

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – December 2015

Effective December 22, 2015

Drug Program Services Branch/Ontario Public Drug Programs Division

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
02432463	Lodalis Pd for Oral Susp 3.75g/Pk	COLESEVELAM HYDROCHLORIDE	VAL	6.6923

Therapeutic Note:

Lodalis is indicated for the reduction of cholesterol blood level in patients with hypercholesterolemia (Frederickson Type IIa) as an adjunct to diet and lifestyle changes, when the response to these measures has been inadequate, in patients:

- who are not adequately controlled with an HMG-CoA reductase inhibitor (statin) alone, or
- who are unable to tolerate a statin.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429705	Mint-Citalopram	20mg	Tab	MIN	0.2397
02429713	Mint-Citalopram	40mg	Tab	MIN	0.2397

(Interchangeable with Celexa)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443929	Jamp-Moxifloxacin	400mg	Tab	JPC	1.5230

(Interchangeable with Avelox)

Reason For Use Code and Clinical Criteria

For the treatment of patients with:

Code 337

CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.

LU Authorization Period: 1 year.

Code 338

COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis.

*Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.

LU Authorization Period: 1 year.

Code 339

Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.

LU Authorization Period: 1 year.

Code 977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02404184	Mylan-Tolterodine ER	2mg	SR Cap	MYL	1.4733
02404192	Mylan-Tolterodine ER	4mg	SR Cap	MYL	1.4733

(Interchangeable with Detrol LA)

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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02441454	Jamp-Valacyclovir	500mg	Tab	JPC	0.8481
02441586	Mar-Valacyclovir	500mg	Tab	MAR	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
02404656	Act Moxifloxacin	0.5%	Oph Sol-3mL Pk (Preservative-Free)	ACV	11.2700
02411520	Sandoz Moxifloxacin	0.5%	Oph Sol-3mL Pk (Preservative-Free)	SDZ	11.2700

(Interchangeable with Vigamox)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421933	Apo-Tadalafil PAH	20mg	Tab	APX	11.4725

(Interchangeable with Adcirca)

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

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02331748	Co Valacyclovir	500mg	Tab	COB	0.8481
02357534	Novo-Valacyclovir	500mg	Tab	TEV	0.8481

(Interchangeable with Valtex)

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
00000809	Isopto Tears	0.5%	Oph-Sol	ALC	0.5147
00000817	Isopto Tears	1%	Oph-Sol	ALC	0.5147
00390291	Tears Naturale	0.1%/0.3%	Oph-Sol	ALC	0.4220
00743445	Tears Naturale II	0.1%/0.3%/0.001%	Oph-Sol	ALC	0.4220
00642886	Apo-Piroxicam	10mg	Cap	APX	0.4426
00642894	Apo-Piroxicam	20mg	Cap	APX	0.7422
02283395	Somatuline Autogel	60mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1278.7100
02283409	Somatuline Autogel	90mg/0.3mL	ER Pref Syr-0.3mL Pk	IPS	1705.7200
02283417	Somatuline Autogel	120mg/0.5mL	ER Pref Syr-0.5mL Pk	IPS	2135.0500
00695718	Novo-Pirocam	10mg	Cap	NOP	0.4426
00695696	Novo-Pirocam	20mg	Cap	NOP	0.7422
02239156	Polysporin	10000U & 0.025mg/mL	Oph/Ot Sol	PFI	0.6967

OFI Product Price Change

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02417308	Jamp Olanzapine FC	20mg	Tab	JPC	10.3093

Product Brand Name Change

DIN	CURRENT BRAND NAME	NEW BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02357534	Novo-Valacyclovir	Teva-Valacyclovir	500mg	Tab	TEV

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02414589	Abbott-Citalopram	20mg	Tab	ABB
02414597	Abbott-Citalopram	40mg	Tab	ABB
02412942	Abbott-Clopidogrel	75mg	Tab	ABB
02306239	Citalopram-Odan	20mg	Tab	ODN
02306247	Citalopram-Odan	40mg	Tab	ODN

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02414805	Abbott-Levetiracetam	250mg	Tab	ABB
02414791	Abbott-Levetiracetam	500mg	Tab	ABB
02414783	Abbott-Levetiracetam	750mg	Tab	ABB
02414538	Abbott-Olanzapine ODT	5mg	Rapid Dissolve Tab	ABB
02414546	Abbott-Olanzapine ODT	10mg	Rapid Dissolve Tab	ABB
02414554	Abbott-Olanzapine ODT	15mg	Rapid Dissolve Tab	ABB
02412969	Abbott-Pantoprazole	40mg	Ent Tab	ABB
02412977	Abbott-Quetiapine	25mg	Tab	ABB
02412985	Abbott-Quetiapine	100mg	Tab	ABB
02412993	Abbott-Quetiapine	200mg	Tab	ABB
02413000	Abbott-Quetiapine	300mg	Tab	ABB
02422638	Abbott-Rabeprazole	10mg	Tab	ABB
02422646	Abbott-Rabeprazole	20mg	Tab	ABB
02414600	Abbott-Topiramate	25mg	Tab	ABB
02414619	Abbott-Topiramate	100mg	Tab	ABB
02414627	Abbott-Topiramate	200mg	Tab	ABB
00637726*	Euflex	250mg	Tab	SCH
02049341	Indapamide	2.5mg	Tab	SEV
02227339	Indapamide Hemihydrate	1.25mg	Tab	SEV
00029416	Mycostatin	500000U	Tab	BQU
02239744	Mylan-Ticlopidine	250mg	Tab	MYL
02252112	Ratio-Citalopram	20mg	Tab	RPH
02252120	Ratio-Citalopram	40mg	Tab	RPH
02194198	Ratio-Nystatin	500000U	Tab	RPH
02256827	Ratio-Topiramate	25mg	Tab	RPH
02256835	Ratio-Topiramate	100mg	Tab	RPH
02256843	Ratio-Topiramate	200mg	Tab	RPH
02230089	Teva-Flutamide	250mg	Tab	TEV

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

