

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - August 2015

Effective August 26, 2015

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.....	10
Drug Benefit Price (DBP) Changes .....	11
Status Changes from Discontinued Drug to Not-A-Benefit.....	12
Discontinued Products .....	13
Delisted Products .....	14

# New Single Source Products

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02429462	Innohep 8000IU/0.4mL Inj Pref Syr	TINZAPARIN SODIUM	LEO	16.0490
02429470	Innohep 12000IU/0.6mL Inj Pref Syr	TINZAPARIN SODIUM	LEO	24.0740
02429489	Innohep 16000IU/0.8mL Inj Pref Syr	TINZAPARIN SODIUM	LEO	32.0990

## Reason For Use Code and Clinical Criteria

### Code 186

For acute treatment of deep venous thrombosis (DVT), for a maximum of three weeks;

LU Authorization Period: 1 year.

### Code 187

For DVT in pregnant or lactating females;

LU Authorization Period: 1 year.

### Code 188

For DVT in patients whom treatment with warfarin is not tolerated, or contraindicated;

LU Authorization Period: 1 year.

### Code 189

For DVT in patients who have failed treatment with warfarin.

LU Authorization Period: 1 year.

### Code 323

For the acute treatment of pulmonary embolism, maximum of three weeks.

LU Authorization Period: 1 year.

# New Multi-Source Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02428725	Van-Alendronate	10mg	Tab	VAN	0.4987
02428733	Van-Alendronate	70mg	Tab	VAN	2.5144

(Interchangeable with Fosamax)

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02426986	Van-Amlodipine	5mg	Tab	VAN	0.2417
02426994	Van-Amlodipine	10mg	Tab	VAN	0.3587

(Interchangeable with Norvasc)

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02427818	Van-Anastrozole	1mg	Tab	VAN	1.2729

(Interchangeable with Arimidex)

## Reason For Use Code and Clinical Criteria

### Code 365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

### Code 396

As an alternative to tamoxifen for the adjuvant treatment of postmenopausal women with hormone receptor positive breast cancer.

LU Authorization Period: Indefinite.

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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02428709	Van-Bicalutamide	50mg	Tab	VAN	1.6100
(Interchangeable with Casodex)					

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02421747	Ecl-Citalopram	20mg	Tab	ECL	0.2397
02421755	Ecl-Citalopram	40mg	Tab	ECL	0.2397
(Interchangeable with Celexa)					

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02413795	Cyanocobalamin Injection USP	1mg/mL	Inj Sol-10mL Pk	MYL	3.0600
02420147	Jamp-Cyanocobalamin	1mg/mL	Inj Sol-10mL Pk	JPC	3.0600
(Interchangeable with Rubramin)					

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02428741	Van-Finasteride	5mg	Tab	VAN	0.4633
(Interchangeable with Proscar PIN 09857529*)					

\*New Proscar 5mg PIN 09857529 created to serve as reference brand product for Van-Finasteride, which is interchangeable with Proscar for RFU Code 385 only.

Continued on next page.....

.... Continued from previous page

## **Reason For Use Code and Clinical Criteria**

### **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
02431408	Van-Gabapentin	100mg	Cap	VAN	0.0749
02431416	Van-Gabapentin	300mg	Cap	VAN	0.1821
02431424	Van-Gabapentin	400mg	Cap	VAN	0.2171

(Interchangeable with Neurontin)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02427087	Van-Irbesartan	75mg	Tab	VAN	0.3025
02427095	Van-Irbesartan	150mg	Tab	VAN	0.3025
02427109	Van-Irbesartan	300mg	Tab	VAN	0.3025

(Interchangeable with Avapro)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428156	Van-Letrozole	2.5mg	Tab	VAN	1.3780

(Interchangeable with Femara)

### Reason For Use Code and Clinical Criteria

#### Code 365

For the treatment of metastatic breast cancer in hormone receptor positive post-menopausal women.

LU Authorization Period: Indefinite.

#### Code 403

For the treatment of hormone receptor positive early breast cancer in postmenopausal women who have received 5 years of adjuvant tamoxifen therapy.

LU Authorization Period: 5 years.

#### Code 408

As an alternative to tamoxifen for the adjuvant treatment of post-menopausal women with hormone receptor positive early breast cancer for a maximum of five years.

LU Authorization Period: 5 years.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426595	Van-Losartan	25mg	Tab	VAN	0.3147
02426609	Van-Losartan	50mg	Tab	VAN	0.3147
02426617	Van-Losartan	100mg	Tab	VAN	0.3147

(Interchangeable with Cozaar)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02432404	Van-Omeprazole	20mg	DR Tab	VAN	0.4117

(Interchangeable with Losec DIN 02190915)

### Reason For Use Code and Clinical Criteria

#### Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy; OR For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy. Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

#### Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

#### Code 401

Other Gastrointestinal Disorders:

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.

LU Authorization Period: 1 year.

#### Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed. For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.



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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
09857530	Van-Omeprazole	20mg	DR Tab	VAN	0.4117
(Interchangeable with Losec PIN 09857195)					

### Reason For Use Code and Clinical Criteria

#### Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy. Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02427761	Van-Sertraline	25mg	Cap	VAN	0.2038
02427788	Van-Sertraline	50mg	Cap	VAN	0.4000
02427796	Van-Sertraline	100mg	Cap	VAN	0.4458
(Interchangeable with Zoloft)					

## New Off-Formulary Interchangeable (OFI) Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02413620	Vpi-Baclofen Intrathecal	0.05mg/mL	Inj Sol-1mL Pk (No Preservative)	VPI	11.2500
02413639	Vpi-Baclofen Intrathecal	0.5mg/mL	Inj Sol-20mL Pk (No Preservative)	VPI	177.2500
02413647	Vpi-Baclofen Intrathecal	2mg/mL	Inj Sol-5mL Pk (No Preservative)	VPI	177.2500

(Interchangeable with Lioresal Intrathecal)

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02438283	Auro-Metformin	850mg	Tab	AUR	0.0610

(Interchangeable with Glucophage)

## Drug Benefit Price (DBP) Changes

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02247521	Ezetrol	10mg	Tab	MFS	1.8613
02324563	Sandoz Rivastigmine	1.5mg	Cap	SDZ	0.6514
02324571	Sandoz Rivastigmine	3mg	Cap	SDZ	0.6514
02324598	Sandoz Rivastigmine	4.5mg	Cap	SDZ	0.6514
02324601	Sandoz Rivastigmine	6mg	Cap	SDZ	0.6514
02257858	Sandoz Sotalol	160mg	Tab	SDZ	0.1623

## Status Changes from Discontinued Drug to Not-A-Benefit\*

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02351579	Mylan-Valacyclovir	500mg	Tab	MYL
02298457	PMS-Valacyclovir	500mg	Tab	PMS

(\*Due to supply depletion)

# Discontinued Products

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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02036282	Cordarone	200mg	Tab	PFI
02126192	Novo-Clobetasol	0.05%	Oint	NOP
02305984	Novo-Rivastigmine	1.5mg	Cap	NOP
02305992	Novo-Rivastigmine	3mg	Cap	NOP
02306026	Novo-Rivastigmine	6mg	Cap	NOP
02243552	Novo-Fenofibrate Micronized	200mg	Cap	NOP
02239953	Novo-Fluvoxamine	50mg	Tab	NOP
02239954	Novo-Fluvoxamine	100mg	Tab	NOP
02275287	Ratio-Azithromycin	250mg	Tab	RPH
02103656	Ratio-Clonazepam	0.5mg	Tab	RPH
02218461	Ratio-Fluvoxamine	100mg	Tab	RPH
97983500	Vital HN		Pd-79g Pk	ABB

# Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02391511	AJ-Pip/Taz	2g & 250mg	Inj Pd-Vial Pk	AJC
00618292	Apo-Cloxi	250mg	Cap	APX
00618284	Apo-Cloxi	500mg	Cap	APX
00644633	Apo-Cloxi	25mg/mL	O/L	APX
02247057	Sandoz Lovastatin	40mg	Tab	SDZ
02269422	Sandoz Paroxetine	10mg	Tab	SDZ
02262177	Sandoz Terbinafine	250mg	Tab	SDZ
02243587	Sandoz Ticlopidine	250mg	Tab	SDZ
02267837	Sandoz Topiramate	200mg	Tab	SDZ

