

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - July 2014

Effective July 30, 2014

Ministry of Health and Long-Term Care

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New Single Source Products

DIN	PRODUCT NAME	GENERIC NAME	MFR	DBP
02412829	Levemir Flextouch 100U/mL Inj Sol-Pref Disp Pen 5 X 3mL Pk	Insulin Detemir	NOO	106.7600

New Multi-Source Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02372738	Apo-Mycophenolic Acid	180mg	Ent Tab	APX	1.4983
02372746	Apo-Mycophenolic Acid	360mg	Ent Tab	APX	2.9965

(Interchangeable with Myfortic)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02423642	Auro-Losartan HCT	50mg & 12.5mg	Tab	AUR	0.3147

(Interchangeable with Hyzaar)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02406853	Fondaparinux Sodium Injection	2.5mg/0.5mL	Inj Sol-Pref Syr 0.5mL Pk	DRR	11.1944

(Interchangeable with Arixtra)

Reason For Use Code & Clinical Criteria

Code 378

For the post-operative prophylaxis of venous thromboembolic events in patients undergoing orthopedic surgery of the lower limbs such as hip fracture, hip replacement or knee surgery.

NOTE: Limited to 9 days of reimbursement.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415550	Jamp-Clopidogrel	75mg	Tab	JPC	0.6576

(Interchangeable with Plavix)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02423553	Mint-Ciproflox	250mg	Tab	MIN	0.6186
02423561	Mint-Ciproflox	500mg	Tab	MIN	0.6979
02423588	Mint-Ciproflox	750mg	Tab	MIN	1.2780

(Interchangeable with Cipro)

Reason For Use Code & Clinical Criteria

For the treatment of patients with:

Code 332

SST/BJ (Gram negative bacteria):

Skin/soft tissue and bone/joint infection due to gram negative bacteria; severe diabetic foot infection; severe otitis externa; decubitus ulcers.

LU Authorization Period: 1 year.

Code 333

GU Tract:

Urinary tract infection/prostatitis/epididymitis caused by (suspected or documented) Pseudomonas; sexually transmitted diseases.

LU Authorization Period: 1 year.

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Reason For Use Code & Clinical Criteria

Code 334

COPD with risk:

Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis; pneumonic illness with cystic fibrosis.

*Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.

LU Authorization Period: 1 year.

Code 336

Step-Down:

Step-down therapy after parenteral therapy or hospital/emergency department discharge; febrile neutropenia.

LU Authorization Period: 1 year.

Code 350

GI:

Traveller's diarrhea; enteric fever syndromes; Crohn's disease.

LU Authorization Period: 1 year.

Code 353

For the prophylaxis or treatment of B. anthracis exposure.

LU Authorization Period: 1 year.

Code 977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02392933	Mylan-Atorvastatin	10mg	Tab	MYL	0.3138
02392941	Mylan-Atorvastatin	20mg	Tab	MYL	0.3922
02392968	Mylan-Atorvastatin	40mg	Tab	MYL	0.4216
02392976	Mylan-Atorvastatin	80mg	Tab	MYL	0.4216

(Interchangeable with Lipitor)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02424177	PMS-Risedronate	150mg	Tab	PMS	11.1875

(Interchangeable with Actonel)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417340	Sandoz Candesartan	32mg	Tab	SDZ	0.2932

(Interchangeable with Atacand)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02420732	Sandoz Candesartan Plus	32mg & 12.5mg	Tab	SDZ	0.3008
02420740	Sandoz Candesartan Plus	32mg & 25mg	Tab	SDZ	0.3008

(Interchangeable with Atacand Plus)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02316307	Sandoz Dorzolamide	2%	Oph Sol	SDZ	3.0700

(Interchangeable with Trusopt)

Reason For Use Code & Clinical Criteria

Code 171

As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;

LU Authorization Period: Indefinite.

Code 172

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

LU Authorization Period: Indefinite.

Code 387

For use as adjunctive therapy with an ophthalmic beta-blocking agent 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
02344351	Sandoz Dorzolamide/Timolol	2% & 0.5%	Oph Sol	SDZ	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.

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02407515	Taro-Carbamazepine	200mg	Tab	TAR	0.1540

(Interchangeable with Tegretol)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02266385	Taro-Mometasone	0.1%	Lot	TAR	0.3358

(Interchangeable with Elocom)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02401967	Tricura Lo (21 Day)	3 Phase	Tab-21 Pk	APX	9.4725
02401975	Tricura Lo (28 Day)	3 Phase	Tab-28 Pk	APX	9.4725

(Interchangeable with Tri-Cyclen Lo)

New Off-Formulary Interchangeable (OFI) Products

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02414805	Abbott-Levetiracetam	250mg	Tab	ABB	1.1175
02414791	Abbott-Levetiracetam	500mg	Tab	ABB	1.3650
02414783	Abbott-Levetiracetam	750mg	Tab	ABB	1.9425

(Interchangeable with Keppra)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02406896	Fondaparinux Sodium Injection	7.5mg/0.6mL	Inj Sol-Pref Syr 0.6mL Pk	DRR	18.1356

(Interchangeable with Arixtra)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421623	Jamp-Zolmitriptan	2.5mg	Tab	JPC	6.8583

(Interchangeable with Zomig)

Drug Benefit Price (DBP) Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02377721	Apo-Risedronate	150mg	Tab	APX	11.1875
02377454	Fragmin	2500IU/mL	Single Dose-4mL Vial Pk	PFI	16.8790
02403633	Teva- Alendronate/Cholecalciferol	70mg & 70mcg	Tab	TEV	3.4969
02403641	Teva- Alendronate/Cholecalciferol	70mg & 140mcg	Tab	TEV	3.4969

Product Brand and Manufacturer Name Changes

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02247008	Novo-Pravastatin	NOP	Teva-Pravastatin	TEV	10mg	Tab
02247009	Novo-Pravastatin	NOP	Teva-Pravastatin	TEV	20mg	Tab
02247010	Novo-Pravastatin	NOP	Teva-Pravastatin	TEV	40mg	Tab

Status Change from General Benefit to Not-A-Benefit

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00789747	Prochlorperazine Mesylate <i>(Interchangeable with Stemetil)</i>	10mg/2mL	Inj Sol-2mL Pk	SDZ

Removal of Therapeutic Note

The following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 84:04:12 ANTI-INFECTIVES PARASITICIDES:

Therapeutic Note

All close contacts of patients with scabies should be treated regardless of symptoms to avoid reinfestation and unnecessary repeated treatments. The scabicide should be applied to all the skin from the neck down. Young children, the elderly and immunosuppressed patients may also require treatment of the head and scalp.

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02231379	Anzemet	100mg	Tab	SAV
97982580	Boost 1.0 Standard	1.06kcal/mL	Liq-237mL Pk	NES
02318008	Travatan Z	0.004%	Oph Sol-2.5mL Pk	ALC
02224690*	Lasix	20mg	Tab	SAV
02224704*	Lasix	40mg	Tab	SAV

**Remain in Formulary as Not-a-Benefit to serve as reference product in interchangeable group.*

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00396796	Apo-Haloperidol	0.5mg	Tab	APX
00663719	Apo-Propranolol	20mg	Tab	APX
97983250	Caloreen		Pd 1kg Pk	NES
97980390	Caloreen		Pd 5kg Pk	NES
02332027	Cefprozil Powder for Oral Suspension	250mg/5mL-75mL Pk	Oral Susp	RAN
09857366	Cefprozil Powder for Oral Suspension	250mg/5mL-100mL Pk	Oral Susp	RAN
01997653	Dantrium	100mg	Cap	JHP
09857353	Humalog Mix25 Kwikpen	25% & 75%	Inj Susp-5X3mL Pk	LIL
09857437	Midazolam Injection	5mg/mL	Inj Sol-2mL Vial Pk	PPC
09853529	NuBasic		Liq-250mL Pk	NES
09853537	NuBasic Plus		Liq-250mL Pk	NES
09853561	NuBasic VHP		Liq-250mL Pk	NES
97984671	Nutren 1.0	1kcal/mL	Liq-250mL Pk	NES
02313448	PMS-Atorvastatin	10mg	Tab	PMS
02253933	PMS-Ciprofloxacin	0.003	Oph Sol-5mL Pk	PMS
02273551	PMS-Fenofibrate Micro	200mg	Cap	PMS
02240682	PMS-Fluvoxamine	50mg	Tab	PMS
02240683	PMS-Fluvoxamine	100mg	Tab	PMS
02252570	PMS-Ofloxacin	0.3%	Oph Sol	PMS
02240363	PMS-Polytrimethoprim	10000U/mL & 1mg/mL	Oph Sol-10mL Pk	PMS
02239577	PMS-Tobramycin	0.3%	Oph Sol	PMS
00621447	Sandoz Anuzinc	0.5%	Oint	SDZ
02245456	Sandoz Aurothiomalate	10mg/mL	Inj Sol-1mL Pk	SDZ
02245457	Sandoz Aurothiomalate	25mg/mL	Inj Sol-1mL Pk	SDZ
02261855	Sandoz Carbamazepine Chewtabs	100mg	Chew Tab	SDZ
02233960	Sandoz Clonazepam	0.5mg	Tab	SDZ
02257564	Sandoz Loperamide	2mg	Caplet	SDZ
02234003	Sandoz Nitrazepam	5mg	Tab	SDZ
02234007	Sandoz Nitrazepam	10mg	Tab	SDZ
02261782	Sandoz Pindolol	5mg	Tab	SDZ
02261790	Sandoz Pindolol	10mg	Tab	SDZ

Delisted Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02247856	Sandoz Pravastatin	10mg	Tab	SDZ
02247857	Sandoz Pravastatin	20mg	Tab	SDZ
02247828	Sandoz Simvastatin	10mg	Tab	SDZ
02247830	Sandoz Simvastatin	20mg	Tab	SDZ
02247831	Sandoz Simvastatin	40mg	Tab	SDZ
02247833	Sandoz Simvastatin	80mg	Tab	SDZ
02331969	Simvastatin Tablets	5mg	Tab	RAN
02331985	Simvastatin Tablets	10mg	Tab	RAN
02331993	Simvastatin Tablets	20mg	Tab	RAN
02332000	Simvastatin Tablets	40mg	Tab	RAN
02332019	Simvastatin Tablets	80mg	Tab	RAN

