Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – June 2016

Effective June 29, 2016

Drug Programs Policy and Strategy Branch

Ontario Public Drug Programs

Ministry of Health and Long-Term Care

Ontario

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New Single Source Products

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02426501	Prezcobix 800mg & 150mg Tab	DARUNAVIR & COBICISTAT	JAN	23.8672

Therapeutic Note:

For treatment of human immunodeficiency virus (HIV) infection in treatment-naïve and treatment-experienced patients without darunavir (DRV) resistance-associated mutations (RAMS).

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

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02410702	Zaxine 550mg Tab	RIFAXIMIN	SAL	7.6800

Reason For Use Code and Clinical Criteria

Code 475
For reducing the risk of overt hepatic encephalopathy (HE) recurrence (i.e., 2 or more episodes) in patients who are unable to achieve adequate control of HE recurrence with maximal tolerated dose of lactulose alone. Rifaximin should be used in combination with a maximal tolerated dose of lactulose. For patients not maintained on lactulose, the nature of the patient's intolerance to lactulose should be documented.

LU Authorization Period: Indefinite.

New Single Source Products (Cont'd...)

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02365154	TOBI Podhaler 28mg Inh Pd-Cap	TOBRAMYCIN	NOV	14.0534

Reason For Use Code and Clinical Criteria

Code 472
For the management of cystic fibrosis patients with chronic pulmonary *Pseudomonas aeruginosa* (*P. aeruginosa*) infections.

Tobramycin is administered in alternating periods of 28 days. After 28 days of therapy, patients should stop therapy for the next 28 days, and then resume therapy for the next 28 day on / 28 day off cycle.

LU Authorization Period: Indefinite.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02431645	Calcitriol-Odan	0.5mcg	Cap	ODN	1.1069

(Interchangeable with Rocaltrol)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02438747	Van-Citalopram	20mg	Tab	VAN	0.2397
02438755	Van-Citalopram	40mg	Tab	VAN	0.2397

(Interchangeable with Celexa)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02440423	Apo-Duloxetine	30mg	DR Cap	APX	0.4814
02436647	Auro-Duloxetine	30mg	DR Cap	AUR	0.4814
02438984	Mint-Duloxetine	30mg	DR Cap	MIN	0.4814
02429446	PMS-Duloxetine	30mg	DR Cap	PMS	0.4814
02438259	Ran-Duloxetine	30mg	DR Cap	RAN	0.4814
02439948	Sandoz Duloxetine	30mg	DR Cap	SDZ	0.4814
02437082	Duloxetine DR	30mg	DR Cap	TEV	0.4814

(Interchangeable with Cymbalta)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02440431	Apo-Duloxetine	60mg	DR Cap	APX	0.9769
02436655	Auro-Duloxetine	60mg	DR Cap	AUR	0.9769
02438992	Mint-Duloxetine	60mg	DR Cap	MIN	0.9769
02429454	PMS-Duloxetine	60mg	DR Cap	PMS	0.9769
02438267	Ran-Duloxetine	60mg	DR Cap	RAN	0.9769
02439956	Sandoz Duloxetine	60mg	DR Cap	SDZ	0.9769
02437090	Duloxetine DR	60mg	DR Cap	TEV	0.9769

(Interchangeable with Cymbalta)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02433680	Van-Mycophenolate	250mg	Cap	VAN	0.5155
02432625	Van-Mycophenolate	500mg	Tab	VAN	1.0310

(Interchangeable with CellCept)

Reason For Use Code and Clinical Criteria

Code 190
For the prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02448440	Van-Ondansetron	4mg	Tab	VAN	3.3495
02448467	Van-Ondansetron	8mg	Tab	VAN	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 Multi-Source Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428164	Van-Pantoprazole (Interchangeable with Pantoloc)	40mg	Ent Tab	VAN	0.3628

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 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.

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...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02446375	Auro-Solifenacin	5mg	Tab	AUR	0.4223
02446383	Auro-Solifenacin	10mg	Tab	AUR	0.4223

(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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426900	Ursodiol Tablets USP	250mg	Tab	GLP	0.7636

(Interchangeable with Urso)

Reason For Use Code and Clinical Criteria

Code 273
For the treatment of primary biliary cirrhosis.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426919	Ursodiol Tablets USP	500mg	Tab	GLP	1.4483
	(Interchangeable with Urso DS)				

Reason For Use Code and Clinical Criteria

Code 273
For the treatment of primary biliary cirrhosis.

LU Authorization Period: Indefinite.

Code 386
For the treatment of primary sclerosing cholangitis.

LU Authorization Period: Indefinite.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02399334	Calcitriol Injection USP	1mcg/mL	Inj Sol Amp-1mL Pk	STE	9.5132
02399342	Calcitriol Injection USP	2mcg/mL	Inj Sol Amp-1mL Pk	STE	17.2550

(Interchangeable with Calcijex)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02453363	Apo-Cetirizine	20mg	Tab	APX	0.7535

(Interchangeable with Reactine)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02362619	Piperacillin and Tazobactam for Injection	2g & 250mg	Inj Pd-Vial Pk	STE	10.1300
02362627	Piperacillin and Tazobactam for Injection	3g & 375mg	Inj Pd-Vial Pk	STE	15.2000
02362635	Piperacillin and Tazobactam for Injection	4g & 500mg	Inj Pd-Vial Pk	STE	20.2700

(Interchangeable with Tazocin)

New Off-Formulary Interchangeable (OFI) Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02448505	Van-Rizatriptan ODT	10mg	Orally Disintegrating Tab	VAN	11.1150

(Interchangeable with Maxalt RPD)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02450437	Taro-Tramadol ER	200mg	ER Tab	TAR	1.8915
02450445	Taro-Tramadol ER	300mg	ER Tab	TAR	2.7485

(Interchangeable with Tridural)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02438763	Van-Zolmitriptan ODT	2.5mg	Orally Disintegrating Tab	VAN	6.8633

(Interchangeable with Zomig Rapimelt)

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02238560	Apo-Flutamide	250mg	Tab	APX	1.8255
02230431	Metonia	5mg	Tab	PEN	0.0622
02230432	Metonia	10mg	Tab	PEN	0.0659
02273497	PMS-Ursodiol C	250mg	Tab	PMS	0.7636
02273500	PMS-Ursodiol C	500mg	Tab	PMS	1.4483
02439603	Vyvanse	10mg	Cap	SHI	2.1839
02387751	Latuda	40mg	Tab	SUO	4.2500
02387778	Latuda	80mg	Tab	SUO	4.2500
02387786	Latuda	120mg	Tab	SUO	4.2500

Addition of Therapeutic Note

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02239630	TOBI	300mg/5mL	Inh Sol-5mL Pk	NOV
02443368	Tobramycin Inhalation Solution	300mg/5mL	Inh Sol-5mL Pk	SDZ
02389622	Teva-Tobramycin	300mg/5mL	Inh Sol-5mL Pk	TEV

Therapeutic Note:
For the management of cystic fibrosis patients with chronic pulmonary *Pseudomonas aeruginosa* (*P. aeruginosa*) infections.

Tobramycin is administered in alternating periods of 28 days. After 28 days of therapy, patients should stop therapy for the next 28 days, and then resume therapy for the next 28 day on / 28 day off cycle.

Discontinued Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02248128	Axert*	6.25mg	Tab	JNO
02248129	Axert*	12.5mg	Tab	JNO
00030732	Lincocin**	600mg/2mL	Inj Sol-2mL Pk	UPJ

*Off-Formulary Interchangeable Product
**Exceptional Access Program Product

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02040786	Apo-Clomipramine	10mg	Tab	APX
02040778	Apo-Clomipramine	25mg	Tab	APX
02040751	Apo-Clomipramine	50mg	Tab	APX
02244814	Co Temazepam	15mg	Cap	COB
02244815	Co Temazepam	30mg	Cap	COB
02241882	Mylan-Carbamazepine CR	200mg	LA Tab	MYL
02297744	Mylan-Lisinopril HCTZ	20mg & 12.5mg	Tab	MYL
02371154	Mylan-Mycophenolate	250mg	Cap	MYL
02370549	Mylan-Mycophenolate	500mg	Tab	MYL
02408651	Myl-Pregabalin	25mg	Cap	MYL
02408678	Myl-Pregabalin	50mg	Cap	MYL
02408686	Myl-Pregabalin	75mg	Cap	MYL
02408694	Myl-Pregabalin	150mg	Cap	MYL
02408708	Myl-Pregabalin	300mg	Cap	MYL
02289091	Novo-Fenofibrate-S	160mg	Tab	NOP
01926667	Piportil L4	25mg/mL	Inj Sol-1mL Pk	SAV
00990507	Piportil L4	50mg/mL	Inj Sol-1mL Pk	SAV
01926675	Piportil L4	100mg/2mL	Inj Sol-2mL Pk	SAV
02239714	Sandoz Valproic	250mg	Cap	SDZ


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