

# Ontario Drug Benefit Formulary/Comparative Drug Index

**Edition 42**

**Summary of Changes – July 2016**

Effective July 28, 2016

Drug Programs Policy and Strategy Branch

Ontario Public Drug Programs

Ministry of Health and Long-Term Care

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# New Single Source Product

<b>DIN/PIN</b>	<b>PRODUCT NAME,STRENGTH &amp; DOSAGE FORM</b>	<b>GENERIC NAME</b>	<b>MFR</b>	<b>DBP</b>
02439611	Humalog 200 units/mL KwikPen 200U/mL Inj Sol-Pref Pen 5x3mL Pk	INSULIN LISPRO	LIL	102.8800

## **Therapeutic Note:**

Note: For the treatment of patients with Type 1 diabetes mellitus.

For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day or an insulin pump.

For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on less intensive regimen of regular insulin (1-2 injections per day).

# 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>
02331284	Amlodipine	5mg	Tab	SAI	0.2417
02331292	Amlodipine	10mg	Tab	SAI	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>
02439654	Act Bupropion XL	150mg	ER Tab	ACV	0.2926
02439662	Act Bupropion XL	300mg	ER Tab	ACV	0.5853

(Interchangeable with Wellbutrin XL)

## Reason For Use Code and Clinical Criteria

### Code 315

For the treatment of depression.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02445670	Auro-Celecoxib	100mg	Cap	AUR	0.1776
02445689	Auro-Celecoxib	200mg	Cap	AUR	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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02451913	Jamp-Duloxetine	30mg	DR Cap	JPC	0.4814
02451921	Jamp-Duloxetine	60mg	DR Cap	JPC	0.9769

(Interchangeable with Cymbalta)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02452359	Nat-Granisetron	1mg	Tab	NAT	9.0000

(Interchangeable with Kytril)

### Reason For Use Code and Clinical Criteria

#### Code 91

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

LU Authorization Period: 1 year.

#### Code 92

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 93

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

LU Authorization Period: 1 year.

#### Code 326

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 GRANISETRON HCL 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
02353547	Sertraline (Interchangeable with Zoloft)	100mg	Cap	SAI	0.4458

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428911	Med-Solifenacin	5mg	Tab	GMP	0.4223
02428938	Med-Solifenacin (Interchangeable with Vesicare)	10mg	Tab	GMP	0.4223

### 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 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>
02447851	Buspirone	10mg	Tab	SAI	0.6521
(Interchangeable with Buspar)					

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02418436	Teva-Rasagiline	0.5mg	Tab	TEV	6.1285
02418444	Teva-Rasagiline	1mg	Tab	TEV	6.1285
(Interchangeable with Azilect)					



## Status Change from Off-Formulary Interchangeable Products to Limited Use

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02274183	Act Levetiracetam	250mg	Tab	ACV	0.4459
02274191	Act Levetiracetam	500mg	Tab	ACV	0.5432
02274205	Act Levetiracetam	750mg	Tab	ACV	0.7523
02285924	Apo-Levetiracetam	250mg	Tab	APX	0.4459
02285932	Apo-Levetiracetam	500mg	Tab	APX	0.5432
02285940	Apo-Levetiracetam	750mg	Tab	APX	0.7523
02375249	Auro-Levetiracetam	250mg	Tab	AUR	0.4459
02375257	Auro-Levetiracetam	500mg	Tab	AUR	0.5432
02375265	Auro-Levetiracetam	750mg	Tab	AUR	0.7523
02403005	Jamp-Levetiracetam	250mg	Tab	JPC	0.4459
02403021	Jamp-Levetiracetam	500mg	Tab	JPC	0.5432
02403048	Jamp-Levetiracetam	750mg	Tab	JPC	0.7523
02440202	Nat-Levetiracetam	250mg	Tab	NAT	0.4459
02440210	Nat-Levetiracetam	500mg	Tab	NAT	0.5432
02440229	Nat-Levetiracetam	750mg	Tab	NAT	0.7523
02396106	Ran-Levetiracetam	250mg	Tab	RAN	0.4459
02396114	Ran-Levetiracetam	500mg	Tab	RAN	0.5432
02396122	Ran-Levetiracetam	750mg	Tab	RAN	0.7523
02247027	Keppra	250mg	Tab	UCB	1.7836
02247028	Keppra	500mg	Tab	UCB	2.1725
02247029	Keppra	750mg	Tab	UCB	3.0089

### Reason For Use Code and Clinical Criteria

#### Code 473

As adjunctive therapy in the management of patients with epilepsy who are not satisfactorily controlled by at least 2 other General Benefit anticonvulsant therapies (e.g., phenytoin, carbamazepine, gabapentin, lamotrigine, topiramate, etc.); AND patients are under the care of a physician experienced in the treatment of epilepsy.

LU Authorization Period: Indefinite.

## Off-Formulary Interchangeable Products Delisted

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02399776	Levetiracetam Tablets	250mg	Tab	ACH
02399784	Levetiracetam Tablets	500mg	Tab	ACH
02399792	Levetiracetam Tablets	750mg	Tab	ACH
02296101	PMS-Levetiracetam	250mg	Tab	PMS
02296128	PMS-Levetiracetam	500mg	Tab	PMS
02296136	PMS-Levetiracetam	750mg	Tab	PMS

## 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>
02308894	Granisetron	1mg	Tab	AAP	9.0000
02237701	Apo-Ticlopidine	250mg	Tab	APX	1.0679
00481823	Rocaltrol	0.25mcg	Cap	HLR	0.6960
00481815	Rocaltrol	0.5mcg	Cap	HLR	1.1069
02382075	Mylan-Bupropion XL	150mg	ER Tab	MYL	0.2926
02382083	Mylan-Bupropion XL	300mg	ER Tab	MYL	0.5853

## OFI Product Price Changes

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>UNIT COST</b>
02452693	Apo-Cinacalcet	30mg	Tab	APX	10.1947
02452707	Apo-Cinacalcet	60mg	Tab	APX	18.5900
02452715	Apo-Cinacalcet	90mg	Tab	APX	27.0517

## Product Manufacturer Name Changes

<b>DIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>CURRENT MFR</b>	<b>NEW MFR</b>
02247027	Keppra	250mg	Tab	VLH	UCB
02247028	Keppra	500mg	Tab	VLH	UCB
02247029	Keppra	750mg	Tab	VLH	UCB

# Product Brand and Manufacturer Name Changes

<b>DIN/PIN</b>	<b>CURRENT BRAND NAME</b>	<b>CURRENT MFR</b>	<b>NEW BRAND NAME</b>	<b>NEW MFR</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>
02274183	Co Levetiracetam	COB	Act Levetiracetam	ACV	250mg	Tab
02274191	Co Levetiracetam	COB	Act Levetiracetam	ACV	500mg	Tab
02274205	Co Levetiracetam	COB	Act Levetiracetam	ACV	750mg	Tab

# Discontinued Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02370816*	Victrelis	200mg	Cap	MEK
02227444	Mylan-Cimetidine	300mg	Tab	MYL
02300222	Novo-Enalapril/HCTZ	5mg & 12.5mg	Tab	NOP
02300230	Novo-Enalapril/HCTZ	10mg & 25mg	Tab	NOP
02324199	Novo-Etidronatecal	400mg/500mg	Tab-90 Tablets Kit	NOP

\*Exceptional Access Program Product

# Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02150956	Dovonex	50mcg/g	Cr	LEO
02236848	Teva-Ticlopidine	250mg	Tab	TEV



