

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes-June 2014

Effective June 26, 2014

Ministry of Health and Long-Term Care

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# New Single Source Products

<b>DIN</b>	<b>PRODUCT NAME</b>	<b>GENERIC NAME</b>	<b>MFR</b>	<b>DBP</b>
02394596	Methadose 10mg/mL Oral Concentrate (Cherry Flavour)	METHADONE HCL	MAL	0.1500
02394618	Methadose 10mg/mL Oral Concentrate (Unflavoured)	METHADONE HCL	MAL	0.1500

## **Therapeutic Note**

For methadone maintenance treatment for addiction.

# New Multi-Source Products

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02414589	Abbott-Citalopram	20mg	Tab	ABB	0.2397
02414597	Abbott-Citalopram	40mg	Tab	ABB	0.2397

*(Interchangeable with Celexa)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02412942	Abbott-Clopidogrel	75mg	Tab	ABB	0.6576

*(Interchangeable with Plavix)*

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02412969	Abbott-Pantoprazole	40mg	Ent Tab	ABB	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...)

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02414600	Abbott-Topiramate	25mg	Tab	ABB	0.3128
02414619	Abbott-Topiramate	100mg	Tab	ABB	0.5929
02414627	Abbott-Topiramate	200mg	Tab	ABB	0.8854

*(Interchangeable with Topamax)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02423650	Auro-Losartan HCT	100mg & 12.5mg	Tab	AUR	0.3082

*(Interchangeable with Hyzaar)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02423669	Auro-Losartan HCT	100mg & 25mg	Tab	AUR	0.3147

*(Interchangeable with Hyzaar DS)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02424061	Auro-Pramipexole	0.25mg	Tab	AUR	0.2628

*(Interchangeable with Mirapex PIN 09857268)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02424096	Auro-Pramipexole	1mg	Tab	AUR	0.5257

*(Interchangeable with Mirapex PIN 09857269)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02424118	Auro-Pramipexole	1.5mg	Tab	AUR	0.5257

*(Interchangeable with Mirapex PIN 09857270)*

NOTE: Mirapex is indicated for both the symptomatic treatment of idiopathic Parkinson's Disease and moderate to severe idiopathic Restless Legs Syndrome under the manufacturer's Drug Identification Number (DIN). Mirapex has also been assigned a Product Identification Number (PIN) for the indication of Parkinson's Disease specifically. Apo-Pramipexole, Auro-Pramipexole, Novo-Pramipexole, PMS-Pramipexole Sandoz Pramipexole, Co Pramipexole and Mylan-Pramipexole products are interchangeable with Mirapex for the treatment of Parkinson's Disease.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397285	Co Imatinib	100mg	Tab	COB	6.8186
02397293	Co Imatinib	400mg	Tab	COB	27.2743

*(Interchangeable with Gleevec)*

### Therapeutic Notes:

It is recommended that Pharmacists inform their patients when a different brand of imatinib is dispensed to support appropriate monitoring.

In patients with CML, regular response monitoring is recommended, particularly when therapy is modified, to detect any changes in response so that actions may be implemented as appropriate.

These products must be prescribed based on the following criteria:

1) For treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in chronic phase.

The initial dose is 400mg/day. The dose may be increased up to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or if there has been loss of a previously achieved hematologic and/or cytogenetic response.

Note: The ministry will only reimburse, in a patient's lifetime, any two (2) of the oral Tyrosine Kinase Inhibitors (TKIs)\* used for chronic phase CML.

(\* TKIs: Imatinib, Nilotinib, or Dasatinib).

2) For treatment of Philadelphia chromosome-positive Chronic Myelogenous Leukemia (CML) in blast phase or accelerated phase.

The initial dose is 600mg/day. The dose may be increased to a maximum of 800mg/day in patients who do not have an adequate hematologic response at 3 months or cytogenetic response at 1 year; or loss of a previously achieved hematologic and/or cytogenetic response.



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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422255	Mar-Clopidogrel	75mg	Tab	MAR	0.6576

*(Interchangeable with Plavix)*

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02407841	Med-Exemestane	25mg	Tab	GMP	1.3263

*(Interchangeable with Aromasin)*

### 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.*

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

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02421305	Mint-Ramipril	2.5mg	Cap	MIN	0.1470
02421313	Mint-Ramipril	5mg	Cap	MIN	0.1470
02421321	Mint-Ramipril	10mg	Cap	MIN	0.1862

*(Interchangeable with Altace)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02409011	Nat-Citalopram	20mg	Tab	NAT	0.2397
02409038	Nat-Citalopram	40mg	Tab	NAT	0.2397

*(Interchangeable with Celexa)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02238998	Rho-Nitro Pumpspray	0.4mg/Metered Dose	Spray-200 Dose Pk	SDZ	8.4200

*(Interchangeable with Nitrilingual Pump Spray 0.4mg (DIN 02231441))*

## New Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02399458	Mar-Zolmitriptan	2.5mg	Tab	MAR	6.8583
<i>(Interchangeable with Zomig)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02419513	Mint-Zolmitriptan ODT	2.5mg	Orally Disintegrating Tab	MIN	6.8625
<i>(Interchangeable with Zomig Rapimelt)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421348	Mint-Ramipril	15mg	Cap	MIN	0.8132
<i>(Interchangeable with Altace)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420171	Sandoz Olopatadine 0.2%	0.2%	Oph Sol-2.5mL	SDZ	26.1300
<i>(Interchangeable with Pataday)</i>					

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421550	Zoledronic Acid for Injection	4mg/5mL	Inj Sol-5mL Pk	HOS	134.6500
<i>(Interchangeable with Zometa Concentrate)</i>					

## Drug Benefit Price (DBP) Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02316838	Actonel	150mg	Tab	WAR	45.0991
02370417	Actonel DR	35mg	DR Tab	WAR	11.3775
02296462	Advagraf	0.5mg	ER Cap	ASE	2.0291
02296470	Advagraf	1mg	ER Cap	ASE	2.5956
02331667	Advagraf	3mg	ER Cap	ASE	7.7868
02296489	Advagraf	5mg	ER Cap	ASE	12.9986
02239653	Androderm	12.2mg	Transdermal Patch	WAT	2.1348
02245972	Androderm	24.3mg	Transdermal Patch	WAT	4.2694
02267217	Asacol	800mg	Tab	WAR	1.0787
00642975	Colestid Regular		Gran-5g Pk	PFI	0.9463
02063808	Dipentum	250mg	Cap	UCB	0.5330
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	1.4913
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	1.4913
02063662	MacroBID	100mg	Cap	WAR	0.7146
02243144	Prograf	0.5mg	Cap	ASE	2.0291
02175983	Prograf	5mg	Cap	ASE	12.9986
02175991	Prograf	1mg	Cap	ASE	2.5956
02176009	Prograf	5mg/mL	Amp	ASE	128.2350
02244149	Protopic	0.03%	Oint	ASE	2.2145
02244148	Protopic	0.1%	Oint	ASE	2.3690
02361663	Rapaflo	4mg	Cap	WAT	1.8596
02361671	Rapaflo	8mg	Cap	WAT	1.8596
02277263	Vesicare	5mg	Tab	ASE	1.6892
02277271	Vesicare	10mg	Tab	ASE	1.6892
02357615	Vimpat	50mg	Tab	UCB	2.4900
02357623	Vimpat	100mg	Tab	UCB	3.5000
02357631	Vimpat	150mg	Tab	UCB	4.6400
02357658	Vimpat	200mg	Tab	UCB	5.7200

## Status Change from General Benefit to Not-A-Benefit

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02293943	Apo-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	APX
09857360	Apo-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	APX
02293951	Apo-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	APX
09857361	Apo-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	APX

*(Interchangeable with Cefzil)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02418428	Auro-Efavirenz	600mg	Tab	AUR

*(Interchangeable with Sustiva)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02322250	Medroxyprogesterone Acetate Inj Susp USP	150mg/mL	Inj	SDZ

*(Interchangeable with Depo-Provera)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02245400	Methylprednisolone Acetate Inj Susp USP	40mg/mL	Inj Susp-1mL Pk	SDZ
02245406	Methylprednisolone Acetate Inj Susp USP	80mg/mL	Inj Susp-1mL Pk	SDZ

*(Interchangeable with Depo-Medrol)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02229540	Triamcinolone Acetonide	50mg/5mL	Inj Susp-5mL Pk	SDZ

*(Interchangeable with Kenalog-10)*

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02229550	Triamcinolone Acetonide	40mg/mL	Inj Susp-1mL Pk	SDZ

*(Interchangeable with Kenalog-40)*

# Discontinued Products

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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02295822	Apo-Valacyclovir	500mg	Tab	APX
02405040	Auro-Valacyclovir	500mg	Tab	AUR
02331748	Co Valacyclovir	500mg	Tab	COB
00627100	Dilaudid	2mg/mL	Inj Sol-1mL Pk	PFP
00622133	Dilaudid-HP	10mg/mL	Inj Sol-1mL Pk	PFP
02351579	Mylan-Valacyclovir	500mg	Tab	MYL
02357534	Novo-Valacyclovir	500mg	Tab	TEV
02307944	Phl-Valacyclovir	500mg	Tab	PHE
02298457	PMS-Valacyclovir	500mg	Tab	PMS
02257564	Sandoz Loperamide	2mg	Caplet	SDZ
02245456	Sodium Aurothiomalate	10mg/mL	Inj Sol-1mL Pk	SDZ
02245457	Sodium Aurothiomalate	25mg/mL	Inj Sol-1mL Pk	SDZ

# Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02422220	Auro-Omeprazole	20mg	Cap	AUR
09857467	Auro-Omeprazole	20mg	Cap	AUR
02415208	Auro-Pantoprazole	40mg	Tab	AUR

