUR
09857430	Auro-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	AUR

(Interchangeable with Cefzil)

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02390183	Co Exemestane	25mg	Tab	COB	1.3263
02309254	Niacin FCT	500mg	ER Tab	SEP	1.3300
02309262	Niacin FCT	750mg	ER Tab	SEP	1.3300
02309289	Niacin FCT	1000mg	ER Tab	SEP	1.3300
02329204	Ran-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	RAN	7.0500
09857356	Ran-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	RAN	9.4000
02293579	Ran-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	RAN	14.1100
09857365	Ran-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	RAN	18.8100
02024217	Novolin ge 30/70	1000U/10mL	Inj Susp-10mL Pk	NOO	21.6000
02024225	Novolin ge NPH	1000U/10mL	Inj Susp-10mL Pk	NOO	21.4900
02024233	Novolin ge Toronto	1000U/10mL	Inj Sol-10mL Pk	NOO	21.0100
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	42.0400
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	42.0400
02244353	Novorapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	58.8100
02245397	Novorapid	100U/mL	Inj Sol-10mL Pk	NOO	29.0000
09853774	Novolin ge Toronto Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	41.2400
09853782	Novolin ge NPH Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	42.2300
09853812	Novolin ge 30/70 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	41.7400
02265435	Novomix 30 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO	55.3700
02325462	Vagifem 10	10mcg	Vag Tab with Applicator	NOO	3.5422

Exceptional Access Program (EAP) Product Price Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00745626*	Humatrope	1mg/mL	Inj Pd-5mg Vial Pk	LIL	233.3500
02243077*	Humatrope	6mg/Cart	Inj Pd-6mg Cart Pk with Diluent	LIL	280.0200
02243078*	Humatrope	12mg/Cart	Inj Pd-12mg Cart Pk with Diluent	LIL	560.0400
02243079*	Humatrope	24mg/Cart	Inj Pd-24mg Cart Pk with Diluent	LIL	1120.0800
02293404	Posanol	40mg/mL	O/L	MEK	9.3446

*Price change effective as of May 2, 2014

Change to Therapeutic Note

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO

Updated Therapeutic Note

For the treatment of moderate to severe scalp psoriasis in patients who have failed first-line topical corticosteroid therapy.

For the treatment of mild to moderate body psoriasis in patients who have failed first-line topical corticosteroid therapy and Dovonex (calcipotriol) therapy.

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02245230	Apo-Nitrazepam	5mg	Tab	APX
02245231	Apo-Nitrazepam	10mg	Tab	APX
02220156	Apo-Nizatidine	150mg	Cap	APX
02220164	Apo-Nizatidine	300mg	Cap	APX
00230316	Hycort	100mg/60mL	Enema-60mL Pk	VAL
00268585	Niacin-ICN	100mg	Tab	VAL

Removals from Formulary

(Removals from payment and listing)

Discontinued Products (Removed From Payment & Listing)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02085895	Dilaudid Sterile Powder	250mg	Pd Vial Pk	PFP
02126753	Novo-Nadolol	40mg	Tab	NOP
02126761	Novo-Nadolol	80mg	Tab	NOP
00792942	PMS-Oxtriphylline	20mg/mL	O/L	PMS
02247461	Ratio-Ketorolac	0.5%	Oph Sol	RPH