

# **Ontario Drug Benefit Formulary/Comparative Drug Index**

**Edition 42**

**Summary of Changes – August 2016**

Effective August 30, 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 Products

<b>DIN/PIN</b>	<b>PRODUCT NAME,STRENGTH &amp; DOSAGE FORM</b>	<b>GENERIC NAME</b>	<b>MFR</b>	<b>DBP</b>
02444186	Breo Ellipta 200mcg & 25mcg Blister Pd Inh-30 Dose Pk	FLUTICASONE FUROATE & VILANTEROL	GSK	128.7400

## Reason For Use Code and Clinical Criteria

### Code 330

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

LU Authorization Period: Indefinite.

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

DIN/PIN	PRODUCT NAME,STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02438070	Cosentyx 150mg/mL Inj-Sol Pref Syr	SECUKINUMAB	NOV	822.5000
09857548	Cosentyx 150mg/mL Inj-Sol Pref Pen	SECUKINUMAB	NOV	822.5000

### Reason For Use Code and Clinical Criteria

#### Code 476

For the treatment of severe (see Note 1 below) plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies (see Note 2 below).

Claims for the first 6 months must be written by a dermatologist. Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required. Patients not responding adequately at 12 weeks should have treatment discontinued.

Approvals will only allow for standard dosing for Cosentyx 300 mg subcutaneously at weeks 0, 1, 2, and 3, and then monthly starting at week 4. If the patient has not responded adequately after 12 weeks of treatment at the Health Canada approved dose, higher doses are not recommended and the physician should consider switching to an alternative biologic agent.

Note 1: Definition of severe plaque psoriasis:

Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

Dermatology Life Quality Index (DLQI) score of at least 10.

Note 2: Definition of failure, intolerance or contraindication to adequate trials of standard therapies:

6 month trial of at least 3 topical agents including vitamin D analogues and steroids, AND

12 week trial of phototherapy (unless not accessible), AND

6 month trial of at least 2 systemic, oral agents used alone or in combination

- Methotrexate 15-30mg per week
- Acitretin (could have been used with phototherapy)
- Cyclosporine

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

At least a 50% reduction in PASI, AND

At least a 50% reduction in BSA involvement, AND

At least a 5 point reduction in DLQI score

LU Authorization Period: 1 year.

# New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02453312	Jamp-Bezafibrate SR	400mg	SR Tab	JPC	1.7460

(Interchangeable with Bezalip)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02446081	Mar-Duloxetine	30mg	DR Cap	MAR	0.4814
02446103	Mar-Duloxetine	60mg	DR Cap	MAR	0.9769

(Interchangeable with Cymbalta)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02353520	Sertraline	25mg	Cap	SAI	0.2038

(Interchangeable with Zoloft)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443171	Mint-Solifenacin	5mg	Tab	MIN	0.4223
02443198	Mint-Solifenacin	10mg	Tab	MIN	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.

## New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02437635	Apo-Triamcinolone AQ	55mcg/Metered Dose	Nas Sp-120 Dose Pk	APX	20.8080

(Interchangeable with Nasacort AQ)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02451778	Jamp-Cetirizine	10mg	Tab	JPC	0.4083

(Interchangeable with Reactine)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02434539	Mylan-Cinacalcet	30mg	Tab	MYL	10.1947

(Interchangeable with Sensipar)

# New Diabetic Testing Agent

PIN	BRAND NAME	DOSAGE FORM	MFR	UNIT COST
09857547	Spirit Blood Glucose Test Strip	Strip	ARA	0.6912

# Addition of New Reason for Use Code

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02408872	Breo Ellipta	100mcg & 25mcg	Blister Pd Inh-30 Dose Pk	GSK

## New Reason For Use Code in addition to the existing Code (456)

### **Code 330**

For the treatment of asthma in patients who are using optimum anti-inflammatory treatment and are still experiencing breakthrough symptoms.

LU Authorization Period: Indefinite.



# Addition of Therapeutic Notes

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02435381	Spiriva Respimat	2.5mcg/Actuation	Inh Sol-60 Actuation Pk	BOE

## **Therapeutic Note:**

Each actuation of Spiriva Respimat contains 2.5mcg of tiotropium, supplied as tiotropium bromide monohydrate.

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02441888	Inspiolto Respimat	2.5mcg & 2.5mcg/Actuation	Inh Sol-60 Actuation Pk	BOE

## **Therapeutic Note:**

Each actuation of Inspiolto Respimat contains 2.5mcg of tiotropium, supplied as tiotropium bromide monohydrate, and 2.5mcg of olodaterol, supplied as olodaterol hydrochloride.

# Change to Therapeutic Note

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02439611	Humalog 200 units/mL KwikPen	200U/mL	Inj Sol-Pref Pen 5x3mL Pk	LIL

## **Updated 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.

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).

# 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>
02408872	Breo Ellipta	100mcg & 25mcg	Blister Pd Inh-30 Dose Pk	GSK	82.2000
00868981	Suprax	400mg	Tab	SAV	2.7172

# Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
09857178	Accu-Chek Aviva		Strip	ROD	RCH
09854282	Accu-Chek Compact		Strip	ROD	RCH
09857452	Accu-Chek Mobile		Strip	ROD	RCH
02410303	Movisse	0.35mg	Tab-28 Pk	FAM	MYL

# Product Dosage Form Change

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>CURRENT DOSAGE FORM</b>	<b>NEW DOSAGE FORM</b>
02260565*	Xolair	150mg	Inj Pd-5mL Vial Pk	Inj Pd-6mL Vial Pk

\*Exceptional Access Program product

# Discontinued Product

(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>
00782327	Andriol	40mg	Cap	ORG

## Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
09857347	Nutramigen A+	0.68kcal/mL	Liq-945mL Pk	MJN
02246542	Novo-Lovastatin	20mg	Tab	NOP
02246543	Novo-Lovastatin	40mg	Tab	NOP
02242657	Ratio-Cefuroxime	500mg	Tab	RPH
02311283	Ratio-Rivastigmine	1.5mg	Cap	RPH
02311291	Ratio-Rivastigmine	3mg	Cap	RPH
02311305	Ratio-Rivastigmine	4.5mg	Cap	RPH
02311313	Ratio-Rivastigmine	6mg	Cap	RPH

