

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – March 2018
Effective March 29, 2018

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	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02455943	Invega Trinza	175mg/0.875mL	Inj Sol- Pref Syr	PALIPERIDONE PALMITATE	JAN	953.7300
02455986	Invega Trinza	263mg/1.315mL	Inj Sol- Pref Syr	PALIPERIDONE PALMITATE	JAN	1430.6100
02455994	Invega Trinza	350mg/1.75mL	Inj Sol- Pref Syr	PALIPERIDONE PALMITATE	JAN	1430.6100
02456001	Invega Trinza	525mg/2.625mL	Inj Sol- Pref Syr	PALIPERIDONE PALMITATE	JAN	1907.4900

Therapeutic Note

For the treatment of schizophrenia or schizoaffective disorders in patients who have:

A history of non-adherence

AND

One of the following:

(a) Inadequate control or significant side-effects from two or more formulary oral antipsychotic medications, including at least one atypical agent; OR

(b) Inadequate control or significant side-effects from one or more conventional depot antipsychotic agents.

AND

Adequate treatment of using 1-month paliperidone palmitate prolonged-release injectable suspension has been established for at least four months.

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02422050	Latuda	20mg	Tab	LURASIDONE HYDROCHLORIDE	SUO	4.3000
02413361	Latuda	60mg	Tab	LURASIDONE HYDROCHLORIDE	SUO	4.3000

Therapeutic Note

For the management of the manifestations of schizophrenia after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02396963	SMOFlipid 20%	6% & 6% & 5% & 3% w/v	Inj Emuls- 250mL Pk	SOYBEAN OIL & MEDIUM CHAIN TRIGLYCERIDES & OLIVE OIL & FISH OIL	FKC	27.5000
09857595	SMOFlipid 20%	6% & 6% & 5% & 3% w/v	Inj Emuls- 500mL Pk	SOYBEAN OIL & MEDIUM CHAIN TRIGLYCERIDES & OLIVE OIL & FISH OIL	FKC	33.3300

Reason For Use Code and Clinical Criteria

Code 525

As part of a parenteral nutrition regimen for adult patients where oral or enteral nutrition is not possible, insufficient or contra-indicated.

LU Authorization Period: Indefinite

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02455102	Taltz	80mg/mL	Inj Sol-Pref Autoinj	IXEKIZUMAB	LIL	1544.8200
02455110	Taltz	80mg/mL	Inj Sol-Pref Syr	IXEKIZUMAB	LIL	1544.8200

Reason For Use Code and Clinical Criteria

Code 526

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 Taltz 160mg at week 0, followed by 80mg subcutaneously at weeks 2, 4, 6, 8, 10, and 12, and then 80 mg every 4 weeks. 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.

New Single Source Products (Continued)

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
02465957	Teva-Budesonide	0.5mg/mL	Inh Susp	TEV	0.6839

(Interchangeable with Pulmicort Nebuamp)

Reason For Use Codes

Codes 260, 261, 262, 263 and 264. See Pulmicort Nebuamp for Clinical Criteria.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02466074	Taro-Acitrein	10mg	Cap	TAR	1.9448

(Interchangeable with Soriatane)

Therapeutic Note:

This drug should be used with extreme caution in females of childbearing potential due to its teratogenicity. Effective contraception must be practised for at least 2 years following discontinuation.

New Off-Formulary Interchangeable (OFI) Product

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02239537	PMS-Benzydamine	0.15%	Oral Rinse	PMS	0.0960

(Interchangeable with Tantum)

New Diabetic Testing Agent

DIN/PIN	Brand Name	Dosage Form	Mfr	Unit Price
09857593	GlucoDr. Auto Test Strip	Strip	AMC	0.7290

New Nutrition Product

G.2 PEDIATRIC FORMULA, CHEMICALLY DEFINED – MONOMERIC (ELEMENTAL)

Brand Name	Strength, Dosage Form, Package Size	PIN	Mfr	Cost (\$) per 1000 Kcal	Cost (\$) per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
Neocate Junior (Tropical Flavour)	1kcal/mL Pd-400g Pk	09857594	NUT	30.08	54.27	54.27	0.00

Product Status Change from Limited Use to General Benefit

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02426757	Ach-Capecitabine	150mg	Tab	ACH
02457490	Taro-Capecitabine	150mg	Tab	TAR
02400022	Teva-Capecitabine	150mg	Tab	TEV
02238453	Xeloda	150mg	Tab	HLR
02426765	Ach-Capecitabine	500mg	Tab	ACH
02457504	Taro-Capecitabine	500mg	Tab	TAR
02400030	Teva-Capecitabine	500mg	Tab	TEV
02238454	Xeloda	500mg	Tab	HLR

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02108127*	Cefazolin for Injection	1g/Vial	Inj Pd-Vial Pk	NOP	TEV
02108135*	Cefazolin for Injection	10g/Vial	Inj Pd-Vial Pk	NOP	TEV
02128187*	Cefoxitin for Injection USP	1g/Vial	Inj Pd-Vial Pk	NOP	TEV
02128195*	Cefoxitin for Injection USP	2g/Vial	Inj Pd-Vial Pk	NOP	TEV
02210320	Olestyr 4g/9g Pk	N/A	Oral Pd-Pouch Pk	PEN	PMS

* Off-Formulary Interchangeable (OFI) Product

Product Brand Name Change

DIN/PIN	Current Brand Name	New Brand Name	Strength	Dosage Form	Mfr
09854207	Neocate Junior	Neocate Junior (Unflavoured)	1kcal/mL	Pd-400g Pk	NUT

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00441619	Hydralazine	AAP	Apo-Hydralazine	APX	10mg	Tab
00441627	Hydralazine	AAP	Apo-Hydralazine	APX	25mg	Tab
00441635	Hydralazine	AAP	Apo-Hydralazine	APX	50mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02229145	Norvir	80mg/mL	O/L	ABB	1.2623
02357593	Norvir	100mg	Tab	ABB	1.5487
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	ABV	2.3426
02312301	Kaletra	100mg & 25mg	Tab	ABV	2.8995
02285533	Kaletra	200mg & 50mg	Tab	ABV	5.7989
02153564	Pentasa	1g	Sup	FEI	1.8656
02153521	Pentasa	1g/100mL	Enema	FEI	4.4770
02153556	Pentasa	4g/100mL	Enema	FEI	5.6419
02254794	Pico-Salax	3.5g & 12g & 10mg	Pd for Sol-12g Sachet	FEI	9.2400
02243595	Asmanex Twisthaler	200mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	37.0560
02243596	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-30 Dose Pk	MEK	37.0620
09857431	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	74.1240
02298791*	Emend	80mg	Cap	MEK	33.2840
02298805*	Emend	125mg	Cap	MEK	33.2840
02298813	Emend Tri-Pack	125mg & 80mg	Cap	MEK	99.8520
02333856	Janumet	500mg & 50mg	Tab	MEK	1.6779
02333864	Janumet	850mg & 50mg	Tab	MEK	1.6779
02333872	Janumet	1000mg & 50mg	Tab	MEK	1.6779
02416786	Janumet XR	500mg & 50mg	ER Tab	MEK	1.6779
02416794	Janumet XR	1000mg & 50mg	ER Tab	MEK	1.6779
02416808	Janumet XR	1000mg & 100mg	ER Tab	MEK	3.3557

* Exceptional Access Program (EAP) Product

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02293404*	Posanol	40mg/mL	O/L	MEK	9.7031
02424622*	Posanol	100mg	DR Tab	MEK	48.5152
02361752	Zenhale	100mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	93.5520
02361760	Zenhale	200mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	113.3760
02388839	Januvia	25mg	Tab	MFC	3.0932
02388847	Januvia	50mg	Tab	MFC	3.0932
02303922	Januvia	100mg	Tab	MFC	3.0932
02247521	Ezetrol	10mg	Tab	MFS	1.9443
02455323	Brenzys	50mg/mL	Inj Sol-Pref Syr	SAM	255.0000
02455331	Brenzys	50mg/mL	Sol- Pref AutoInj	SAM	255.0000

* Exceptional Access Program (EAP) 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
02237885	Mylan-Acebutolol (Type S)	100mg	Tab	MYL
02196026	Mylan-Famotidine	40mg	Tab	MYL
02380757*	Mylan-Montelukast	5mg	Chew Tab	MYL
02282240	Mylan-Risperidone	0.25mg	Tab	MYL
02282259	Mylan-Risperidone	0.5mg	Tab	MYL
02242519	Mylan-Sertraline	25mg	Cap	MYL
02242521	Mylan-Sertraline	100mg	Cap	MYL
02310279	Mylan-Venlafaxine XR	37.5mg	ER Cap	MYL
02310287	Mylan-Venlafaxine XR	75mg	ER Cap	MYL
02247098	Ratio-Amcinonide	0.1%	Cr	RPH
02247097	Ratio-Amcinonide	0.1%	Lot	RPH
02247096	Ratio-Amcinonide	0.1%	Oint	RPH

* Off-Formulary Interchangeable (OFI) Product

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
01916580*	Hycodan	1mg/mL	O/L	BQU
00317047	Ortho 0.5/35	0.035mg & 0.5mg	Tab-21 Pk	JAN
00340731	Ortho 0.5/35	0.035mg & 0.5mg	Tab-28 Pk	JAN
00372838	Ortho 1/35	0.035mg & 1mg	Tab-21 Pk	JAN
00372846	Ortho 1/35	0.035mg & 1mg	Tab-28 Pk	JAN
00602957	Ortho 7/7/7	3 Phase	Tab-21 Pk	JAN
00602965	Ortho 7/7/7	3 Phase	Tab-28 Pk	JAN
02230800	Mylan-Oxybutynin	5mg	Tab	MYL
97984663**	IsoSource HN		Liq-250mL Pk	NES
97984698**	Nutren 1.5		Liq-250mL Pk	NES
00885835*	Lotensin	5mg	Tab	NOV
00665088*	Tegretol	200mg	Chew Tab	NOV
00632732*	Voltaren	100mg	Sup	NOV
02279894	Teva-Mirtazapine OD	15mg	Orally Disintegrating Tab	TEV
02279908	Teva-Mirtazapine OD	30mg	Orally Disintegrating Tab	TEV
02279916	Teva-Mirtazapine OD	45mg	Orally Disintegrating Tab	TEV

* Remain on Formulary as a Not-a-Benefit (NAB) drug to serve as the Brand Reference product in the interchangeable group

** Nutrition Product PIN

