

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - December 2014

Effective December 18, 2014

Ministry of Health and Long-Term Care

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New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421917	Sandoz Capecitabine	150mg	Tab	SDZ	0.9150
02421925	Sandoz Capecitabine	500mg	Tab	SDZ	3.0500

(Interchangeable with Xeloda)

Reason For Use Code and Clinical Criteria

Code 346

For the first-line treatment of patients with metastatic colorectal cancer in whom combination chemotherapy is not recommended.

NOTE: Not to be used in patients who have failed 5-fluorouracil.

LU Authorization Period: Indefinite.

Code 360

For the treatment of metastatic breast cancer where patients have progressed after prior chemotherapy.

LU Authorization Period: Indefinite.

Code 406

For adjuvant treatment of stage 3 or high risk stage 2* colon cancer in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.

*high risk stage 2 colon cancer is defined as one of the following:

- obstruction,
- perforation,
- poorly differentiated adenocarcinoma,
- inadequate lymph node sampling,
- T4 tumour.

LU Authorization Period: 6 Months.

Code 409

As part of the CAPOX regimen for the first-line and second-line treatment of metastatic colorectal cancer

LU Authorization Period: Indefinite.

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Code 426

In combination with trastuzumab and cisplatin for the treatment of patients with HER2-positive metastatic adenocarcinoma of the stomach or gastro-esophageal junction who have not received prior anti-cancer treatment for their metastatic disease.

LU Authorization Period: Indefinite.

Code 427

For the neo-adjuvant treatment of rectal cancer.

LU Authorization Period: Indefinite.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02432773	Auro-Cefixime	400mg	Tab	AUR	3.0795
(Interchangeable with Suprax)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02403196	Act-Clarithromycin XL	500mg	ER Tab	ACV	1.2572
(Interchangeable with Biaxin XL)					

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02350440	Domperidone	10mg	Tab	SAI	0.0594
(Interchangeable with Motilium)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416948	Jamp-Donepezil Tablets	5mg	Tab	JPC	1.2340
02416956	Jamp-Donepezil Tablets	10mg	Tab	JPC	1.2340
02428482	Septa-Donepezil	5mg	Tab	SET	1.2340
02428490	Septa-Donepezil	10mg	Tab	SET	1.2340
(Interchangeable with Aricept)					

Reason For Use Code and 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/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416298	Med-Dutasteride	0.5mg	Cap	GMP	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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397358	Auro-Escitalopram	10mg	Tab	AUR	0.4318
02397374	Auro-Escitalopram	20mg	Tab	AUR	0.4597

(Interchangeable with Cipralelex)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02317125	PMS-Latanoprost	0.005%	Oph Sol-2.5mL Pk	PMS	9.5830

(Interchangeable with Xalatan)

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
02428539	Septa-Losartan HCTZ	50mg & 12.5mg	Tab	SET	0.3147

(Interchangeable with Hyzaar)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428547	Septa-Losartan HCTZ	100mg & 25mg	Tab	SET	0.3147

(Interchangeable with Hyzaar DS)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421836	Ecl-Metformin	850mg	Tab	ECL	0.2090
(Interchangeable with Glucophage)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02430487	Auro-Modafinil	100mg	Tab	AUR	0.9293
(Interchangeable with Alertec)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02396661	Teva-Rizatriptan ODT	5mg	Orally Disintegrating Tab	TEV	11.1150
02396688	Teva-Rizatriptan ODT	10mg	Orally Disintegrating Tab	TEV	11.1150
(Interchangeable with Maxalt RPD)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02428474	Septa-Zolmitriptan-ODT	2.5mg	Orally Disintegrating Tab	SET	6.8633
(Interchangeable with Zomig Rapimelt)					

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02177153	Apo-Bromazepam	1.5mg	Tab	APX	0.1028
02177161	Apo-Bromazepam	3mg	Tab	APX	0.0776
02177188	Apo-Bromazepam	6mg	Tab	APX	0.1134
00584215	Apo-Cimetidine	200mg	Tab	APX	0.3284
00487872	Apo-Cimetidine	300mg	Tab	APX	0.1791
00600059	Apo-Cimetidine	400mg	Tab	APX	0.2930
00600067	Apo-Cimetidine	600mg	Tab	APX	0.3405
02050021	Apo-Doxepin	75mg	Cap	APX	0.8066
02050048	Apo-Doxepin	100mg	Cap	APX	1.3438
00441651	Apo-Ibuprofen	300mg	Tab	APX	0.1377
00506052	Apo-Ibuprofen	400mg	Tab	APX	0.0936
02242837	Apo-Lithium Carbonate	150mg	Cap	APX	0.0667
02242838	Apo-Lithium Carbonate	300mg	Cap	APX	0.0657
02232150	Apo-Moclobemide	150mg	Tab	APX	0.3120
02240456	Apo-Moclobemide	300mg	Tab	APX	0.6126
00882801	Apo-Prazo	1mg	Tab	APX	0.2743
00882828	Apo-Prazo	2mg	Tab	APX	0.3725
00882836	Apo-Prazo	5mg	Tab	APX	0.5121
02238370	Apo-Valproic	50mg/ml	O/L	APX	0.0605
02297795	Gliclazide MR	30mg	SR Tab	AAP	0.0931
02322285*	Soliris	10mg/mL	Inj Sol-30mL Vial Pk	ALE	6742.0000

*Exceptional Access Program product

Product Brand and Manufacturer Name Change

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02285398*	Modafinil	AAP	Apo-Modafinil	APX	100mg	Tab

*Product listed as Not a Benefit

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
00677442*	Colyte		Pd-4L Pk	ZYN	PEN
00253952	Synacthen Depot	1mg/mL	Inj Susp-1mL Pk	NOV	QUO
02230837	Xylac	5mg	Tab	MMT	PEN
02230838	Xylac	10mg	Tab	MMT	PEN
02230839	Xylac	25mg	Tab	MMT	PEN
02230840	Xylac	50mg	Tab	MMT	PEN

*Product listed as Not a Benefit

DIN Change

CURRENT DIN	NEW DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02246360	02391791	Aranesp	150mcg/0.3mL	Pref Syr-0.3mL Pk	AMG

Status Change from Not-A-Benefit to General Benefit

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02407256	Auro-Atorvastatin	10mg	Tab	AUR	0.3138
02407264	Auro-Atorvastatin	20mg	Tab	AUR	0.3922
02407272	Auro-Atorvastatin	40mg	Tab	AUR	0.4216
02407280	Auro-Atorvastatin	80mg	Tab	AUR	0.4216

(Interchangeable with Lipitor)

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02418428	Auro-Efavirenz	600mg	Tab	AUR	3.8030

(Interchangeable with Sustiva)

Notes:

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

Discontinued Product

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02239951	PMS-Gemfibrozil	300mg	Cap	PMS

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00627100*	Dilaudid	2mg/mL	Inj Sol-1mL Pk	PFP
00622133*	Dilaudid-HP	10mg/mL	Inj Sol-1mL Pk	PFP
02302675	Novo-Atorvastatin	10mg	Tab	NOP
02302683	Novo-Atorvastatin	20mg	Tab	NOP
02302691	Novo-Atorvastatin	40mg	Tab	NOP
02302713	Novo-Atorvastatin	80mg	Tab	NOP
02275279	Ratio-Alendronate	70mg	Tab	RPH
02240071	Ratio-Amiodarone	200mg	Tab	RPH
02256797	Ratio-Lisinopril P	5mg	Tab	RPH
02256800	Ratio-Lisinopril P	10mg	Tab	RPH
02256819	Ratio-Lisinopril P	20mg	Tab	RPH
02299879	Ratio-Lisinopril Z	5mg	Tab	RPH
02299887	Ratio-Lisinopril Z	10mg	Tab	RPH
02299895	Ratio-Lisinopril Z	20mg	Tab	RPH
02245822	Ratio-Lovastatin	20mg	Tab	RPH
02245823	Ratio-Lovastatin	40mg	Tab	RPH
02301423	Ratio-Pioglitazone	15mg	Tab	RPH
02301431	Ratio-Pioglitazone	30mg	Tab	RPH
02301458	Ratio-Pioglitazone	45mg	Tab	RPH
00828823	Ratio-Ranitidine	150mg	Tab	RPH

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

