

UPDATE AY
Ontario Drug Benefit
Formulary/Comparative Drug Index
No. 41
Effective September 27, 2013

SUMMARY OF CHANGES

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New Single Source Drug(s)

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02349124	Effient 10mg Tab	PRASUGREL	LIL	2.6600

Reason for Use Code	Clinical Criteria
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449

In combination with ASA for patients with:

ST-elevated myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab.

OR

Acute coronary syndrome who failed on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis (see note 1), or recurrent STEMI, or NSTEMI or UA after prior revascularization via PCI.

Treatment must be initiated in hospital. Funding approval is for up to 1 year.

Notes:

1. Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5mm of the stent OR is a visible thrombus within the stent OR is within 5mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours. Definite stent thrombosis must be confirmed by angiography or by pathologic evidence of acute thrombosis.
2. As per the product monograph, prasugrel is contraindicated in patients with a known history of transient ischemic attack or stroke; those with active pathological bleeding such as gastrointestinal bleeding or intracranial hemorrhage; and those with severe hepatic impairment (Child-Pugh Class C).
3. As per the product monograph, prasugrel is not recommended in patients greater than or equal to 75 years of age because of the increased risk of fatal and intracranial bleeding; or those with body weight less than 60kg because of increased risk of major bleeding due to an increase in exposure to the active metabolite of prasugrel.

LU Authorization Period: 1 year.

<u>DIN</u>	<u>PRODUCT</u>	<u>GENERIC NAME</u>	<u>MFR</u>	<u>DBP</u>
02388839	Januvia 25mg Tab	SITAGLIPTIN PHOSPHATE MONOHYDRATE	MFC	2.9527
02388847	Januvia 50mg Tab	SITAGLIPTIN PHOSPHATE MONOHYDRATE	MFC	2.9527

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 a sulfonylurea and for whom insulin is not an option.

02063670	Santyl Ointment 250Unit/g Oint 30g Pk	COLLAGENASE	HEA	87.5000
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New Multi-Source Drug(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02314630	Apo-Fentanyl Matrix	25mcg/hr	Trans Patch	APX	3.6582
02314649	Apo-Fentanyl Matrix	50mcg/hr	Trans Patch	APX	6.8838
02314657	Apo-Fentanyl Matrix	75mcg/hr	Trans Patch	APX	9.6817
02314665	Apo-Fentanyl Matrix (Interchangeable with Duragesic)	100mcg/hr	Trans Patch	APX	12.0512

Reason for Use Code

Clinical Criteria

201 For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a listed long-acting opioid.

LU Authorization Period: 1 Year.

02393433	Apo-Nitroglycerin (Interchangeable with Nitrolingual Pump Spray)	0.4mg/Metered Dose	Spray-200 Dose Pk	APX	10.9500
02407256	Auro-Atorvastatin	10mg	Tab	AUR	0.3138
02407264	Auro-Atorvastatin	20mg	Tab	AUR	0.3922
02407272	Auro-Atorvastatin	40mg	Tab	AUR	0.4216
02407280	Auro-Atorvastatin (Interchangeable with Lipitor)	80mg	Tab	AUR	0.4216
02406098	Auro-Irbesartan	75mg	Tab	AUR	0.3025
02406101	Auro-Irbesartan	150mg	Tab	AUR	0.3025
02406128	Auro-Irbesartan (Interchangeable with Avapro)	300mg	Tab	AUR	0.3025
02406306	Auro-Risedronate (Interchangeable with Actonel)	35mg	Tab	AUR	2.4893
02405148	Auro-Simvastatin	5mg	Tab	AUR	0.2556
02405156	Auro-Simvastatin	10mg	Tab	AUR	0.5058
02405164	Auro-Simvastatin	20mg	Tab	AUR	0.6251
02405172	Auro-Simvastatin	40mg	Tab	AUR	0.6251
02405180	Auro-Simvastatin (Interchangeable with Zocor)	80mg	Tab	AUR	0.6251

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02408910	Mint-Clopidogrel (Interchangeable with Plavix)	75mg	Tab	MIN	0.6576
02406985	Mint-Rivastigmine	1.5mg	Cap	MIN	0.6515
02406993	Mint-Rivastigmine	3mg	Cap	MIN	0.6515
02407000	Mint-Rivastigmine	4.5mg	Cap	MIN	0.6515
02407019	Mint-Rivastigmine (Interchangeable with Exelon)	6mg	Cap	MIN	0.6515

**Reason for
Use Code**

Clinical Criteria

- 347 Initial Trial: For patients with mild to moderate Alzheimer’s Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.
Network note: Maximum duration 3 months.
LU Authorization Period: 1 year.
- 348 Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.
LU Authorization Period: 1 year.

02381524	Mylan-Efavirenz (Interchangeable with Sustiva)	600mg	Tab	MYL	8.4984
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02408392	Mylan-Rabeprazole	10mg	Tab	MYL	0.1204
02408406	Mylan-Rabeprazole (Interchangeable with Pariet)	20mg	Tab	MYL	0.2408

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02389983	Ondissolve ODF (Film)	4mg	Orally Disintegrating Film	TAK	3.2720
02389991	Ondissolve ODF (Film)	8mg	Orally Disintegrating Film	TAK	4.9930

(Interchangeable with Zofran ODT (Tab))

Reason for Use Code Clinical Criteria

- 215 For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.
LU Authorization Period: 1 year.
- 216 For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.
LU Authorization Period: 1 year.
- 217 For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics.
LU Authorization Period: 1 year.
- 218 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 Ondansetron Hydrochloride more than 24 hours after the last dose of chemotherapy is unproven.
LU Authorization Period: 1 year.

02404222	PMS-Amlodipine-Atorvastatin	5mg & 10mg	Tab	PMS	0.5802
02404230	PMS-Amlodipine-Atorvastatin	5mg & 20mg	Tab	PMS	0.6842
02404249	PMS-Amlodipine-Atorvastatin	10mg & 10mg	Tab	PMS	0.6125
02404257	PMS-Amlodipine-Atorvastatin	10mg & 20mg	Tab	PMS	0.7636

(Interchangeable with Caduet)

Note: Patients should be stabilized on a statin or a calcium channel blocker before being initiated on Amlodipine Besylate & Atorvastatin Calcium

02405709	Ran-Fluoxetine (Interchangeable with Prozac)	20mg	Cap	RAN	0.4598
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<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02404451	Ran-Losartan	25mg	Tab	RAN	0.3147
02404478	Ran-Losartan	50mg	Tab	RAN	0.3147
02404486	Ran-Losartan (Interchangeable with Cozaar)	100mg	Tab	RAN	0.3147

02402793	Ran-Montelukast (Interchangeable with Singulair)	4mg	Chew Tab	RAN	0.3646
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Reason for Use Code Clinical Criteria

382 For the treatment of asthma in patients aged 2-5 years old.
LU Authorization Period: 1 Year.

02389762	Teva-Efavirenz (Interchangeable with Sustiva)	600mg	Tab	TEV	11.4092
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Note: For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

02385058	Zarah 21 (Interchangeable with Yasmin 21)	3.0mg & 0.03mg	Tab-21 Pk	COB	9.0150
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Off Formulary Interchangeable Product(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>UNIT COST</u>
02405792	Apo-Almotriptan	6.25mg	Tab	APX	10.3300
02405806	Apo-Almotriptan (Interchangeable with Axert)	12.5mg	Tab	APX	10.3300
02405083	Eptifibatide Injection	0.75mg/mL	100mL Vial Pk	TEV	94.5600
02367858	Eptifibatide Injection (Interchangeable with Integrilin)	2mg/mL	10mL Vial Pk	TEV	32.3000
02398435	Mylan-Almotriptan	6.25mg	Tab	MYL	10.3301
02398443	Mylan-Almotriptan (Interchangeable with Axert)	12.5mg	Tab	MYL	10.3301
02405695	Ran-Fluoxetine (Interchangeable with Prozac)	10mg	Cap	RAN	1.1773
02402807	Ran-Montelukast (Interchangeable with Singulair)	5mg	Chew Tab	RAN	1.2077
02405334	Sandoz Almotriptan (Interchangeable with Axert)	12.5mg	Tab	SDZ	9.7825
02317559	Sildenafil	25mg	Tab	PMS	8.2894
02317575	Sildenafil	50mg	Tab	PMS	8.8481
02317583	Sildenafil (Interchangeable with Viagra)	100mg	Tab	PMS	9.2006
02362511	Teva-Atomoxetine	80mg	Cap	TEV	3.9960
02362538	Teva-Atomoxetine (Interchangeable with Strattera)	100mg	Cap	TEV	4.3520

Manufacturer Requested Discontinued Drug(s)

Please note that these discontinued products will remain on the formulary until the current stock is depleted.

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02039494	Apo-Diflunisal	500mg	Tab	APX
00642231	Apo-Pen V-K	60mg/mL	O/L	APX
09857352	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL

New Drug Identification Number(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02403412	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL

Drug Benefit Price(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02039486	Apo-Diflunisal	250mg	Tab	APX	0.5646
02245821	Apo-Ketorolac	0.5%	Oph Sol	APX	2.5960
00782505	Apo-Nadol	40mg	Tab	APX	0.4512
00782467	Apo-Nadol	80mg	Tab	APX	0.3710
02290812	Apo-Timop Gel	0.5%	Oph Gellan Sol	APX	2.7300

Therapeutic Note Change(s)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02333856	Janumet	500mg & 50mg	Tab	MEK
02333864	Janumet	850mg & 50mg	Tab	MEK
02333872	Janumet	1000mg & 50mg	Tab	MEK
02303922	Januvia	100mg	Tab	MFC

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 a sulfonylurea and for whom insulin is not an option.

02375842	Onglyza	2.5mg	Tab	BQU
02333554	Onglyza	5mg	Tab	BQU

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.

02370921	Trajenta	5mg	Tab	BOE
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Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- . Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of a sulfonylurea and for whom insulin is not an option.

Not-A-Benefit Drug(s) (Removed From Listing)

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>
02247585	Apo-Calcitonin Nasal Spray	200U/Metered Dose	Nas Sp-2x14 Dose Pk	APX
02240775	Miacalcin	200U/Metered Dose	Nas Sp-2x14 Dose Pk	NOV
02230201	Novo-Ketorolac	10mg	Tab	NOP
02261766	Sandoz Calcitonin NS	200U/Metered Dose	Nas Sp-2x14 Dose Pk	SDZ

Status Change(s) from Not-A-Benefit to General Benefit

<u>DIN</u>	<u>BRAND</u>	<u>STRENGTH</u>	<u>DOSAGE FORM</u>	<u>MFR</u>	<u>DBP</u>
02401185	Lutera 21	100mcg & 20mcg	Tab 21-Pk	COB	9.7356
02401207	Lutera 28	100mcg & 20mcg	Tab 28-Pk	COB	9.7356

New Diabetic Testing Agent(s)

<u>PIN</u>	<u>PRODUCT</u>	<u>MFR</u>	<u>COST/</u> <u>UNIT</u>	<u>AMT MOH</u> <u>PAYS</u>	<u>AMT</u> <u>PATIENT</u> <u>PAYS</u>
09857453	Contour Next Strip	BAY	0.7290	0.7290	0.0000