

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - November 2014

Effective November 27, 2014

Ministry of Health and Long-Term Care

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New Single Source Products

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02410818	Jetrea 2.5mg/mL Inj Sol-0.2mL Vial Pk (Preservative-Free)	OCRIPLASMIN	ALC	3950.0000

Reason For Use Code and Clinical Criteria

Code 455

For the treatment of symptomatic vitreomacular adhesion (VMA) that has been confirmed through optical coherence tomography.

Patients should not have any of the following: large diameter macular holes (greater than 400 micrometres), high myopia (greater than 8 dioptre spherical correction or axial length greater than 28 millimetres), aphakia, history of retinal detachment, lens zonule instability, recent ocular surgery or intraocular injection (including laser therapy), proliferative diabetic retinopathy, ischemic retinopathies, retinal vein occlusions, exudative age-related macular degeneration, or vitreous hemorrhage.

Ocriplasmin should be administered by a qualified ophthalmologist experienced in intravitreal injections and should be limited to a single injection per eye (i.e., retreatments are not covered).

LU Authorization period: 1 year

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02389169	Komboglyze 2.5mg & 500mg Tab	SAXAGLIPTIN & METFORMIN	AZC	1.2700
02389177	Komboglyze 2.5mg & 850mg Tab	SAXAGLIPTIN & METFORMIN	AZC	1.2700
02389185	Komboglyze 2.5mg & 1000mg Tab	SAXAGLIPTIN & METFORMIN	AZC	1.2700

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.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418452	PMS-Azithromycin	100mg/5mL	O/L-15mL Pk	PMS	5.9347
(Interchangeable with Zithromax DIN 02223716)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418460	PMS-Azithromycin	200mg/5mL	O/L-15mL Pk	PMS	8.4062
(Interchangeable with Zithromax DIN 02223724)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857517	PMS-Azithromycin	200mg/5mL	O/L-22.5mL Pk	PMS	12.6093
(Interchangeable with Zithromax PIN 09857315)					

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428873	Mint-Dutasteride	0.5mg	Cap	MIN	0.4205

(Interchangeable with Avodart)

Reason For Use Code and Clinical Criteria

Code 384

For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

Code 385

For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:

1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02295016	Apo-Escitalopram	10mg	Tab	APX	0.4318
02313561	Co Escitalopram	10mg	Tab	COB	0.4318
02429780	Jamp-Escitalopram	10mg	Tab	JPC	0.4318
02423480	Mar-Escitalopram	10mg	Tab	MAR	0.4318
02309467	Mylan-Escitalopram	10mg	Tab	MYL	0.4318
02303949	PMS-Escitalopram	10mg	Tab	PMS	0.4318
02385481	Ran-Escitalopram	10mg	Tab	RAN	0.4318
02364077	Sandoz Escitalopram	10mg	Tab	SDZ	0.4318
02318180	Teva-Escitalopram	10mg	Tab	TEV	0.4318

(Interchangeable with Cipralex)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02295024	Apo-Escitalopram	20mg	Tab	APX	0.4597
02313588	Co Escitalopram	20mg	Tab	COB	0.4597
02429799	Jamp-Escitalopram	20mg	Tab	JPC	0.4597
02423502	Mar-Escitalopram	20mg	Tab	MAR	0.4597
02309475	Mylan-Escitalopram	20mg	Tab	MYL	0.4597
02303965	PMS-Escitalopram	20mg	Tab	PMS	0.4597
02385503	Ran-Escitalopram	20mg	Tab	RAN	0.4597
02364085	Sandoz Escitalopram	20mg	Tab	SDZ	0.4597
02318202	Teva-Escitalopram	20mg	Tab	TEV	0.4597

(Interchangeable with Cipralex)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02425610	Ach-Ezetimibe	10mg	Tab	ACH	0.4612
02414716	Act Ezetimibe	10mg	Tab	ACV	0.4612
02427826	Apo-Ezetimibe	10mg	Tab	APX	0.4612
02423235	Jamp-Ezetimibe	10mg	Tab	JPC	0.4612
02422662	Mar-Ezetimibe	10mg	Tab	MAR	0.4612
02423243	Mint-Ezetimibe	10mg	Tab	MIN	0.4612
02416409	PMS-Ezetimibe	10mg	Tab	PMS	0.4612
02419548	Ran-Ezetimibe	10mg	Tab	RAN	0.4612
02416778	Sandoz Ezetimibe	10mg	Tab	SDZ	0.4612
02354101	Teva-Ezetimibe	10mg	Tab	TEV	0.4612

(Interchangeable with Ezetrol DIN 02247521)

Reason For Use Code and Clinical Criteria

Code 380

For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.

LU Authorization Period: Indefinite.

Code 381

For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02378035	Mylan-Ezetimibe	10mg	Tab	MYL	0.4612

(Interchangeable with Ezetrol PIN 09857515*)

*New Ezetrol PIN 09857515 created to serve as reference brand product for Mylan-Ezetimibe, which is interchangeable with Ezetrol for RFU Code 381 only.

Reason For Use Code and Clinical Criteria

Code 381

For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.

LU Authorization Period: Indefinite.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02423286	Mint-Gliclazide MR	30mg	SR Tab	MIN	0.0931

(Interchangeable with Diamicron MR)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421828	Ecl-Metformin	500mg	Tab	ECL	0.0587

(Interchangeable with Glucophage)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02417626	Methotrexate Injection USP	25mg/mL	Inj Sol-2mL Single Dose Vial Pk (Preservative-Free)	MYL	12.5000

(Interchangeable with Methotrexate Injection USP DIN 02182955)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02422727	Mint-Olopatadine (Interchangeable with Patanol)	0.1%	Oph Sol-5mL Pk	MIN	26.1300

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02409356	Tigecycline (Interchangeable with Tygacil)	50mg/Vial	Pd for Inj-5mLVial Pk (Preservative-Free)	APX	71.4225

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02299909*	Cubicin	500mg/10mL	Pd for Inj - 10mL Vial Pk	SUO	179.0000
02258560	Tri-Cyclen Lo	3 Phase	Tab-21 Pk	JAN	15.1500
02258587	Tri-Cyclen Lo	3 Phase	Tab-28 Pk	JAN	15.1500
02163934	Tylenol with Codeine No. 2	300mg & 15mg & 15mg	Tab	JAN	0.0975
02163926	Tylenol with Codeine No. 3	300mg & 15mg & 30mg	Tab	JAN	0.1074
02163918	Tylenol with Codeine No. 4	300mg & 60mg	Tab	JAN	0.2271

*Exceptional Access Program product

Product Formulation Change

OLD FORMULATION	NEW FORMULATION	MFR
DuoTrav 0.5% & 0.004% Oph Sol-2.5mL Pk (02278251*)	DuoTrav PQ 0.5% & 0.004% Oph Sol-2.5mL Pk (PIN 09857512)	ALC
DuoTrav 0.5% & 0.004% Oph Sol-5mL Pk (09857333*)	DuoTrav PQ 0.5% & 0.004% Oph Sol-5mL Pk (PIN 09857513)	ALC

*Delisted in this November 2014 Formulary Update.

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.

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
00297143	Loestrin 1.5/30	0.03mg&1.5mg	Tab-21 Pk	PAL	WAR
00353027	Loestrin 1.5/30	0.03mg&1.5mg	Tab-28 Pk	PAL	WAR
00315966	Minestrin 1/20	0.02mg & 1mg	Tab-21 Pk	PAL	WAR
00343838	Minestrin 1/20	0.02mg & 1mg	Tab-28 Pk	PAL	WAR
02375842	Onglyza	2.5mg	Tab	BQU	AZC
02333554	Onglyza	5mg	Tab	BQU	AZC

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02299712	Alendronate-FC	70mg	Tab	MEL
00778354	Apo-Sulin	150mg	Tab	APX
00778362	Apo-Sulin	200mg	Tab	APX
02246314	Gabapentin	100mg	Cap	MEL
02246315	Gabapentin	300mg	Cap	MEL
02246316	Gabapentin	400mg	Cap	MEL
02236841	Levaquin	250mg	Tab	JAN
02242055	PMS-Deferoxamine	500mg/Vial	Inj Pd-500mg Vial Pk	PMS
02243450	PMS-Deferoxamine	2g/Vial	Inj Pd-2g Vial Pk	PMS
02317893	Quetiapine	25mg	Tab	MEL
02317907	Quetiapine	100mg	Tab	MEL
02317923	Quetiapine	200mg	Tab	MEL
02317931	Quetiapine	300mg	Tab	MEL

Delisted Products

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
02278251	DuoTrav	0.5% & 0.004%	Oph Sol-2.5mL Pk	ALC
09857333	DuoTrav	0.5% & 0.004%	Oph Sol-5mL Pk	ALC
09854393	Glucerna 1.0 Cal	1kcal/mL	Liq-1000mL Pk	ABB
00230316	Hycort	100mg/60mL	Enema-60mL Pk	VAL
09854460	Jevity 1 Cal	1.06kcal/mL	Liq-1000mL Pk	ABB
02185407	Mylan-Gemfibrozil	300mg	Cap	MYL
00268585	Niacin-ICN	100mg	Tab	VAL
09854274	Optimental		Liq-237mL Pk	ABB
97972592	Polycose		Pd-350g Pk	ABB
02274388	PMS-Azithromycin	100mg/5mL	O/L-15mL Pk	PMS
02274396	PMS-Azithromycin	200mg/5mL	O/L-15mL Pk	PMS
09857316	PMS-Azithromycin	200mg/5mL	O/L-22.5mL Pk	PMS
02229781	Ratio-Diltiazem CD	120mg	LA Cap	RPH
02229782	Ratio-Diltiazem CD	180mg	LA Cap	RPH
02229783	Ratio-Diltiazem CD	240mg	LA Cap	RPH
02229784	Ratio-Diltiazem CD	300mg	LA Cap	RPH

