

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - June 2015

Effective June 29, 2015

Ministry of Health and Long-Term Care

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New Single Source Product

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02418401	Anoro Ellipta 62.5mcg & 25mcg Blister Pd Inh-30 Dose Pk	UMECLIDINIUM & VILANTEROL	GSK	81.0000

Reason For Use Code and Clinical Criteria

Code 459

For the long-term treatment of patients with moderate to severe chronic obstructive pulmonary disease (COPD)* who have had an inadequate response to a long-acting bronchodilator (i.e., long-acting beta-2 agonist [LABA], or long-acting muscarinic antagonist [LAMA]).

LU Authorization Period: Indefinite.

*Notes: COPD disease severity is based on spirometry, symptoms and disability (see classification tables below).

Classification

COPD Stages – Symptoms and Disability:

Mild: Shortness of breath from COPD when hurrying on the level or walking up a slight hill

Moderate: Shortness of breath from COPD causing the patient to stop after walking approximately 100m (or after a few minutes) on the level

Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless when dressing or undressing (MRC 5), or the presence of chronic respiratory failure or clinical signs of right heart failure

Classification by Impairment of Lung Function:

COPD Stages and Spirometry (post bronchodilator) FEV1 predicted:

Mild: Greater than or equal to 80 percent

Moderate: 50 to 79 percent

Severe: 30 to 49 percent

Very severe: Less than 30 percent

Relisting of Single Source Product

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
00015741	Tapazole 5mg Tab	METHIMAZOLE	PAL	0.2722

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417839	Nat-Ondansetron	4mg	Tab	NAT	3.3495
02417847	Nat-Ondansetron	8mg	Tab	NAT	5.1110

(Interchangeable with Zofran)

Reason For Use Code and Clinical Criteria

Code 215

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.

LU Authorization Period: 1 year.

Code 216

For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.

LU Authorization Period: 1 year.

Code 217

For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.

LU Authorization Period: 1 year.

Code 218

For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.

NOTE: The therapeutic value of Ondansetron Hydrochloride more than 24 hours after the last dose of chemotherapy is unproven.

LU Authorization Period: 1 year.

Code 454

For the treatment of emesis in cancer patients receiving moderately emetogenic chemotherapy (MEC) regimens.

LU Authorization Period: 1 year.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02434849	Teva-Almotriptan (Interchangeable with Axert)	12.5mg	Tab	TEV	9.7833

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02430371	Mylan-Memantine (Interchangeable with Ebixa)	10mg	Tab	MYL	1.6357

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02395126	Apo-Candesartan/HCTZ	32mg & 12.5mg	Tab	APX	0.3008
02395134	Apo-Candesartan/HCTZ	32mg & 25mg	Tab	APX	0.3008
02393824	Apo-Valganciclovir	450mg	Tab	APX	11.6062
02212307	Ceftin	125mg/5mL	Susp	GSK	0.1700
01916882	Clavulin	25mg & 6.25mg/mL	O/L	GSK	0.0950
02237247	Flovent Diskus	500mcg/Blister	Pd Inh-60 Dose Pk	GSK	64.2000
02246016	Thyrogen	0.9mg/mL	Inj Pd-2x1.1mg Vial Pk	GZM	1,667.5500
00107875	Fleet		Enema	MFC	0.0430
00009911	Fleet	160mg & 60mg/mL	Rect Sol	MFC	0.0299
00108065	Fleet	160mg & 60mg/mL	Ped Rect Sol	MFC	0.0600
02382075	Mylan-Bupropion XL	150mg	ER Tab	MYL	0.4266
02382083	Mylan-Bupropion XL	300mg	ER Tab	MYL	0.8532
02397773	Mylan-Risedronate	150mg	Tab	MYL	11.1875
01945939	Anusol	0.5%	Oint	PFI	0.1530
02063905	Microlax		Micro Enema-5mL Pk	PFI	1.2050
02395568	Teva-Candesartan/HCTZ	32mg & 12.5mg	Tab	TEV	0.3008
02357615	Vimpat	50mg	Tab	UCB	2.5250
02357631	Vimpat	150mg	Tab	UCB	4.7050
02357658	Vimpat	200mg	Tab	UCB	5.8000

Product Brand and Manufacturer Name Changes

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02391538	AJ-Pip/Taz	AJC	Piperacillin & Tazobactam for Injection	MYL	3g & 375mg	Inj Pd-Vial Pk
01945939	Anusol	PFI	Anusol Ointment	JAJ	0.5%	Oint
02257726	Co Metformin	COB	Act Metformin	ACV	500mg	Tab
02257734	Co Metformin	COB	Act Metformin	ACV	850mg	Tab
00009911	Fleet	MFC	Fleet Enema	JAJ	160mg & 60mg/mL	Rect Sol
00107875	Fleet	MFC	Fleet Enema Mineral Oil	JAJ	100%	Enema
00108065	Fleet	MFC	Fleet Enema Pediatric	JAJ	160mg & 60mg/mL	Ped Rect Sol
02063905	Microlax	PFI	Microlax Micro Enema	JAJ	90mg/mL & 9mg/mL & 625mg/mL	Micro Enema-5mL Pk
00649392	PMS-Procyclidine	PMS	Pdp-Procyclidine	PEN	2.5mg	Tab

Removal of Therapeutic Notes

The following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 12:12:00 SYMPATHOMIMETIC (ADRENERGIC) AGENTS

Therapeutic Note:

Solutions for use in nebulizers are more expensive than metered dose inhalers (MDI) and turbuhalers, and for most patients, there is no significant benefit. The only indication for this mode of administration is for selected patient groups, such as those noted in the Limited Use clinical criteria for solutions for use in nebulizers, who are unable to use other formulations. Even children who are unable to coordinate actuation of a MDI and inhalation can usually use a spacer or turbuhaler. Special fittings are available for patients with severe arthritis who have difficulty using a standard MDI.

The following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 24:12:00 VASODILATING DRUGS

Therapeutic Note:

Pharmacologic tolerance (tachyphylaxis) may lead to loss of efficacy with chronic multiple (qid) daily dosing of nitrates. Continued relief of angina may require adjustment of dosage interval (e.g., tid).

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02227339	Indapamide Hemihydrate	1.25mg	Tab	SEV
02049341	Indapamide	2.5mg	Tab	SEV
02252112	Ratio-Citalopram	20mg	Tab	TEV
02252120	Ratio-Citalopram	40mg	Tab	TEV
02194198	Ratio-Nystatin	500000U	Tab	TEV
02256827	Ratio-Topiramate	25mg	Tab	TEV
02256835	Ratio-Topiramate	100mg	Tab	TEV
02256843	Ratio-Topiramate	200mg	Tab	TEV
02243587	Sandoz Ticlopidine	250mg	Tab	SDZ

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
01981250	Desferal	2g/Vial	Inj Pd-2g Vial Pk	NOV
02243450	PMS-Deferoxamine	2g	Inj	PMS
02239951	PMS-Gemfibrozil	300mg	Cap	PMS

