

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - October 2014

Effective October 29, 2014

Ministry of Health and Long-Term Care

Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	4
New Off-Formulary Interchangeable (OFI) Products.....	9
New Diabetic Testing Agent.....	10
Drug Benefit Price (DBP) Changes.....	11
Product Manufacturer Name Changes.....	12
Discontinued Products.....	13
Delisted Products.....	14

New Single Source Products

DIN/PIN	PRODUCT NAME	GENERIC NAME	MFR	DBP
02416794	Janumet XR 1000mg & 50mg ER Tab	METFORMIN & SITAGLIPTIN	MEK	1.6015

Therapeutic Note:

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 sulfonylurea and for whom insulin is not an option.

DIN/PIN	PRODUCT NAME	GENERIC NAME	MFR	DBP
02412322	Trelstar 22.5mg/Vial SR Inj Pd with Sterile Water-Vial Pk	TRIPTORELIN PAMOATE	PAL	1650.0000

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02413345	Apo-Clarithromycin XL	500mg	ER Tab	APX	1.8858

(Interchangeable with Biaxin XL)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02414155	Apo-Latanoprost-Timop	50mcg/mL & 5mg/mL	Oph Sol-2.5mL Pk	APX	11.0700

(Interchangeable with Xalacom)

Reason For Use Code and 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.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426552	Apo-Linezolid	600mg	Tab	APX	38.6083
02422689	Sandoz Linezolid	600mg	Tab	SDZ	38.6083

(Interchangeable with Zyvoxam)

Reason For Use Code and Clinical Criteria

For the treatment of patients with:

Code 362

Methicillin-resistant Staphylococcus species (MRSA, MRSE) infections* in patients who are intolerant or have failed vancomycin therapy, or have contraindications to venous access.

LU Authorization Period: 1 year.

Code 363

Vancomycin resistant Enterococcus species (VRE) infections* in patients switching from IV linezolid.

LU Authorization Period: 1 year.

Code 364

Step-down therapy for the treatment of methicillin-resistant Staphylococcus species or vancomycin resistant Enterococcus species (VRE) infections* after parenteral therapy or hospital/ emergency department discharge.

* Infections must be documented and culture proven. Not approved for colonization (e.g. nares, urine, etc). Maximum 28 days supply.

LU Authorization Period: 1 year.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415739	Apo-Travoprost Z	0.004%	Oph Sol-5mL Pk	APX	28.7600
02413167	Sandoz Travoprost	0.004%	Oph Sol-5mL Pk	SDZ	28.7600
02412063	Teva-Travoprost Z Ophthalmic Solution	0.004%	Oph Sol-5mL Pk	TEV	28.7600

(Interchangeable with Travatan Z PIN 09857332)

Reason For Use Code and 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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429160	Sandoz Alendronate/Cholecalciferol	70mg & 140mcg	Tab	SDZ	2.3312

(Interchangeable with Fosavance DIN 02314940)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857504	Teva-Travoprost Z Ophthalmic Solution	0.004%	Oph Sol-2.5mL Pk	TEV	14.3800

(Interchangeable with Travatan Z DIN 02318008)

Reason For Use Code and 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/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421186	Taro-Testosterone	40mg	Cap	TAR	0.4700

(Interchangeable with Andriol)

Reason For Use Code and 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 Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02399202	Apo-Bosentan	62.5mg	Tab	APX	32.0893
02399210	Apo-Bosentan	125mg	Tab	APX	32.0893
(Interchangeable with Tracleer)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02402637	Linezolid Injection	2mg/mL	Inj-300mL Pk	TEV	88.7400
(Interchangeable with Zyvoxam)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02427133	Mar-Cetirizine	10mg	Tab	MAR	0.4083
02427141	Mar-Cetirizine	20mg	Tab	MAR	0.7535
(Interchangeable with Reactine)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02430576	PMS-Entecavir	0.5mg	Tab	PMS	16.5000
(Interchangeable with Baraclude)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420988	Taro-Diclofenac	1.5% W/W	Top Sol	TAR	0.6226
(Interchangeable with Pennsaid)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02413701	Zoledronic Acid for Injection Concentrate (Preservative-Free)	4mg/5mL	Inj Sol-5mL Pk	OMG	415.0000
(Interchangeable with Zometa Concentrate)					

New Diabetic Testing Agent

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857502	FreeStyle Precision Blood Glucose Test Strips	ABD	0.7441	0.7290	0.0151

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02273217	Enablex	7.5mg	ER Tablet	MEU	1.6116
02273225	Enablex	15mg	ER Tablet	MEU	1.6116
02099233	Glucophage	500mg	Tab	SAV	0.2716
02329204	Ran-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	RAN	10.5750
09857356	Ran-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	RAN	14.1000
02293579	Ran-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	RAN	21.1650
09857365	Ran-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	RAN	28.2150

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
09857335	E028 Splash (Grape Flavoured)	1kcal/mL	Liq-237mL Pk	SHL	NUT
09857336	E028 Splash (Orange-Pineapple Flavoured)	1kcal/mL	Liq-237mL Pk	SHL	NUT
09854398	KetoCal	7.2kcal/g	Pd-300g Pk	SHS	NUT
09854207	Neocate Junior	1kcal/mL	Pd-400g Pk	SHS	NUT

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09854460	Jevity 1 Cal	1.06kcal/mL	Liq-1000mL Pk	ABB
09854393	Glucerna 1.0 Cal	1kcal/mL	Liq-1000mL Pk	ABB
02231781	Novo-Nortriptyline	10mg	Cap	NOP
02231782	Novo-Nortriptyline	25mg	Cap	NOP
09854274	Optimental		Liq-237mL Pk	ABB
02381737	Pat-Rabeprazole	10mg	Tab	PAR
02381745	Pat-Rabeprazole	20mg	Tab	PAR
02389274	Pat-Tramadol/Acet	37.5mg & 325mg	Tab	PAR
97972592	Polycose		Pd-350g Pk	ABB

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02301830	Citalopram	20mg	Tab	MEL
02301849	Citalopram	40mg	Tab	MEL
02294583	Lisinopril	5mg	Tab	MEL
02294591	Lisinopril	10mg	Tab	MEL
02294605	Lisinopril	20mg	Tab	MEL
02242794	Metformin	500mg	Tab	MEL
02246965*	Metformin	850mg	Tab	MEL
02253518	Metoprolol-L	50mg	Tab	MEL
02253526	Metoprolol-L	100mg	Tab	MEL
02252279	Mirtazapine	30mg	Tab	MEL
09853723	Nepro		Liq-235mL Pk	ABB
02158612	Novo-Maprotiline	25mg	Tab	NOP
02158620	Novo-Maprotiline	50mg	Tab	NOP
02158639	Novo-Maprotiline	75mg	Tab	NOP
02309866	Pantoprazole	40mg	Tab	MEL
02248450*	Paroxetine	10mg	Tab	MEL
02248451	Paroxetine	20mg	Tab	MEL
02248452	Paroxetine	30mg	Tab	MEL
02320614	Rabeprazole EC	10mg	Tab	MEL
02320622	Rabeprazole EC	20mg	Tab	MEL
02303485	Risperidone	0.25mg	Tab	MEL
02303493	Risperidone	0.5mg	Tab	MEL
02303507	Risperidone	1mg	Tab	MEL
02303515	Risperidone	2mg	Tab	MEL
02303523	Risperidone	3mg	Tab	MEL
02303531	Risperidone	4mg	Tab	MEL
02303779	Sertraline	25mg	Cap	MEL
02303809	Sertraline	50mg	Cap	MEL
02303817	Sertraline	100mg	Cap	MEL
02395576	Teva-Candesartan/HCTZ	32mg & 25mg	Tab	TEV
02244896	Travatan	0.004%	Oph Sol	ALC
02321521*	Zopiclone	5mg	Tab	MEL
02321548*	Zopiclone	7.5mg	Tab	MEL

*Products listed as Not a Benefit

Delisted Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02342790	Zym-Amlodipine	5mg	Tab	ZYN
02342804	Zym-Amlodipine	10mg	Tab	ZYN
02338068	Zym-Carvedilol	3.125mg	Tab	ZYN
02338092	Zym-Carvedilol	6.25mg	Tab	ZYN
02338106	Zym-Carvedilol	12.5mg	Tab	ZYN
02338114	Zym-Carvedilol	25mg	Tab	ZYN
02345676	Zym-Clonazepam	0.5mg	Tab	ZYN
02303337	Zym-Clonazepam	2mg	Tab	ZYN
02302659*	Zym-Fluoxetine	10mg	Cap	ZYN
02302667	Zym-Fluoxetine	20mg	Cap	ZYN
02304775	Zym-Gabapentin	100mg	Cap	ZYN
02304783	Zym-Gabapentin	300mg	Cap	ZYN
02304791	Zym-Gabapentin	400mg	Cap	ZYN
02325187	Zym-Mirtazapine	30mg	Tab	ZYN
02344440	Zym-Ondansetron	4mg	Tab	ZYN
02344459	Zym-Ondansetron	8mg	Tab	ZYN
02320754*	Zym-Pioglitazone	15mg	Tab	ZYN
02320762*	Zym-Pioglitazone	30mg	Tab	ZYN
02320770*	Zym-Pioglitazone	45mg	Tab	ZYN
02300907	Zym-Simvastatin	5mg	Tab	ZYN
02300915	Zym-Simvastatin	10mg	Tab	ZYN
02300923	Zym-Simvastatin	20mg	Tab	ZYN
02300931	Zym-Simvastatin	40mg	Tab	ZYN
02300974	Zym-Simvastatin	80mg	Tab	ZYN
02325136	Zym-Topiramate	25mg	Tab	ZYN
02325144	Zym-Topiramate	100mg	Tab	ZYN
02325152	Zym-Topiramate	200mg	Tab	ZYN

*Products listed as Not a Benefit

