

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - March 2015

Effective March 31, 2015

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
02408872	Breo Ellipta 100mcg & 25mcg Blister Pd Inh-30 Dose Pk	FLUTICASONE FUROATE & VILANTEROL	GSK	120.0000

Reason For Use Code and Clinical Criteria

Code 456

For the long-term treatment of patients with moderate to severe chronic obstructive pulmonary disease (COPD)* who have a history of exacerbations and have had an inadequate response to a long-acting bronchodilator (i.e., long-acting beta-2 agonist [LABA], or long-acting muscarinic antagonist [LAMA]).

LU Authorization Period: Indefinite

*Notes: COPD disease severity is based on spirometry, symptoms and disability (see classification below).

Classification

COPD Stages - Symptoms and disability:

Mild: Shortness of breath from COPD when hurrying on the level or walking up a slight hill

Moderate: Shortness of breath from COPD causing the patient to stop after walking approximately 100m (or after a few minutes) on the level

Severe: Shortness of breath from COPD resulting in the patient being too breathless to leave the house, breathless when dressing or undressing (MRC 5), or the presence of chronic respiratory failure or clinical signs of right heart failure

Classification by impairment of lung function:

COPD stage and spirometry (post bronchodilator) FEV1 predicted:

Mild: Greater than or equal to 80 percent

Moderate: 50 to 79 percent

Severe: 30 to 49 percent

Very severe: Less than 30 percent

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02341689	Gd-Diclofenac/Misoprostol 50 (Interchangeable with Arthrotec 50)	50mg & 200mg	Tab	GEM	0.3149

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02341697	Gd-Diclofenac/Misoprostol 75 (Interchangeable with Arthrotec 75)	75mg & 200mg	Tab	GEM	0.4286

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426196	Mint-Hydrochlorothiazide	25mg	Tab	MIN	0.0157
02426218	Mint-Hydrochlorothiazide (Interchangeable with Hydrodiuril)	50mg	Tab	MIN	0.0217

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02433001	Lansoprazole	15mg	DR Cap	PMS	0.5000

(Interchangeable with Prevacid)

Reason For Use Code and Clinical Criteria

Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;

OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;

OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 401

Other Gastrointestinal Disorders

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings

LU Authorization Period: 1 year.

Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02426935	Med-Latanoprost (Interchangeable with Xalatan)	0.005%	Oph Sol-2.5mL Pk	GMP	9.5830

Reason For Use Code and Clinical Criteria

Code 171

As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated;

LU Authorization Period: Indefinite.

Code 172

As second line monotherapy or combination therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite.

Code 387

For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02432471	Jamp-Fluconazole	150mg	Cap	JPC	3.9424
(Interchangeable with Diflucan-150)					

Reason For Use Code and Clinical Criteria

Code 235

For the treatment of vaginal candidiasis. Dose: 150mg orally once daily for 1 day.

NOTE: Repeats within a 25 day period will not be reimbursed.

LU Authorization Period: 1 year.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02379171	PMS-Esomeprazole DR	40mg	DR Cap	PMS	1.8690
(Interchangeable with Nexium)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02392631	Mylan-Finasteride HG	1mg	Tab	MYL	1.1453
(Interchangeable with Propecia)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02382857	Glycopyrrolate Injection	0.2mg/mL	Inj Sol-2mL Vial Pk (Preservative Free)	OMG	7.9500
(Interchangeable with Glycopyrrolate Injection USP)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02425599	Mylan-Tramadol/Acet	37.5mg & 325mg	Tab	MYL	0.6264
(Interchangeable with Tramacet)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02406977	Jamp-Zopiclone Tablets	7.5mg	Tab	JPC	0.4685
(Interchangeable with Imovane)					

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02243595	Asmanex Twisthaler	200mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	35.4800
02243596	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-30 Dose Pk	MEK	35.4800
09857431	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	70.9600
02298791***	Emend	80mg	Cap	MEK	31.8617
02298805***	Emend	125mg	Cap	MEK	31.8617
02298813	Emend Tri-Pak	125mg & 80mg	Cap	MEK	95.5851
02333856	Janumet	500mg & 50mg	Tab	MEK	1.6159
02333864	Janumet	850mg & 50mg	Tab	MEK	1.6159
02333872	Janumet	1000mg & 50mg	Tab	MEK	1.6159
02416794	Janumet XR	1000mg & 50mg	ER Tab	MEK	1.6159
02246026***	Pegetron	50mcg & 0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK	793.4700
02246030***	Pegetron	150mcg/0.5mL & 200mg/Cap	Inj Pd & 84 Caps Combination Kit	MEK	876.7800
02254581***	Pegetron Clearclick	80mcg/0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK	793.4700
02254603***	Pegetron Clearclick	100mcg/0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK	793.4700
02254638***	Pegetron Clearclick	120mcg/0.5mL & 200mg/Cap	Inj Pd & 70 Caps Combination Kit	MEK	876.7800
02254646***	Pegetron Clearclick	150mcg/0.5mL & 200mg/Cap	Inj Pd & 84 Caps Combination Kit	MEK	876.7800
02361744	Zenhale	50mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	70.5600
02361752	Zenhale	100mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	89.5560
02361760	Zenhale	200mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	108.5400
02245329	Fosamax	70mg	Tab	MFC	10.6926
02276429	Fosavance	70mg & 70mcg	Tab	MFC	4.7278
02314940	Fosavance	70mg & 140mcg	Tab	MFC	4.7278
02388839	Januvia	25mg	Tab	MFC	2.9790
02388847	Januvia	50mg	Tab	MFC	2.9790
02303922	Januvia	100mg	Tab	MFC	2.9790
02243602	Singulair	4mg	Chew Tab	MFC	1.5458
00851736	Elocom	0.1%	Oint	SCH	0.6851
00851744	Elocom	0.1%	Cr	SCH	0.6899
00871095	Elocom	0.1%	Lot	SCH	0.4904
00808652	Haloperidol	5mg/mL	Inj Sol-1mL Pk	SDZ	4.8300
02145901	Hydromorphone	2mg/mL	Inj Sol-1mL Pk	SDZ	1.7830
02145928	Hydromorphone HP-10	10mg/mL	Inj Sol-1mL Pk	SDZ	4.3460
02145936	Hydromorphone HP-20	20mg/mL	Inj	SDZ	7.3626
02146126	Hydromorphone HP-50	50mg/mL	Inj-1mL Pk	SDZ	18.2920
00617288	Morphine HP-50	50mg/mL	Inj Sol-1mL Pk	SDZ	5.9300
00392561	Morphine Sulfate	15mg/mL	Inj Sol Amp	SDZ	2.0940
02241755	Sandoz Tobramycin	0.3%	Oph Sol	SDZ	1.0480
00716839	Hyderm	1%	Cr	TAR	0.2056
00716901	Nyaderm	25000U/g	Vag Cr	TAR	0.0834
01964054	Oracort		Oral Top Oint	TAR	1.4040
02242984*	Hydroval	0.2%	Cr	TPH	0.1313
02242985**	Hydroval	0.2%	Oint	TPH	0.1313

*Interchangeable with Westcort 0.2% Cr (DIN 01910124)

**Interchangeable with Westcort 0.2% Oint (DIN 01910132)

***Exceptional Access Program product

Addition of New Reason For Use Code

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02378035	Mylan-Ezetimibe	10mg	Tab	MYL
(Interchangeable with Ezetrol DIN 02247521 (Ezetrol PIN 09857515 delisted))				

New Reason For Use Code and Clinical Criteria in addition to the existing code (381)

Code 380

For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.

LU Authorization Period: Indefinite.

Product Manufacturer Name Change

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	New MFR
00015229	Aventyl	10mg	Cap	PEN	AAP
00015237	Aventyl	25mg	Cap	PEN	AAP

Product Relisting with Brand and Manufacturer Name Changes

DIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM	DBP
02162431	Naprosyn	HLR	Pediapharm Naproxen Suspension	PED	25mg/mL	O/L	0.0635

Removal of Therapeutic Note

The following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 24:06:00 ANTILIPEMIC DRUGS:

Therapeutic Note:

Nicotinic acid is the most cost-effective therapy for hyperlipidemia and is tolerated in approximately 80% of patients with adequate warning about expected flushing which disappears after five days in most cases; regular ASA will substantially reduce flushing. Bile acid sequestrants are more costly than fibrates or HMG-CoA reductase inhibitors.

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02246596	PMS-Norfloxacin	400mg	Tab	PMS
02177692	PMS-Nortriptyline	10mg	Cap	PMS
02177706	PMS-Nortriptyline	25mg	Cap	PMS

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02017598*	Drisdol	8288IU/mL	O/L	SAV
02069571	PMS-Salbutamol Respirator Solution	5mg/mL	Inh Sol-10mL Pk	PMS
02243789	Ratio-IPRA SAL UDV	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk	RPH
01926624*	Tamofen	10mg	Tab	SAV
01926632*	Tamofen	20mg	Tab	SAV
02221977*	Trental	400mg	SR Tab	SAV
00503134	Uremol-HC	1% & 10%	Cr	STI
00560022	Uremol-HC	1% & 10%	Lot	STI
09857515	Ezetrol	10mg	Tab	MFS

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

