

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – March 2017

Effective March 28, 2017

**Drug Programs Policy and Strategy Branch
Ontario Public Drug Programs**

Ministry of Health and Long-Term Care

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New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02440369	PMS-Amphetamines XR	5mg	ER Cap	PMS	0.5372
02440377	PMS-Amphetamines XR	10mg	ER Cap	PMS	0.6105
02440385	PMS-Amphetamines XR	15mg	ER Cap	PMS	0.6838
02440393	PMS-Amphetamines XR	20mg	ER Cap	PMS	0.7572
02440407	PMS-Amphetamines XR	25mg	ER Cap	PMS	0.8305
02440415	PMS-Amphetamines XR	30mg	ER Cap	PMS	0.9038

(Interchangeable with Adderall XR)

Therapeutic Note(s)

Notes: Patients > 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

- 1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
- 2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND
- 3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR or Dexedrine SR (Spansules), and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

Administrative barriers include:

- inability of a school to dose the child at lunch;
- the school lunch hour does not coincide with the dosing schedule;
- poor compliance with noon or afternoon doses;
- the patient is unable to swallow tablets.

Societal barriers include:

- the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02455609	Cholestyramine-Odan	4g/Pk	Oral Pd-Pouch Pk	ODN	0.5275

(Interchangeable with Questran Light 4g Pk)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02454653	Levetiracetam	250mg	Tab	PMS	0.4459
02454661	Levetiracetam	500mg	Tab	PMS	0.5432
02454688	Levetiracetam	750mg	Tab	PMS	0.7523

(Interchangeable with Keppra)

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.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02353288	Taro-Ciclopirox	8% W/W	Top Sol	TAR	7.7433/gram
(Interchangeable with Penlac)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02266938	Taro-Clindamycin	1%	Top Sol	TAR	0.2613/mL
(Interchangeable with Dalacin T 1%)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02458411	Jamp-Olopatadine	0.1%	Oph Sol-5mL Pk	JPC	26.1300
(Interchangeable with Patanol)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02402548	Mar-Sildenafil	100mg	Tab	MAR	9.2006
(Interchangeable with Viagra)					

Changes to Reason For Use Content

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02415992	Eylea	40mg/mL	Sol for Intravitreal Inj-0.05mL Vial Pk	BAH

Updated Reason For Use Code 464 (Revised text underlined)

For the treatment of patients with clinically significant macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).

Treatment should be initiated with an intravitreal injection once every month. The interval between two doses should not be shorter than one month. The treatment interval may be extended up to 3 months based on visual and anatomic outcomes.

Prescribers are advised to periodically assess the need for continued therapy.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For clarity, coverage will be provided for patients responding to therapy with Lucentis who switch to Eylea. Coverage will NOT be provided for patients who have failed to respond to Lucentis.

LU Authorization Period: 1 year

Changes to Reason For Use Content (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00780626	Phenytoin Sodium Injection USP	50mg/mL	Inj Sol (Preservative Free)	SDZ
02185431	Metoclopramide HCL Injection	5mg/mL	Inj Sol (Preservative Free)	SDZ
00527033	Furosemide Injection USP	10mg/mL	Inj Sol (Preservative Free)	SDZ
00392537	Dimenhydrinate Inj 50mg USP	50mg/mL	Inj Sol (With Preservative)	SDZ
00399728	Diazepam Injection USP	5mg/mL	Inj Sol (Preservative Free)	SDZ
02243278	Lorazepam Injection USP	4mg/mL	Inj Sol (With Preservative)	SDZ

Reason For Use Code and Clinical Criteria

Code: 481**

For the management of patients receiving palliative care*.

LU Authorization Period: 1 year

* Note: The patient must have a progressive life-limiting illness and require this medication for palliative purposes.

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DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02432226	Harvoni	90mg & 400mg	Tab	GIL

Updated Reason For Use Code 483* (Revised text underlined)

For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

- (i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND
- (ii) Laboratory confirmed hepatitis C genotype 1; AND
- (iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND
- (iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 and at least one of the following;
 - A. Co-infection with HIV or hepatitis B virus

Changes to Reason For Use Content (Cont'd...)

- B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
- C. Post organ transplant (liver and/or non-liver transplant)
- D. Extra-hepatic (3) manifestations
- E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
- F. Diabetes receiving treatment with anti-diabetic drugs
- G. Woman of childbearing age planning pregnancy within the next 12 months

Treatment regimens:

- I. Treatment-naïve, without cirrhosis, viral load greater than or equal to 6 M IU/mL; or treatment-naïve with cirrhosis; or treatment-experienced without cirrhosis
Approved duration: 12 weeks
- II. Treatment-naïve or treatment-experienced with decompensated cirrhosis (5)
Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)
- III. Treatment-naïve or treatment-experienced liver transplant recipients without cirrhosis or with compensated cirrhosis (5)
Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

***Effective date February 28, 2017**

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
00451207	Timoptic	0.5%	Oph Sol	MFC	PFP
02171880	Timoptic-XE	0.25%	Oph Gellan Sol	MFC	PFP
02171899	Timoptic-XE	0.5%	Oph Gellan Sol	MFC	PFP
02240113	Cosopt	2% & 0.5%	Oph Sol	MFC	PFP
02258692	Cosopt Preservative free	2% & 0.5%	Oph Sol-0.2mL Pk	MFC	PFP
02441306	Jencycla	0.35mg	Tab-28 Pk	LUP	SDZ

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02371065*	Zytiga	250mg	Tab	JAN	28.3333
02243595	Asmanex Twisthaler	200mcg/ metered dose	Pd Inh-60 dose Pk	MEK	36.3660
02243596	Asmanex Twisthaler	400mcg/ metered dose	Pd Inh-30 dose Pk	MEK	36.3720
09857431	Asmanex Twisthaler	400mcg/ metered dose	Pd Inh-60 dose Pk	MEK	72.7440
02298791*	Emend	80mg	Cap	MEK	32.7921
02298805*	Emend	125mg	Cap	MEK	32.7921
02298813	Emend Tri-Pak	125mg & 80mg	Cap	MEK	98.3763
02333856	Janumet	500mg & 50mg	Tab	MEK	1.6434
02333864	Janumet	850mg & 50mg	Tab	MEK	1.6434
02333872	Janumet	1000mg & 50mg	Tab	MEK	1.6434
02416786	Janumet XR	500mg & 50mg	ER Tab	MEK	1.6434
02416794	Janumet XR	1000mg & 50mg	ER Tab	MEK	1.6434
02416808	Janumet XR	1000mg & 100mg	ER Tab	MEK	3.2867
02424622*	Posanol	100mg	DR Tab	MEK	47.5173
02361752	Zenhale	100mcg & 5mcg	Metered Dose Inh-120 doses	MEK	92.2560
02361760	Zenhale	200mcg & 5mcg	Metered Dose Inh-120 doses	MEK	111.8160
02451131	Zepatier	50mg & 100mg	Tab	MEK	666.9400
02301881	Isentress	400mg	Tab	MFC	14.0301
02388839	Januvia	25mg	Tab	MFC	3.0296
02388847	Januvia	50mg	Tab	MFC	3.0296
02303922	Januvia	100mg	Tab	MFC	3.0296
02247521	Ezetrol	10mg	Tab	MFS	1.9175
02293404*	Posanol	40mg/mL	O/L	SCP	9.5035

*Exceptional Access Program Product

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02266717	Reminyl ER	8mg	ER Cap	JAN
02266725	Reminyl ER	16mg	ER Cap	JAN
02266733	Reminyl ER	24mg	ER Cap	JAN
02288346	Gd-Atorvastatin	10mg	Tab	GEM
02288354	Gd-Atorvastatin	20mg	Tab	GEM
02288362	Gd-Atorvastatin	40mg	Tab	GEM
02288370	Gd-Atorvastatin	80mg	Tab	GEM
02309262	Niaspan FCT	750mg	ER Tab	SEP

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02243551	Novo-Fenofibrate Micronized	67mg	Cap	NOP
02289083	Novo-Fenofibrate-S	100mg	Tab	NOP
02273756	Novo-Glimepiride	1mg	Tab	NOP
02273764	Novo-Glimepiride	2mg	Tab	NOP
02273772	Novo-Glimepiride	4mg	Tab	NOP
02240867	Novo-Nabumetone	500mg	Tab	NOP
02321386	Novo-Olanzapine OD	20mg	Rapid Dissolving Tab	NOP
02231181	Novo-Sotalol	80mg	Tab	NOP
02357542	Novo-Valacyclovir	1000mg	Tab	NOP
02251450	Novo-Zopiclone	5mg	Tab	NOP
02251469	Novo-Zopiclone	7.5mg	Tab	NOP
00010332*	Entrophen	325mg	Ent Tab	PEN
02244474	PMS-Clobazam	10mg	Tab	PMS
02078627	Ratio-Acyclovir	200mg	Tab	RPH
02078635	Ratio-Acyclovir	400mg	Tab	RPH
02237858	Ratio-Buspirone	10mg	Tab	RPH
02247819	Ratio-Clarithromycin	500mg	Tab	RPH
02241371	Ratio-Fluoxetine	10mg	Cap	RPH
02260913	Ratio-Gabapentin	600mg	Tab	RPH
02260921	Ratio-Gabapentin	800mg	Tab	RPH
02273101	Ratio-Glimepiride	1mg	Tab	RPH
02273128	Ratio-Glimepiride	2mg	Tab	RPH
02273136	Ratio-Glimepiride	4mg	Tab	RPH
02247810	Ratio-Paroxetine	10mg	Tab	RPH
02084228	Ratio-Sotalol	80mg	Tab	RPH
01905112	Stievamycin Gel	0.025% & 4%	Top Gel	STI
02398400	Teva-Bosentan	62.5mg	Tab	TEV
02398419	Teva-Bosentan	125mg	Tab	TEV

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

