

# **Ontario Drug Benefit Formulary/Comparative Drug Index**

**Edition 42**

**Summary of Changes – September 2017**

Effective September 28, 2017

**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

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>GENERIC NAME</b>	<b>MFR</b>	<b>DBP/Patch</b>
02403900	Neupro	2mg/24hr	Trans Patch	ROTIGOTINE	UCB	3.5400
02403927	Neupro	4mg/24hr	Trans Patch	ROTIGOTINE	UCB	6.5000
02403935	Neupro	6mg/24hr	Trans Patch	ROTIGOTINE	UCB	7.2700
02403943	Neupro	8mg/24hr	Trans Patch	ROTIGOTINE	UCB	7.2700

## **Reason For Use Code and Clinical Criteria**

### **Code 510**

For adjunctive therapy to levodopa for the treatment of patients with advanced stage Parkinson's disease (APD).

LU Authorization Period: Indefinite

# New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415739	Apo-Travoprost Z	0.004%	Oph Sol-5mL Pk	APX	20.1320

(Interchangeable with Travatan Z PIN 09857332)

## **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 (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02464519	Taro-Benzoyl Peroxide / Clindamycin Kit	5% & 1%	Top Gel	TAR	0.7422

(Interchangeable with BenzaClin Topical Gel)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02406187	Pms-Doxylamine-Pyridoxine	10mg & 10mg	DR Tab	PMS	0.6402

(Interchangeable with Diclectin)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02439328	Ran-Gliclazide MR	60mg	ER Tab	RAN	0.0632

(Interchangeable with Diamicon MR)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02461986	Sandoz Levetiracetam	250mg	Tab	SDZ	0.4459
02461994	Sandoz Levetiracetam	500mg	Tab	SDZ	0.5432
02462001	Sandoz Levetiracetam	750mg	Tab	SDZ	0.7523

(Interchangeable with Keppra)

### Reason For Use Code and Clinical Criteria

#### Code 473

As adjunctive therapy in the management of patients with epilepsy who are not satisfactorily controlled by at least 2 other General Benefit anticonvulsant therapies (e.g., phenytoin, carbamazepine, gabapentin, lamotrigine, topiramate, etc.); AND patients are under the care of a physician experienced in the treatment of epilepsy.

LU Authorization Period: Indefinite

## New Multi-Source Products (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02461412	Mylan-Efavirenz/Emtricitabine/ Tenofovir Disoproxil Fumarate	600mg & 200mg & 300mg	Tab	MYL	22.6600
02393549	Teva-Efavirenz/Emtricitabine/ Tenofovir	600mg & 200mg & 300mg	Tab	TEV	22.6600

(Interchangeable with Atripla)

### Therapeutic Note

Note: For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02451980	Apo-Tenofovir	300mg	Tab	APX	4.8884
02460173	Auro-Tenofovir	300mg	Tab	AUR	4.8884
02452634	Mylan-Tenofovir Disoproxil	300mg	Tab	MYL	4.8884
02403889	Teva-Tenofovir	300mg	Tab	TEV	4.8884

(Interchangeable with Viread)

### Therapeutic Note

Note: For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

## New Multi-Source Products (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02460912	Apo-Phenytoin Sodium	100mg	Cap	APX	0.0665

(Interchangeable with Dilantin)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443902	Mylan-Emtricitabine/Tenofovir Disoproxil	200mg & 300mg	Tab	MYL	7.3035

(Interchangeable with Truvada)

### Therapeutic Note

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02399059	Teva-Emtricitabine/Tenofovir	200mg & 300mg	Tab	TEV	7.3035

(Interchangeable with Truvada)

### Therapeutic Note

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

For use as pre-exposure prophylaxis (PrEP) of HIV-1 in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults at high risk for infection, in accordance with Health Canada's approved product monograph. Approval for the Facilitated Access to HIV/AIDS Drug Products mechanism is not required.

# New Nutrition Products

## A.3 COMPLETE POLYMERIC – HIGH NITROGEN

BRAND NAME	STRENGTH, DOSAGE FORM, PACKAGE SIZE	PIN/NPN	MFR	COST PER 1000KCAL	COST PER PKG	AMOUNT MOHLTC PAYS	AMOUNT PATIENT PAYS
Isosource 1.2	1.2Kcal/mL, 250mL Tetra Pk	09857566	NES	5.11	1.53	1.53	0.00
Isosource 1.2	1.2Kcal/mL, 1500mL Ready To Hang	09857567	NES	5.11	9.20	9.20	0.00
Isosource 1.5	1.5Kcal/mL, 250mL Tetra Pk	09857568	NES	5.11	1.92	1.92	0.00
Isosource 1.5	1.5Kcal/mL, 1500mL Ready To Hang	09857569	NES	5.11	11.50	11.50	0.00



# Product Status Change from Facilitated Access HIV/AIDS to General Benefit

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
00874256*	Apo-Doxy-Tabs	100mg	Tab	APX	0.5860
02158574*	Teva-Doxycycline	100mg	Tab	TEV	0.5860

(Interchangeable with Vibra-Tabs)

\*Products currently listed as Off-Formulary Interchangeable will become General Benefit

# New and Deactivated Reason For Use Codes

<b>DIN/PIN</b>	<b>BRAND NAME, STRENGTH &amp; DOSAGE FORM</b>	<b>MFR</b>
02314630	Apo-Fentanyl Matrix 25mcg/hr Trans Patch	APX
02386852	Co Fentanyl Matrix Patch 25mcg/hr Trans Patch	COB
02396718	Mylan-Fentanyl Matrix Patch 25mcg/hr Trans Patch	MYL
02341387	PMS-Fentanyl MTX 25mcg/hr Trans Patch	PMS
02330113	Ran-Fentanyl Matrix Patch 25mcg/hr Trans Patch	RAN
02327120	Sandoz Fentanyl Patch 25mcg/hr Trans Patch	SDZ
02282941	Teva-Fentanyl 25mcg/hr Trans Patch	TEV

<b>DIN/PIN</b>	<b>BRAND NAME, STRENGTH &amp; DOSAGE FORM</b>	<b>MFR</b>
02314649	Apo-Fentanyl Matrix 50mcg/hr Trans Patch	APX
02386879	Co Fentanyl Matrix Patch 50mcg/hr Trans Patch	COB
02396726	Mylan-Fentanyl Matrix Patch 50mcg/hr Trans Patch	MYL
02341395	PMS-Fentanyl MTX 50mcg/hr Trans Patch	PMS
02330121	Ran-Fentanyl Matrix Patch 50mcg/hr Trans Patch	RAN
02327147	Sandoz Fentanyl Patch 50mcg/hr Trans Patch	SDZ
02282968	Teva-Fentanyl 50mcg/hr Trans Patch	TEV

## **New Reason For Use Code for Fentanyl Patches**

### **Code 511**

For the treatment of chronic pain in patients who cannot tolerate, or have failed treatment with a long-acting opioid. Intolerance or failed treatment with a long acting opioid will be subject to verification at the time of dispensing.

LU Authorization Period: 1 year

# New and Deactivated Reason for Use Codes (Continued)

## Deactivated Limited Use (LU) Code for Fentanyl Patches

### **Code 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

## Transition Limited Use (LU) Code for Fentanyl Patches

**Code 279:** *Please note that transition code RFU/LU 279 will be activated for formulary listed fentanyl transdermal patches to transition patients to the new LU code 511 and criteria. Please see the Executive Officer Notice and Frequently Asked Questions documents for details.*

# Therapeutic Note Changes

## Revised Therapeutic Notes

### **Truvada (emtricitabine & tenofovir) 200mg & 300mg Tab (GIL) DIN 02274906**

(same Therapeutic Note as the new generic product by Teva DIN 02399059):

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

For use as pre-exposure prophylaxis (PrEP) of HIV-1 in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults at high risk for infection, in accordance with Health Canada's approved product monograph. Approval for the Facilitated Access to HIV/AIDS Drug Products mechanism is not required.

### **Apotex (emtricitabine & tenofovir) 200mg & 300mg Tab (APX) DIN 02452006**

(same Therapeutic Note as the new generic product by Mylan DIN 02443902):

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

# Manufacturer Name Changes

<b>DIN/PIN</b>	<b>CURRENT BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>CURRENT MFR</b>	<b>NEW MFR</b>
02244148	Protopic	0.1%	Oint	ASE	LEO
02244149	Protopic	0.03%	Oint	ASE	LEO

# Product Brand and Manufacturer Name Changes

<b>DIN/PIN</b>	<b>CURRENT BRAND NAME</b>	<b>CURRENT MFR</b>	<b>NEW BRAND NAME</b>	<b>NEW MFR</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>
02390442	Accel Clarithromycin	ACC	Taro-Clarithromycin	TAR	125mg/5mL	Ped Gran
02390450	Accel Clarithromycin	ACC	Taro-Clarithromycin	TAR	250mg/5mL	Ped Gran
02248034*	Apo-Clozapine	APX	AA-Clozapine	AAP	25mg	Tab
02248035*	Apo-Clozapine	APX	AA-Clozapine	AAP	100mg	Tab

\*Off-Formulary Interchangeable Product

# Drug Benefit Price (DBP) Change

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02452006	Apo-Emtricitabine-Tenofovir	200mg & 300mg	Tab	APX	7.3035

# Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
01916580	Hycodan	1mg/mL	O/L	BQU
02385058	Zarah 21	3.0mg & 0.03mg	Tab-21 Pk	COB
02385066	Zarah 28	3.0mg & 0.03mg	Tab-28 Pk	COB
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
97984663	IsoSource HN		Liq-250mL Pk	NES
97984698	Nutren 1.5		Liq-250mL Pk	NES
02279894	Novo-Mirtazapine OD	15mg	Orally Disintegrating Tab	NOP
02279908	Novo-Mirtazapine OD	30mg	Orally Disintegrating Tab	NOP
02279916	Novo-Mirtazapine OD	45mg	Orally Disintegrating Tab	NOP
00885835	Lotensin	5mg	Tab	NOV
00665088	Tegretol	200mg	Chew Tab	NOV
00632732	Voltaren	100mg	Sup	NOV



# Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
02309262	Niaspan FCT	750mg	ER Tab	SUO
02266717*	Reminyl ER	8mg	ER Cap	JAN
02266725*	Reminyl ER	16mg	ER Cap	JAN
02266733*	Reminyl ER	24mg	ER Cap	JAN

\*Remain on Formulary as Not-A-Benefit to serve as reference product in interchangeable group

