Ontario

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – February 2022
Effective February 28, 2022

Drug Programs Policy and Strategy Branch
OHIP, Pharmaceuticals and Devices Division
Ministry of Health

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Ontario

Table of Contents

Ontario

New Single Source Products

Generic Name: INDACATEROL ACETATE & MOMETASONE FUROATE

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02498685	Atectura Breezhaler	150mcg & 80mcg	Inh Pd-Cap	NOV	1.9360
02498707	Atectura Breezhaler	150mcg & 160mcg	Inh Pd-Cap	NOV	1.9360
02498693	Atectura Breezhaler	150mcg & 320mcg	Inh Pd-Cap	NOV	1.9360

Reason For Use Code and Clinical Criteria

Code 626

For once-daily maintenance treatment of asthma in patients aged 12 years and older with reversible obstructive airways disease.

LU Authorization Period: Indefinite

Generic Name: INDACATEROL ACETATE & GLYCOPYRRONIUM BROMIDE & MOMETASONE FUROATE

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02501244	Enerzair Breezhaler	150mcg & 50mcg & 160mcg	Inh Pd-Cap	NOV	3.4277

Reason For Use Code and Clinical Criteria

Code 627

For the treatment of asthma in adult patients inadequately controlled with a maintenance combination of a long-acting beta-2 agonist (LABA) and a medium or high dose of an inhaled corticosteroid (ICS), who experienced one or more asthma exacerbations in the previous 12 months.

LU Authorization Period: Indefinite

New Single Source Products (Continued)

Generic Name: TILDRAKIZUMAB

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02516098	Ilumya	100mg/mL	Inj Sol-1mL Pref Syr (Preservative-Free)	SPC	4935.0000/Pref Syr

Reason For Use Code and Clinical Criteria

Code 629

For the treatment of severe plaque psoriasis (see Note 1 below) in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies (see Note 2 below).

Claims for the first 6 months must be written by a dermatologist. Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required. Patients not responding adequately at 12 weeks should have treatment discontinued.

Approvals will only allow for standard dosing for Ilumya 100mg subcutaneously at weeks 0 and 4, and then every 12 weeks. Ilumya should not be used in combination with other systemic or biologic treatments for severe plaque psoriasis.

If the patient has not responded adequately after 12 weeks of treatment at the Health Canada approved dose, higher doses are not recommended, and the physician should consider switching to an alternative biologic agent.

Note 1: Definition of severe plaque psoriasis:

- Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

- Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

- Dermatology Life Quality Index (DLQI) score of at least 10.

New Single Source Products (Continued)

Note 2: Definition of failure, intolerance or contraindication to adequate trials of standard therapies:

- 6 month trial of at least 3 topical agents including vitamin D analogues and steroids AND
- 12 week trial of phototherapy (unless not accessible), AND
- 6 month trial of at least 2 systemic, oral agents used alone or in combination
- Methotrexate 15-30mg per week
- Acitretin (could have been used with phototherapy)
- Cyclosporine

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

- at least 75% reduction in PASI, AND
- at least 50% reduction in BSA involvement, AND
- at least a 5 point reduction in DLQI score.

LU Authorization Period: 1 year

New Multi-Source Products

Where applicable, please consult the respective brand reference product's drug profile on the ODB e-Formulary for the details of the Limited Use (LU) code and criteria, and/or any associated Therapeutic Notes (TN).

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02508249	Jamp Amoxi Clav	250mg & 125mg	Tab	JPC	0.4934
02508257	Jamp Amoxi Clav	500mg & 125mg	Tab	JPC	0.3778

(Interchangeable with Clavulin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02508265	Jamp Amoxi Clav	875mg & 125mg	Tab	JPC	0.5551

(Interchangeable with Clavulin (BID) – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504197	Jamp Atorvastatin Calcium	10mg	Tab	JPC	0.1743
02504200	Jamp Atorvastatin Calcium	20mg	Tab	JPC	0.2179
02504219	Jamp Atorvastatin Calcium	40mg	Tab	JPC	0.2342
02504235	Jamp Atorvastatin Calcium	80mg	Tab	JPC	0.2342

(Interchangeable with Lipitor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02491869	Jamp Darifenacin	7.5mg	ER Tab	JPC	0.8058
02491877	Jamp Darifenacin	15mg	ER Tab	JPC	0.8058

(Interchangeable with Enablex – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02507781	Jamp Paroxetine Tablets	20mg	Tab	JPC	0.3250
02507803	Jamp Paroxetine Tablets	30mg	Tab	JPC	0.3453

(Interchangeable with Paxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02516535	Venlafaxine XR	37.5mg	ER Cap	JPC	0.0913
02516543	Venlafaxine XR	75mg	ER Cap	JPC	0.1825
02516551	Venlafaxine XR	150mg	ER Cap	JPC	0.1927

(Interchangeable with Effexor XR – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02503794	NRA-Telmisartan	40mg	Tab	NRA	0.2161
02503808	NRA-Telmisartan	80mg	Tab	NRA	0.2161

(Interchangeable with Micardis – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02400650	Enalapril	2.5mg	Tab	SAI	0.1863
02400669	Enalapril	5mg	Tab	SAI	0.2203
02400677	Enalapril	10mg	Tab	SAI	0.2647
02400685	Enalapril	20mg	Tab	SAI	0.3195

(Interchangeable with Vasotec – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02353148	Meloxicam	7.5mg	Tab	SAI	0.2003
02353156	Meloxicam	15mg	Tab	SAI	0.2311

(Interchangeable with Mobicox – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519720	Perindopril/Indapamide	4mg & 1.25mg	Tab	SAI	0.2556

(Interchangeable with Coversyl Plus – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519739	Perindopril/Indapamide	8mg & 2.5mg	Tab	SAI	0.2859

(Interchangeable with Coversyl Plus HD – GB)

Ontario

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Price
02512262	PRZ-Tadalafil	2.5mg	Tab	PRZ	3.6470
02512270	PRZ-Tadalafil	5mg	Tab	PRZ	3.6471
02512289	PRZ-Tadalafil	10mg	Tab	PRZ	11.9250
02512297	PRZ-Tadalafil	20mg	Tab	PRZ	12.3575

(Interchangeable with Cialis)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Price
02516217	Sandoz Clonidine	0.025mg	Tab	SDZ	0.2713

(Interchangeable with Dixarit)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Price
02505053	Taro-Adapalene/Benzoyl Peroxide Forte	0.3% w/w & 2.5% w/w	Top Gel	TAR	2.1577/g

(Interchangeable with TactuPump Forte)

Ontario

Limited Use Code & Clinical Criteria Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02244353	NovoRapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO
02377209	NovoRapid FlexTouch	100U/mL	Inj Sol-Prefil 5x3mL Pk Disposable Pen	NOO

Addition of Limited Use Code & Clinical Criteria:

LU Code: 628

For the treatment of diabetes mellitus for only those patients currently established on NovoRapid (insulin aspart) therapy.

LU Authorization Period: Indefinite

Removal of Limited Use Codes & Clinical Criteria:

LU Codes: 388, 389 & 390

The discontinuation of the above LU Codes will be effective with the February 2022 ODB Formulary update. Pharmacists are encouraged to plan accordingly to prevent interruptions in drug therapy for their patients.

The interim transition LU Code 279 will be activated for the NovoRapid products above.

The transition LU code 279 will be deactivated with the May 2022 Formulary update.

Limited Use Code & Clinical Criteria Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02294338	Lantus Solostar	100U/mL	Inj Sol 5x3mL Pk	SAV
02251930	Lantus	100U/mL	Inj Sol-5x3mL Pk (Cartridge)	SAV

Addition of Limited Use Code & Clinical Criteria:

LU Code: 614

For the treatment of diabetes mellitus for only those patients currently established on Lantus (insulin glargine) therapy.

LU Authorization Period: Indefinite

The General Benefit status of the above DINs will be ended effective with the February 2022 ODB Formulary update. Pharmacists are encouraged to plan accordingly to prevent interruptions in drug therapy for their patients.

The interim transition LU Code 279 will be activated for the Lantus products above.

The transition LU code 279 will be deactivated with the May 2022 Formulary update.

Ontario

Transition from Limited Use to General Benefit

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02219905	Nix Dermal Cream	5%	Cr	GSK

Ontario

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02243350	Apo-Amoxi Clav	250mg & 125mg	Tab	APX	0.4934
02243351	Apo-Amoxi Clav	500mg & 125mg	Tab	APX	0.3778
02245623	Apo-Amoxi Clav	875mg & 125mg	Tab	APX	0.5551
02452510	Apo-Darifenacin	7.5mg	ER Tab	APX	0.8058
02452529	Apo-Darifenacin	15mg	ER Tab	APX	0.8058
02434458	Zoledronic Acid for Injection	4mg/5mL	Inj Sol-5mL Pk (Preservative-Free)	FKC	415.5600
02229628	PMS-Valproic Acid	500mg	Ent Cap	PMS	0.8102
02482576	Sandoz Amoxi-Clav Tablets	500mg & 125mg	Tab	SDZ	0.3778
02482584	Sandoz Amoxi-Clav Tablets	875mg & 125mg	Tab	SDZ	0.5551
02413167	Sandoz Travoprost	0.004%	Oph Sol-5mL Pk	SDZ	43.1400
02246714	Taro-Amcinonide	0.1%	Cr	TAR	0.4522/g

Ontario

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00024368	Vibramycin	100mg	Cap	PFI

Ontario

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02260107	Sandoz Anagrelide	0.5mg	Cap	SDZ
00727369*	Estragyn Vaginal Cream	0.1% w/w	Vag Cr	SLP

* Temporary Benefit