

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – December 2016

Effective December 22, 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

DIN/PIN	PRODUCT NAME,STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02441489	Grastofil 300mcg/0.5mL Pref Syr-0.5mL Pk	FILGRASTIM	APX	144.3135
02454548	Grastofil 480mcg/0.8mL Pref Syr-0.8mL Pk	FILGRASTIM	APX	230.9017

DIN/PIN	PRODUCT NAME,STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02416786	Janumet XR 500mg & 50mg ER Tab	METFORMIN & SITAGLIPTIN*	MEK	1.6159
02416808	Janumet XR 1000mg & 100mg ER Tab	METFORMIN & SITAGLIPTIN*	MEK	1.6159

* Metformin & Sitagliptin is a Chronic Use Medication

Therapeutic Note(s)

Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- Inadequate glycemic control (defined as HbA1c greater than 0.07) and intolerance or contraindication to a sulfonylurea; OR
- Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of sulfonylurea and for whom insulin is not an option.

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

DIN/PIN	PRODUCT NAME,STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02423898	Xeljanz 5mg Tab	TOFACITINIB	PFI	23.5585

Reason For Use Code and Clinical Criteria

Code: 480

For the treatment of rheumatoid arthritis (RA) in patients who have severe active disease (greater than or equal to 5 swollen joints and rheumatoid factor positive and/or, anti-CCP positive, and/or radiographic evidence of rheumatoid arthritis) and have experienced failure, intolerance, or have a contraindication to adequate trials of disease-modifying anti-rheumatic drugs (DMARDs) treatment regimens, such as one of the following combinations of treatments:

- A. i) Methotrexate (20mg/week) for at least 3 months, AND
 - ii) Leflunomide (20mg/day) for at least 3 months, in addition to
 - iii) an adequate trial of at least one combination of DMARDs for 3 months; OR

- B. i) Methotrexate (20mg/week) for at least 3 months, AND
 - ii) Leflunomide in combination with methotrexate for at least 3 months; OR

- C. Methotrexate (20mg/week), sulfasalazine (2g/day) and hydroxychloroquine (400mg/day) for at least 3 months. (Hydroxychloroquine is based by weight up to 400mg per day).

Maintenance/Renewal: After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20 percent reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year.

For renewals beyond the second year, the patient must demonstrate objective evidence of preservation of treatment effect.

Therapy must be prescribed by a rheumatologist or a physician with expertise in rheumatology.

The recommended dosing regimen is 5mg administered twice daily

LU Authorization Period: 1 year.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02454513	Auro-Abacavir/Lamivudine	600mg & 300mg	Tab	AUR	5.9875
02458381	PMS- Abacavir/Lamivudine	600mg & 300mg	Tab	PMS	5.9875

(Interchangeable with Kivexa)

Therapeutic Note:

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02453568	Auro-Telmisartan	40mg	Tab	AUR	0.2824
02453576	Auro-Telmisartan	80mg	Tab	AUR	0.2824

(Interchangeable with Micardis)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02456389	Auro-Telmisartan HCTZ	80mg & 12.5mg	Tab	AUR	0.2824
02456397	Auro-Telmisartan HCTZ	80mg & 25mg	Tab	AUR	0.2824

(Interchangeable with Micardis Plus)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02407744	Jamp-Vancomycin	125mg	Cap	JPC	5.1800
02407752	Jamp-Vancomycin	250mg	Cap	JPC	10.3600

(Interchangeable with Vancocin)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02444739	Zoledronic Acid for Injection	4mg/5mL	Inj Sol-5mL Pk (Preservative-Free)	MDI	134.6100

(Interchangeable with Zometa Concentrate)

Removal of Therapeutic Note

The Following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 68:04:00 CORTICOSTEROIDS

Therapeutic Note:

The general direction of the therapy of asthma has been toward the use of anti-inflammatory agents, especially inhaled steroids, which are not associated with systemic side effects to the same degree as oral steroids. The proper technique of inhalation or use of a spacer is very important to the efficacy of these agents. Physicians and pharmacists should ensure that patients are appropriately instructed in the use of these devices.

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00522724	Chlordiazepoxide	5mg	Cap	AAP	0.0693
00522988	Chlordiazepoxide	10mg	Cap	AAP	0.1091
00522996	Chlordiazepoxide	25mg	Cap	AAP	0.1692
00682020	Erythro-Base	250mg	Tab	AAP	0.1865
00545678	Erythro-S	250mg	Tab	AAP	0.2160
00688568	Erythro-S	500mg	Tab	AAP	0.5534
02244680	Floctafenine	200mg	Tab	AAP	0.4259
02244681	Floctafenine	400mg	Tab	AAP	0.8285
02246082	Flunarizine	5mg	Cap	AAP	0.7348
00670944	ISDN	5mg	SL Tab	AAP	0.0633
00441686	ISDN	10mg	Tab	AAP	0.0372
00441694	ISDN	30mg	Tab	AAP	0.0874
00790427	Ketoprofen	50mg	Cap	AAP	0.3440
00790435	Ketoprofen-E	50mg	Ent Tab	AAP	0.3379
00842664	Ketoprofen-E	100mg	Ent Tab	AAP	0.6959
02172577	Ketoprofen SR	200mg	LA Tab	AAP	1.3925
02245882	Methazolamide	50mg	Tab	AAP	0.4913
02238403	Methoprazine	2mg	Tab	AAP	0.0699
02238404	Methoprazine	5mg	Tab	AAP	0.1011
02238405	Methoprazine	25mg	Tab	AAP	0.2599
02238406	Methoprazine	50mg	Tab	AAP	0.3934
00360252	Methyldopa	125mg	Tab	AAP	0.1009
00545066	Metronidazole	250mg	Tab	AAP	0.0607
00319511	Nitrofurantoin	50mg	Tab	AAP	0.1703
00312738	Nitrofurantoin	100mg	Tab	AAP	0.2272
00335134	Perphenazine	2mg	Tab	AAP	0.0639
00335126	Perphenazine	4mg	Tab	AAP	0.0773
00335118	Perphenazine	8mg	Tab	AAP	0.0849
00335096	Perphenazine	16mg	Tab	AAP	0.1300
00580929	Tetracycline	250mg	Cap	AAP	0.0670
02243117	Trimethoprim	200mg	Tab	AAP	0.5378
00740802	Trimipramine	25mg	Tab	AAP	0.2832
00740810	Trimipramine	50mg	Tab	AAP	0.5543
02070987	Trimipramine	75mg	Cap	AAP	0.7460
00740829	Trimipramine	100mg	Tab	AAP	0.9458
02238048	Apo-Valproic	250mg	Cap	APX	0.2905

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857518	Apo-Travoprost Z	0.004%	Oph Sol-2.5mL Pk	APX
02415739	Apo-Travoprost Z	0.004%	Oph Sol-5mL Pk	APX
02287730	Novo-Desmopressin	0.1mg	Tab	NOP
02287749	Novo-Desmopressin	0.2mg	Tab	NOP
02231184	Novo-Indapamide	2.5mg	Tab	NOP

Delisted Product

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02324997	Lumigan RC	0.01%	Oph Sol-3mL Pk	ALL

