Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - September 2015

Effective September 30, 2015

Ministry of Health and Long-Term Care

Ontario

Table of Contents

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02442639	Sdz Celecoxib	100mg	Cap	SDZ	0.1776
02442647	Sdz Celecoxib	200mg	Cap	SDZ	0.3553

(Interchangeable with Celebrex)

Reason For Use Code and Clinical Criteria

Osteoarthritis

Code 316
For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had:

History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS.

NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg.

LU Authorization Period: 1 year.

Rheumatoid arthritis

Code 317
For patients who have had:

History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS.

NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg.

LU Authorization Period: 1 year.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02434024	Van-Quetiapine	25mg	Tab	VAN	0.1235
02434032	Van-Quetiapine	100mg	Tab	VAN	0.3295
02434040	Van-Quetiapine	200mg	Tab	VAN	0.6617
02434059	Van-Quetiapine	300mg	Tab	VAN	0.9656

(Interchangeable with Seroquel)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397900	Teva-Solifenacin	5mg	Tab	TEV	1.2669
02397919	Teva-Solifenacin	10mg	Tab	TEV	1.2669

(Interchangeable with Vesicare)

Reason For Use Code and Clinical Criteria

Code 290

For patients with urinary frequency, urgency or urge incontinence who have:
Failed to respond to behavioral techniques AND an adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects.

NOTE: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

Antimuscarinic agents should be used with caution in the elderly due to potentially serious adverse effects (e.g. confusion, psychosis, acute urinary retention, constipation). Antimuscarinic agents should be avoided in older adults with pre-existing cognitive impairment (e.g. dementia) and those who are already using other drugs with significant anticholinergic effects (e.g. tricyclic antidepressants) in order to avoid a high overall anticholinergic drug burden.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09857518	Apo-Travoprost Z	0.004%	Oph Sol-2.5mL Pk	APX	10.0660

(Interchangeable with Travatan Z)

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
02347091	Sandoz Valacyclovir	500mg	Tab	SDZ	0.8481

(Interchangeable with Valtrex)

Reason For Use Code and Clinical Criteria

Code 159
Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 Tablets.

LU Authorization Period: 1 year.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02439573	Mint-Rizatriptan ODT	5mg	Orally Disintegrating Tab	MIN	11.1150
02439581	Mint-Rizatriptan ODT	10mg	Orally Disintegrating Tab	MIN	11.1150

(Interchangeable with Maxalt RPD)

Status Change from Not-A-Benefit to Limited Use Drugs

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02405040	Auro-Valacyclovir	500mg	Tab	AUR	0.8481
02351579	Mylan-Valacyclovir	500mg	Tab	MYL	0.8481
02298457	PMS-Valacyclovir	500mg	Tab	PMS	0.8481

(Interchangeable with Valtrex)

Reason For Use Code and Clinical Criteria

Code 159
Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 Tablets.

LU Authorization Period: 1 year.

Removal of Discontinued Drug Notation

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02295822	Apo-Valacyclovir	500mg	Tab	APX	0.8481

(Interchangeable with Valtrex)

Reason For Use Code and Clinical Criteria

Code 159
Herpes zoster in patients 50 years of age or older, up to 72 hours* after appearance of lesions. Dose: 1 gram 3 times/day for 7 days.

*The patient must begin treatment within the time frame specified for the product to be reimbursed. There is no benefit from the therapy begun after this time frame.

NETWORK NOTE: Network will limit supply to 7 days and 42 Tablets.

LU Authorization Period: 1 year.

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00445274	Apo-Sulfatrim	400mg & 80mg	Tab	APX	0.1077
00445282	Apo-Sulfatrim-DS	800mg & 160mg	Tab	APX	0.1471
00337757	Novo-Cloxin	25mg/mL	O/L	NOP	0.0606
00337765	Novo-Cloxin	250mg	Cap	NOP	0.2379
00337773	Novo-Cloxin	500mg	Cap	NOP	0.4494
00342106	Novo-Lexin	25mg/mL	Pd for Oral Susp	NOP	0.2193
00342092	Novo-Lexin	50mg/mL	Pd for Oral Susp	NOP	0.3675
00342084	Novo-Lexin	250mg	Cap	NOP	0.3703
00342114	Novo-Lexin	500mg	Cap	NOP	0.7252
00726540	Novo-Trimel	40mg & 8mg/mL	O/L	NOP	0.1026
00510637	Novo-Trimel	400mg & 80mg	Tab	NOP	0.1077
00510645	Novo-Trimel DS	800mg & 160mg	Tab	NOP	0.1471
02322498	PMS-Testosterone	40mg	Cap	PMS	0.4700
00012750	Matulane	50mg	Cap	SIG	56.7958

OFI Product Price Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02354705	Apo-Valacyclovir	1000mg	Tab	APX	5.8537
02381230	PMS-Valacyclovir	1000mg	Tab	PMS	5.8537

Product Manufacturer Name Change

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
02213192	Eltroxin	0.05mg	Tab	TRT	ASN
02213206	Eltroxin	0.1mg	Tab	TRT	ASN
02213214	Eltroxin	0.15mg	Tab	TRT	ASN
02213222	Eltroxin	0.2mg	Tab	TRT	ASN
02131064	Lioresal Intrathecal	2mg/mL	Inj Sol-5mL Pk (Preservative-Free)	GEI	NOV
02240000	Trelstar (1 Month)	3.75mg/Vial	Inj Pd-Vial Pk	PAL	ASC
09857199	Trelstar (1 Month)	3.75mg/Vial	Inj Pd with Sterile Water-Vial Pk	PAL	ASC
02243856	Trelstar LA (3 Month)	11.25mg/Vial	Inj Pd-Vial Pk	PAL	ASC
09857200	Trelstar LA (3 Month)	11.25mg/Vial	Inj Pd with Sterile Water-Vial Pk	PAL	ASC

Change to Limited Use Note

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02378604	Xarelto	15mg	Tab	BAH
02378612	Xarelto	20mg	Tab	BAH

Change to Limited Use Note
(Addition of text underlined)

NOTE:

- The recommended dose of rivaroxaban for patients initiating DVT or PE treatment is 15 mg twice daily for 3 weeks, followed by 20 mg once daily.
- ODB Program coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
- For clarity, coverage will not be provided for patients who have already received 6 months of treatment with apixaban for the same DVT or PE.
- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Addition of New Reason for Use Code and Limited Use Note

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857463	Eliquis	2.5mg	Tab	BQU
02397714	Eliquis	5mg	Tab	BQU

New Reason For Use Code and Clinical Criteria in Addition to the Existing Code (448)

Code 444
For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE) for up to six (6) months.

LU Authorization Period: 6 Months.

New Limited Use Note

NOTE:

- The recommended dose of apixaban for patients initiating DVT or PE treatment is 10 mg twice daily for 7 days, followed by 5 mg twice daily.
- ODB Program coverage for apixaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, apixaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
- For clarity, coverage will not be provided for patients who have already received 6 months of treatment with rivaroxaban for the same DVT or PE.
- Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02039486	Apo-Diflunisal	250mg	Tab	APX
02039494	Apo-Diflunisal	500mg	Tab	APX
00259527	Catapres	0.1mg	Tab	BOE
02130297	Haloperidol LA	50mg/mL Oily	Inj Sol-5mL Pk	SDZ
02130300	Haloperidol LA	100mg/mL Oily	Inj Sol-1mL Pk	SDZ
02347997	Letrozole	2.5mg	Tab	TEV
02297744	Mylan-Lisinopril HCTZ	20mg & 12.5mg	Tab	MYL
02314282	Novo-Alfuzosin PR	10mg	Prolong-Rel Tab	NOP
02093162	Novo-Clobetasol	0.05%	Cr	NOP
02289091	Novo-Fenofibrate-S	160mg	Tab	NOP
02306018	Novo-Rivastigmine	4.5mg	Cap	NOP
02211920	Novo-Veramil SR	240mg	LA Tab	NOP
02265273	Novo-Warfarin	1mg	Tab	NOP
02265281	Novo-Warfarin	2mg	Tab	NOP
02265303	Novo-Warfarin	2.5mg	Tab	NOP
02265311	Novo-Warfarin	3mg	Tab	NOP
02265338	Novo-Warfarin	4mg	Tab	NOP
02265346	Novo-Warfarin	5mg	Tab	NOP
02231529	Ofloxacin Tablets	200mg	Tab	AAP
02231531	Ofloxacin Tablets	300mg	Tab	AAP
02231532	Ofloxacin Tablets	400mg	Tab	AAP
02078651	Ratio-Acyclovir	800mg	Tab	RPH
02247818	Ratio-Clarithromycin	250mg	Tab	RPH
02103737	Ratio-Clonazepam	2mg	Tab	RPH
02241374	Ratio-Fluoxetine	20mg	Cap	RPH
02243353	Ratio-Lamotrigine	100mg	Tab	RPH
02246963	Ratio-Lamotrigine	150mg	Tab	RPH
02247811	Ratio-Paroxetine	20mg	Tab	RPH
02247812	Ratio-Paroxetine	30mg	Tab	RPH

Discontinued Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02239366	Ratio-Salbutamol	2mg/mL	Inh Sol- 2.5mL Pk	RPH
01986864	Ratio-Salbutamol Respirator Sol P.F.	1mg/mL	Inh Sol- 2.5mL Pk	RPH
02218941	Ratio-Terazosin	1mg	Tab	RPH
02218968	Ratio-Terazosin	2mg	Tab	RPH
02218976	Ratio-Terazosin	5mg	Tab	RPH
02218984	Ratio-Terazosin	10mg	Tab	RPH
02231731	Sandoz Atenolol	50mg	Tab	SDZ
02231733	Sandoz Atenolol	100mg	Tab	SDZ
02247054	Sandoz Fluvoxamine	50mg	Tab	SDZ
02241716	Sandoz Levobunolol	0.5%	Oph Sol	SDZ
02247056	Sandoz Lovastatin	20mg	Tab	SDZ
02269449	Sandoz Paroxetine	30mg	Tab	SDZ
02247858	Sandoz Pravastatin	40mg	Tab	SDZ
02295121	Sandoz Tamsulosin	0.4mg	Cap	SDZ
02239714	Sandoz Valproic	250mg	Cap	SDZ
02313049	Teva-Anastrozole	1mg	Tab	TEV
02377950	Teva-Galantamine ER	8mg	ER Cap	TEV
02377969	Teva-Galantamine ER	16mg	ER Cap	TEV
02377977	Teva-Galantamine ER	24mg	ER Cap	TEV
02315971	Teva-Irbesartan	75mg	Tab	TEV
02315998	Teva-Irbesartan	150mg	Tab	TEV
02316005	Teva-Irbesartan	300mg	Tab	TEV
02316013	Teva-Irbesartan/HCTZ	150mg & 12.5mg	Tab	TEV
02316021	Teva-Irbesartan/HCTZ	300mg & 12.5mg	Tab	TEV
02316048	Teva-Irbesartan/HCTZ	300mg & 25mg	Tab	TEV

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00291889*	Catapres	0.2mg	Tab	BOE
01981242	Desferal	500mg/Vial	Inj Pd-500mg Vial Pk	NOV
00015547*	Keflex	25mg/mL	Pd for Oral Susp	PHE
00035645*	Keflex	50mg/mL	Pd for Oral Susp	PHE
00403628*	Keflex	250mg	Tab	PHE
00244392*	Keflex	500mg	Tab	PHE
02417626	Methotrexate Injection, USP	25mg/mL	Inj Sol-2mL Single Dose Vial (Preservative-Free)	MYL
02182955	Methotrexate Injection USP	25mg/mL	Inj Sol-2mL Single Dose Vial (Preservative-Free)	HOS
02248138	Novo-Clavamoxin 875	875mg & 125mg	Tab	NOP
02242055	PMS-Deferoxamine	500mg/Vial	Inj Pd-500mg Vial Pk	PMS
02246596	PMS-Norfloxacin	400mg	Tab	PMS
00789747	Prochlorperazine Mesylate	10mg/2mL	Inj Sol-2mL Pk	SDZ
02277700	Ratio-Bicalutamide	50mg	Tab	RPH
01900927	Ratio-Glyburide	2.5mg	Tab	RPH
01900935	Ratio-Glyburide	5mg	Tab	RPH
02278529	Ratio-Ondansetron	4mg	Tab	RPH
02278537	Ratio-Ondansetron	8mg	Tab	RPH
02241715	Sandoz Levobunolol	0.25%	Oph Sol	SDZ
01927779	Stemetil	10mg/2mL	Inj Sol-2mL Pk	SAV

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

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