

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - May 2015

Effective May 28, 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
02430932	Triumeq 50mg & 600mg & 300mg Tab	DOLUTEGRAVIR & ABACAVIR & LAMIVUDINE	VIH	41.3834

Therapeutic Note:

For the treatment of HIV in both treatment-naive and treatment-experienced adults.

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

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02323052	Inspra 25mg Tab	EPLERENONE	PFI	2.6660
02323060	Inspra 50mg Tab	EPLERENONE	PFI	2.6660

Reason For Use Code and Clinical Criteria

Code 458

For persons suffering from New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction $\leq 35\%$), as a complement to standard therapy.

Note: Patients must be on optimal therapy with an angiotensin-converting-enzyme (ACE) inhibitor, an angiotensin-receptor blocker (ARB), or both and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.

LU Authorization Period: Indefinite.

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

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02418282	Ultibro Breezhaler 110mcg & 50mcg Inh Pd-Cap	INDACATEROL & GLYCOPYRRONIUM	NOV	2.6800

Reason For Use Code and Clinical Criteria

Code 459

For the long-term treatment of patients with moderate to severe chronic obstructive pulmonary disease (COPD)* who 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 tables 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 Stages 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 Single Source Products (Cont'd...)

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02402874	Myrbetriq 25mg ER Tab	MIRABEGRON	ASE	1.4600
02402882	Myrbetriq 50mg ER Tab	MIRABEGRON	ASE	1.4600

Reason For Use Code and Clinical Criteria

Code 290

For patients with urinary frequency, urgency or urge incontinence who have:

Failed to respond to behavioral techniques AND an adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects.

NOTE: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

Antimuscarinic agents should be used with caution in the elderly due to potentially serious adverse effects (e.g. confusion, psychosis, acute urinary retention, constipation). Antimuscarinic agents should be avoided in older adults with pre-existing cognitive impairment (e.g. dementia) and those who are already using other drugs with significant anticholinergic effects (e.g. tricyclic antidepressants) in order to avoid a high overall anticholinergic drug burden.

LU Authorization: Indefinite.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02421038	Auro-Candesartan HCT	16mg & 12.5mg	Tab	AUR	0.2995
02421046	Auro-Candesartan HCT	32mg & 12.5mg	Tab	AUR	0.3008
02421054	Auro-Candesartan HCT	32mg & 25mg	Tab	AUR	0.3008

(Interchangeable with Atacand Plus)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02436906	Auro-Clindamycin	150mg	Cap	AUR	0.2217
02436914	Auro-Clindamycin	300mg	Cap	AUR	0.4434

(Interchangeable with Dalacin C)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416840	Gabapentin Capsules USP	100mg	Cap	ACH	0.0749
02416859	Gabapentin Capsules USP	300mg	Cap	ACH	0.1821
02416867	Gabapentin Capsules USP	400mg	Cap	ACH	0.2171

(Interchangeable with Neurontin)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02429764	Act Gliclazide MR	30mg	SR Tab	ACV	0.0931
(Interchangeable with Diamicon MR)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02407124	Apo-Gliclazide MR	60mg	ER Tab	APX	0.2150
(Interchangeable with Diamicon MR)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422980	Mint-Irbesartan	75mg	Tab	MIN	0.3025
02422999	Mint-Irbesartan	150mg	Tab	MIN	0.3025
02423006	Mint-Irbesartan	300mg	Tab	MIN	0.3025
(Interchangeable with Avapro)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02433869	Auro-Pregabalin	25mg	Cap	AUR	0.2058
02433877	Auro-Pregabalin	50mg	Cap	AUR	0.3228
02433885	Auro-Pregabalin	75mg	Cap	AUR	0.4176
02433907	Auro-Pregabalin	150mg	Cap	AUR	0.5757
(Interchangeable with Lyrica)					

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02433214	Telmisartan-HCTZ	80mg & 12.5mg	Tab	PMS	0.2824
02433222	Telmisartan-HCTZ	80mg & 25mg	Tab	PMS	0.2824

(Interchangeable with Micardis Plus)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02435608	Jamp-Topiramate	25mg	Tab	JPC	0.3128
02435616	Jamp-Topiramate	100mg	Tab	JPC	0.5929
02435624	Jamp-Topiramate	200mg	Tab	JPC	0.8854

(Interchangeable with Topamax)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02425017	Ran-Cyproterone/Ethinyl Estradiol (Interchangeable with Diane-35)	2mg & 0.035mg	Tab-21 Pk	RAN	23.3394

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02409895	Med-Memantine (Interchangeable with Ebixa)	10mg	Tab	GMP	1.6357

New Nutrition Product

DIN/PIN	PRODUCT NAME	STRENGTH	DOSAGE FORM	MFR	COST/PK	AMOUNT MOH PAYS	AMOUNT PATIENT PAYS
09857523	PediaSure Peptide 1 Cal	1.0kcal/mL	Liq-237mL Pk Reclosable Plastic Bottle	ABB	2.6768	2.6768	0.0000

New Diabetic Testing Agent

PIN	PRODUCT	MFR	COST/ UNIT	AMT MOH PAYS	AMT PATIENT PAYS
09857525	GE200 Blood Glucose Test Strips	BIN	0.5508	0.5508	0.0000

Addition of Reason For Use Code

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02426757	Ach-Capecitabine	150mg	Tab	ACH
02421917	Sandoz Capecitabine	150mg	Tab	SDZ
02400022	Teva-Capecitabine	150mg	Tab	TEV
02238453	Xeloda	150mg	Tab	HLR
02426765	Ach-Capecitabine	500mg	Tab	ACH
02421925	Sandoz Capecitabine	500mg	Tab	SDZ
02400030	Teva-Capecitabine	500mg	Tab	TEV
02238454	Xeloda	500mg	Tab	HLR

New Reason For Use Code and Clinical Criteria in Addition to the Existing Codes

Code 461

In combination with a platinum-containing product and epirubicin for the treatment of advanced (non-resectable; either locally advanced or metastatic) gastric or gastro-esophageal junction cancer.

LU Authorization Period: Indefinite.

Addition of Reason For Use Code (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857386	Botox	50U/Vial	Pd Inj-50U Vial Pk	ALL
01981501	Botox	100U/Vial	Pd Inj-100U Vial Pk	ALL
09857387	Botox	200U/Vial	Pd Inj-200U Vial Pk	ALL

New Reason For Use Code and Clinical Criteria in Addition to the Existing Codes

Code 460

For adult patients with urinary frequency, urgency or urge incontinence due to overactive bladder who have:

Failed to respond to behavioral techniques AND had an inadequate response or intolerance to adequate trials (i.e. at least 2 weeks at the maximum tolerated dose) of at least two medications for overactive bladder (e.g. anticholinergics, mirabegron).

The recommended dose is 100U injected into the detrusor muscle.

NOTES:

- Patients who fail to achieve a reduction of >50% in the frequency of urinary incontinence episodes with 1 dose should not be retreated
- Maximum 3 doses per year in responders, at a frequency of no more than once every 12 weeks
- Patients must have a post-void residual (PVR) urine volume of less than 150 mL

LU Authorization Period: 1 year.

Changes to Caution Note

(Revised text underlined)

CAUTION: Note: Botox should be administered personally by a urologist, pediatrician, neurologist, physical medicine specialist or a physician with equivalent post-graduate training and experience with neuromuscular or urological disorders as appropriate.

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02246016	Thyrogen	0.9mg/mL	Inj Pd-2x1.1mg Vial Pk	GZM	1667.4468
01997602	Dantrium	25mg	Cap	JHP	0.3940
09857335	E028 Splash (Grape Flavoured)	1kcal/mL	Liq-237mL Pk	NUT	7.1226
09857336	E028 Splash (Orange-Pineapple Flavoured)	1kcal/mL	Liq-237mL Pk	NUT	7.1226
02060884	Betnesol	5mg/100mL	Enema-100mL Pk	PAL	10.3486
00579335	Cortifoam	10%	Rect Aero-15g Pk	PAL	90.7000
01924516	Dexedrine	5mg	Tab	PAL	0.6774
01947958	Duvoid	10mg	Tab	PAL	0.3033
01947931	Duvoid	25mg	Tab	PAL	0.4914
01947923	Duvoid	50mg	Tab	PAL	0.6473
02086026	Florinef	0.1mg	Tab	PAL	0.2685
00074454	Locacorten-Vioform	0.02% & 1%	Ot Sol	PAL	1.6091
01926454	Nitrol	2%	Oint	PAL	0.6950
00010200	Propyl-Thyracil	50mg	Tab	PAL	0.2350
00010219	Propyl-Thyracil	100mg	Tab	PAL	0.3676
00511552	Sandomigran DS	1mg	Tab	PAL	0.6998
02280248	Testim	1%	Top Gel-5g Pk	PAL	3.6533
02106272	Trandate	100mg	Tab	PAL	0.3360
02106280	Trandate	200mg	Tab	PAL	0.5939
02230733	Trinipatch	0.4mg/Hr/14 Sq Cm	Patch	PAL	0.6989
02230734	Trinipatch	0.6mg/Hr/21 Sq Cm	Patch	PAL	0.6989
02168898	Estring	2mg	Vag Ring	PFI	68.5700
02275066	Trosec	20mg	Tab	SUO	0.8063
02387751	Latuda	40mg	Tab	SUO	4.1616
02387778	Latuda	80mg	Tab	SUO	4.1616
02387786	Latuda	120mg	Tab	SUO	4.1616

Status Change from Not-A-Benefit to General Benefit

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397145	Co Diclo-Miso	50mg & 200mcg	Tab	COB	0.3149
(Interchangeable with Arthrotec 50)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02397153	Co Diclo-Miso	75mg & 200mcg	Tab	COB	0.4286
(Interchangeable with Arthrotec 75)					

Removal of Therapeutic Note

The following Therapeutic Note is removed from Pharmacologic-Therapeutic Classification 68:20:02 ANTI-DIABETIC AGENTS ORAL ANTI-DIABETIC AGENTS

Therapeutic Note:

An adequate trial of diet and exercise therapy alone is essential before any hypoglycaemic agent is prescribed in non-insulin dependent diabetes mellitus. When indicated (i.e., fasting plasma glucose remains > 10mmol/L), drug therapy should be considered as a supplement to continuing caloric restriction and exercise.

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00504335	Apo-Propranolol	120mg	Tab	APX
02395258	PMS-Lansoprazole	15mg	DR Cap	PMS
02395266	PMS-Lansoprazole	30mg	DR Cap	PMS

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02299712	Alendronate-FC	70mg	Tab	MEL
00778354	Apo-Sulin	150mg	Tab	APX
00778362	Apo-Sulin	200mg	Tab	APX
02239008	Creon 20	20000 & 66400 & 75000 USP Units	Ent Minimicrosph Cap	SPH
02236841*	Levaquin	250mg	Tab	JAN
02425947	Mint-Hydrochlorothiazide	12.5mg	Tab	MIN
02426196	Mint-Hydrochlorothiazide	25mg	Tab	MIN
02426218	Mint-Hydrochlorothiazide	50mg	Tab	MIN
02273179	PMS-Alendronate	70mg	Tab	PMS
02317893	Quetiapine	25mg	Tab	MEL
02317907	Quetiapine	100mg	Tab	MEL
02317923	Quetiapine	200mg	Tab	MEL
02317931	Quetiapine	300mg	Tab	MEL

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

