

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - October 2015

Effective October 29, 2015

Drug Program Services Branch/Ontario Public Drug Programs Division

Ministry of Health and Long-Term Care

http://www.health.gov.on.ca/en/pro/programs/drugs/edition_42.aspx

Table of Contents

New Single Source Product	3
New Multi-Source Products.....	4
New Off-Formulary Interchangeable (OFI) Products.....	9
Addition of Therapeutic Note.....	10
Drug Benefit Price (DBP) Changes.....	11
Product Manufacturer Name Changes.....	12
Discontinued Products	13
Delisted Products.....	14

New Single Source Product

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02435411	Simbrinza 1.0% & 0.2% Oph Susp-10mL Pk	BRINZOLAMIDE & BRIMONIDINE TARTRATE	ALC	45.6700

Reason For Use Code and Clinical Criteria

Code 466

As second-line therapy for patients who do not have an adequate intraocular pressure lowering response to monotherapy with brinzolamide or brimonidine.

LU Authorization Period: Indefinite

Code 393

For use as initial therapy 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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417634	Nat-Alprazolam	0.25mg	Tab	NAT	0.0633
02417642	Nat-Alprazolam	0.5mg	Tab	NAT	0.0757

(Interchangeable with Xanax)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02439239	Act Amphetamine XR	5mg	ER Cap	ACV	1.6117
02439247	Act Amphetamine XR	10mg	ER Cap	ACV	1.8316
02439255	Act Amphetamine XR	15mg	ER Cap	ACV	2.0515
02439263	Act Amphetamine XR	20mg	ER Cap	ACV	2.2715
02439271	Act Amphetamine XR	25mg	ER Cap	ACV	2.4914
02439298	Act Amphetamine XR	30mg	ER Cap	ACV	2.7114

(Interchangeable with Adderall XR)

Therapeutic Note:

Notes: Patients greater than 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, 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
02417936	Reddy-Atorvastatin	10mg	Tab	DRR	0.3138
02417944	Reddy-Atorvastatin	20mg	Tab	DRR	0.3922
02417952	Reddy-Atorvastatin	40mg	Tab	DRR	0.4216
02417960	Reddy-Atorvastatin	80mg	Tab	DRR	0.4216

(Interchangeable with Lipitor)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02441020	Apo-Diclofenac Ophthalmic	0.1%	Oph Sol	APX	2.6565

(Interchangeable with Voltaren Ophtha)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02439557	Nat-Donepezil	5mg	Tab	NAT	1.2340
02439565	Nat-Donepezil	10mg	Tab	NAT	1.2340

(Interchangeable with Aricept)

Reason For Use Code and Clinical Criteria

Code 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.

Code 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.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02440296	Nat-Escitalopram	10mg	Tab	NAT	0.4318
02440318	Nat-Escitalopram	20mg	Tab	NAT	0.4597

(Interchangeable with Cipralex)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417243	Jamp Olanzapine FC	2.5mg	Tab	JPC	0.3189
02417251	Jamp Olanzapine FC	5mg	Tab	JPC	0.6379
02417278	Jamp Olanzapine FC	7.5mg	Tab	JPC	0.9568
02417286	Jamp Olanzapine FC	10mg	Tab	JPC	1.2758
02417294	Jamp Olanzapine FC	15mg	Tab	JPC	1.9136

(Interchangeable with Zyprexa)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02428008	Van-Olanzapine	2.5mg	Tab	VAN	0.3189
02428016	Van-Olanzapine	5mg	Tab	VAN	0.6379
02428024	Van-Olanzapine	7.5mg	Tab	VAN	0.9568
02428032	Van-Olanzapine	10mg	Tab	VAN	1.2758
02428040	Van-Olanzapine	15mg	Tab	VAN	1.9136

(Interchangeable with Zyprexa)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02439549	Nat-Omeprazole DR	20mg	DR Tab	NAT	0.4117

(Interchangeable with Losec DIN 02190915)

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 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
09857536	Nat-Omeprazole DR	20mg	DR Tab	NAT	0.4117

(Interchangeable with Losec PIN 09857195)

Reason For Use Code and Clinical Criteria

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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02408570	Mylan-Pantoprazole T	40mg	Ent Coated Tab	MYL	0.3750

(Interchangeable with Tecta)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02439158	Nat-Quetiapine	25mg	Tab	NAT	0.1235
02439166	Nat-Quetiapine	100mg	Tab	NAT	0.3295
02439182	Nat-Quetiapine	200mg	Tab	NAT	0.6617
02439190	Nat-Quetiapine	300mg	Tab	NAT	0.9656

(Interchangeable with Seroquel)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02290987	Gd-Quinapril	5mg	Tab	GEM	0.2321
02290995	Gd-Quinapril	10mg	Tab	GEM	0.2321
02291002	Gd-Quinapril	20mg	Tab	GEM	0.2321
02291010	Gd-Quinapril	40mg	Tab	GEM	0.2321

(Interchangeable with Accupril)

Notes:

Accupril and Gd-Quinapril contain quinapril HCl.

Apo-Quinapril contains quinapril magnesium.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02417650	Nat-Alprazolam	1mg	Tab	NAT	0.3099
(Interchangeable with Xanax)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02440202	Nat-Levetiracetam	250mg	Tab	NAT	1.1175
02440210	Nat-Levetiracetam	500mg	Tab	NAT	1.3650
02440229	Nat-Levetiracetam	750mg	Tab	NAT	1.9425
(Interchangeable with Keppra)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02440717	Jamp-Oxcarbazepine	150mg	Tab	JPC	0.6210
02440725	Jamp-Oxcarbazepine	300mg	Tab	JPC	0.9102
02440733	Jamp-Oxcarbazepine	600mg	Tab	JPC	1.8204
(Interchangeable with Trileptal)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02439174	Nat-Quetiapine	150mg	Tab	NAT	1.6222
(Interchangeable with Seroquel)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02431866	Van-Sildenafil	100mg	Tab	VAN	9.2006
(Interchangeable with Viagra)					

Addition of Therapeutic Note

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02246793	Spiriva	18mcg	Inh Pd-Cap	BOE

Therapeutic Note:

Each Spiriva 18mcg capsule contains 18mcg of tiotropium, equivalent to 22.5mcg of tiotropium bromide monohydrate.

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02395274	Co Temozolomide	20mg	Cap	COB	15.6000
02395282	Co Temozolomide	100mg	Cap	COB	78.0030
02395290	Co Temozolomide	140mg	Cap	COB	109.2050
02395312	Co Temozolomide	250mg	Cap	COB	195.0020
00155357	Adrenalin	30mg/30mL	Inj Sol-30mL Pk	ERF	22.2300
01926683	Cerubidine		Inj Pd-20mg Pk	ERF	91.0000
00476366	Choledyl	20mg/mL	O/L	ERF	0.0398
02013231	Lithane	150mg	Cap	ERF	0.1372
00406775	Lithane	300mg	Cap	ERF	0.1352
00476552	Nardil	15mg	Tab	ERF	0.3909
00024449	Navane	5mg	Cap	ERF	0.4738
01926780	Neuleptil	5mg	Cap	ERF	0.2441
01926772	Neuleptil	10mg	Cap	ERF	0.4213
01926756	Neuleptil	10mg/mL	O/L	ERF	0.4234
01927744	Parsitan	50mg	Tab	ERF	0.2345
00024325	Sinequan	10mg	Cap	ERF	0.3423
00024333	Sinequan	25mg	Cap	ERF	0.4201
00024341	Sinequan	50mg	Cap	ERF	0.7793
00023949	Thyroid	30mg	Tab	ERF	0.0728
00023957	Thyroid	60mg	Tab	ERF	0.0905
00023965	Thyroid	125mg	Tab	ERF	0.1253
00022799	Zarontin	250mg	Tab	ERF	0.3518
00023485	Zarontin	50mg/mL	O/L	ERF	0.0704
01924559	Dexedrine Spansules	10mg	SR Cap	PAL	0.9716
01924567	Dexedrine Spansules	15mg	SR Cap	PAL	1.1879
02397900	Teva-Solifenacin	5mg	Tab	TEV	0.4223
02397919	Teva-Solifenacin	10mg	Tab	TEV	0.4223

Product Manufacturer Name Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
02194058	Aristocort R	0.1%	Cr	VAE	VAL
02245531	Arixtra	2.5mg/0.5mL	Inj Sol-Pref Syr 0.5mL Pk (Preservative Free)	GSK	ASN
02258056	Arixtra	7.5mg/0.6mL	Inj Sol-Pref Syr 0.6mL Pk (Preservative Free)	GSK	ASN
01977547	Dexamethasone Sodium	4mg/mL	Inj Sol	CYI	STE
02381885	Oralair	100IR	SL Tab	PAL	STL
02381893	Oralair	300IR	SL Tab	PAL	STL

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02040786	Apo-Clomipramine	10mg	Tab	APX
02040778	Apo-Clomipramine	25mg	Tab	APX
02040751	Apo-Clomipramine	50mg	Tab	APX
02243026	Ratio-Brimonidine	0.2%	Oph Sol	RPH
02270129	Mylan-Alendronate	10mg	Tab	MYL
02373203	Mylan-Atorvastatin	10mg	Tab	MYL
02373211	Mylan-Atorvastatin	20mg	Tab	MYL
02373238	Mylan-Atorvastatin	40mg	Tab	MYL
02373246	Mylan-Atorvastatin	80mg	Tab	MYL
02302403	Mylan-Bicalutamide	50mg	Tab	MYL
02241882	Mylan-Carbamazepine	200mg	LA Tab	MYL
02278669	Mylan-Domperidone	10mg	Tab	MYL
02240498	Mylan-Doxazosin	1mg	Tab	MYL
02240499	Mylan-Doxazosin	2mg	Tab	MYL
02240500	Mylan-Doxazosin	4mg	Tab	MYL
00808741	Mylan-Glybe	5mg	Tab	MYL
02297736	Mylan-Lisinopril HCTZ	10mg & 12.5mg	Tab	MYL
02297744	Mylan-Lisinopril HCTZ	20mg & 12.5mg	Tab	MYL
02297752	Mylan-Lisinopril HCTZ	20mg & 25mg	Tab	MYL
02229779	Mylan-Sotalol	160mg	Tab	MYL
02229778	Mylan-Sotalol	80mg	Tab	MYL
02396319	Mylan-Terazosin	10mg	Tab	MYL
02396289	Mylan-Terazosin	1mg	Tab	MYL
02396297	Mylan-Terazosin	2mg	Tab	MYL
02396300	Mylan-Terazosin	5mg	Tab	MYL
02242503	Mylan-Terbinafine	250mg	Tab	MYL
02231683	Mylan-Trazodone	50mg	Tab	MYL
02367378	Myl-Ranitidine	150mg	Tab	MYL
02367386	Myl-Ranitidine	300mg	Tab	MYL

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09853693	Ascensia Autodisc		Strip	BAY
09853103	Encore		Strip	BAY
02236842	Levaquin*	500mg	Tab	JAN
02042533	Ortho-Cept	0.15mg & 0.03mg	Tab-28 Pk	JAN
02324016	Prezista	400mg	Tab	JAN
01910140	Rhotral*	100mg	Tab	SAV
01910159	Rhotral*	200mg	Tab	SAV
01910167	Rhotral*	400mg	Tab	SAV
02229550	Triamcinolone Acetonide	40mg/mL	Inj Susp-1mL Pk	SDZ
09857128	Triamcinolone Acetonide	200mg/5mL	Inj Susp-5mL Pk	SDZ
01980556	Pentamycetin	0.25%	Oph Sol	SDZ
02247920	Sandoz Opticort	5mg & 50mcg & 0.5mg/mL	Oph/Ot Sol	SDZ
02244999	Sandoz Pentasone	3mg & 1mg/mL	Oph/Ot Drops	SDZ
02229441	Sandoz Gentamicin	0.3%	Ot Sol	SDZ
02023768	Diopred	1%	Oph Susp	SDZ

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

