Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes - September 2014

Effective September 25, 2014

Ministry of Health and Long-Term Care

Ontario

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New Single Source Products

DIN/PIN	PRODUCT NAME	GENERIC NAME	MFR	DBP
02298813	Emend Tri-Pack 125mg & 80mg Cap	APREPITANT	MEK	94.6400

Reason For Use Code and Clinical Criteria

Code 452
In combination with a 5HT3 receptor antagonist and dexamethasone for highly emetogenic chemotherapy (HEC) regimens:

- Cisplatin-based chemotherapy where a single daily dose is greater than or equal to 70 mg per meter squared
- Cisplatin and cyclophosphamide combinations where the single daily dose is greater than or equal to 50mg per meter squared
- Cisplatin (any dose) given for 3 to 5 consecutive days
- Non-cisplatin based highly emetogenic chemotherapy (such as those containing anthracycline greater than or equal to 60mg per meter squared plus cyclophosphamide)

Dosage: Recommend aprepitant 125mg orally on Day 1 of HEC followed by 80mg orally on Days 2 to 3 post-chemotherapy for each cycle.

LU Authorization Period: 1 year.

Code 453
For patients receiving moderately emetogenic chemotherapy (MEC) regimens AND who have had inadequate symptom control using a 5HT3 antagonist and dexamethasone in a previous cycle.
Dosage: Recommend aprepitant 125mg orally on Day 1 of MEC followed by 80mg orally on Days 2 to 3 post-chemotherapy for each cycle.

LU Authorization Period: 1 year.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422646	Abbott-Rabeprazole	20mg	Tab	ABB	0.2408

(Interchangeable with Pariet)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02412691	Act Dutasteride	0.5mg	Cap	ACV	0.4205
02404206	Apo-Dutasteride	0.5mg	Cap	APX	0.4205
02393220	PMS-Dutasteride	0.5mg	Cap	PMS	0.4205
02424444	Sandoz Dutasteride Capsule	0.5mg	Cap	SDZ	0.4205
02408287	Teva-Dutasteride	0.5mg	Cap	TEV	0.4205

(Interchangeable with Avodart)

Reason For Use Code and Clinical Criteria

Code 384
For use in combination with an alpha blocker for the treatment of men with symptomatic* Benign Prostatic Hyperplasia.

LU Authorization Period: Indefinite.

Code 385
For monotherapy, as a second line agent in patients with symptomatic* Benign Prostatic Hyperplasia following treatment failure or intolerance to an alpha blocker.

* Symptomatic is defined as having moderate (about half the time) to severe (almost always) symptoms related to the prostate in at least 4 of the following domains:
1. feeling of incomplete emptying of the bladder after voiding
2. needing to urinate again less than 2 hours after previous void
3. stopping and starting urine several times while voiding
4. difficulty postponing urination
5. weak urinary stream
6. pushing or straining to begin voiding
7. the need to get up to void at least 3 times in the night.

LU Authorization Period: Indefinite.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02425157	Auro-Galantamine ER	8mg	ER Cap	AUR	1.2465
02425165	Auro-Galantamine ER	16mg	ER Cap	AUR	1.2465
02425173	Auro-Galantamine ER	24mg	ER Cap	AUR	1.2465

(Interchangeable with Reminyl ER)

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
02424967	Septa-Losartan	25mg	Tab	SET	0.3147
02424975	Septa-Losartan	50mg	Tab	SET	0.3147
02424983	Septa-Losartan	100mg	Tab	SET	0.3147

(Interchangeable with Cozaar)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02407485	Telmisartan Tablets	40mg	Tab	ACH	0.2824
02407493	Telmisartan Tablets	80mg	Tab	ACH	0.2824

(Interchangeable with Micardis)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02419114	Telmisartan and Hydrochlorothiazide Tablets	80mg & 12.5mg	Tab	ACH	0.2824
02419122	Telmisartan and Hydrochlorothiazide Tablets	80mg & 25mg	Tab	ACH	0.2824

(Interchangeable with Micardis Plus)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422433	Zoledronic Acid Injection	5mg/100mL	Inj Sol-100mL Pk	DRR	335.4000

(Interchangeable with Aclasta)

Reason For Use Code and Clinical Criteria

Code 319

For the treatment of Paget's disease.

LU Authorization Period: Indefinite.

Code 436

For the treatment of osteoporosis in postmenopausal women who would otherwise be eligible for funding for oral bisphosphonates, but for whom bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g. esophageal stricture or achalasia), AND have at least two of the following:

. Age greater than 75 years old

. A prior fragility fracture

. A bone mineral density (BMD) T-score less than or equal to -2.5

NOTE: Patients receiving Aclasta should not be receiving concomitant bisphosphonate therapy. The recommended dose of Aclasta (zoledronic acid) is a single IV injection of 5mg, once yearly.

LU Authorization Period: Indefinite.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02425947	Mint-Hydrochlorothiazide	12.5mg	Tab	MIN	0.0322

(Interchangeable with PMS-Hydrochlorothiazide)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02423944	PMS-Olanzapine ODT	20mg	Rapid Dissolve Tab	PMS	7.5977

(Interchangeable with Zyprexa Zydis)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02421364	Ran-Memantine	10mg	Tab	RAN	1.6357

(Interchangeable with Ebixa)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420260	Teva-Modafinil	100mg	Tab	TEV	0.9293

(Interchangeable with Alertec)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02422425	Zoledronic Acid for Injection Concentrate	4mg/5mL	Inj Sol-5mL Pk	DRR	415.5600

(Interchangeable with Zometa Concentrate)

New Nutrition Product

DIN/PIN	PRODUCT NAME	STRENGTH	DOSAGE FORM	MFR	COST/PKG	AMOUNT MOH PAYS	AMOUNT PATIENT PAYS
09857497	KetoCal 4:1 (Unflavoured)	1.5kcal/mL	Liq-237mL Tetra Pk	NUT	5.7463	5.7463	0.0000

Change to Reason For Use Content

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02378604	Xarelto	15mg	Tab	BAH
02378612	Xarelto	20mg	Tab	BAH

Updated Reason For Use Code 444

For the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE) for up to six (6) months.

LU Authorization Period: 6 months.

Notes:
• The recommended dose of rivaroxaban for patients initiating DVT treatment is 15mg twice daily for 3 weeks, followed by 20mg once daily.
• ODB Program coverage for rivaroxaban is an alternative to heparin/warfarin for up to 6 months. When used for greater than 6 months, rivaroxaban is more costly than heparin/warfarin. As such, patients with an intended duration of therapy greater than 6 months should be considered for initiation on heparin/warfarin.
• Since renal impairment can increase bleeding risk, it is important to monitor renal function regularly. Other factors that increase bleeding risks should also be assessed and monitored (see product monograph).

Addition of New Reason For Use Code

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02308894	Granisetron	1mg	Tab	AAP
02291967	Ondansetron	4mg/5mL	O/L	AAP
02229639	Zofran	4mg/5mL	O/L	GSK
02288184	Apo-Ondansetron	4mg	Tab	APX
02296349	Co Ondansetron	4mg	Tab	COB
02313685	Jamp-Ondansetron	4mg	Tab	JPC
02371731	Mar-Ondansetron	4mg	Tab	MAR
02305259	Mint-Ondansetron	4mg	Tab	MIN
02297868	Mylan-Ondansetron	4mg	Tab	MYL
02306212	Ondansetron-Odan	4mg	Tab	ODN
02258188	PMS-Ondansetron	4mg	Tab	PMS
02278618	Phl-Ondansetron	4mg	Tab	PHE
02312247	Ran-Ondansetron	4mg	Tab	RAN
02278529	Ratio-Ondansetron	4mg	Tab	RPH
02274310	Sandoz Ondansetron	4mg	Tab	SDZ
02376091	Septa-Ondansetron	4mg	Tab	SET
02264056	Teva-Ondansetron	4mg	Tab	TEV
02213567	Zofran	4mg	Tab	GSK
02344440	Zym-Ondansetron	4mg	Tab	ZYN
02389983	Ondissolve ODF (Film)	4mg	Film	TAK
02239372	Zofran ODT (Tablet)	4mg	Tab	GSK

New Reason For Use Code and Clinical Criteria in addition to the existing codes

Code 454
For the treatment of emesis in cancer patients receiving moderately emetogenic chemotherapy (MEC) regimens.

LU Authorization Period: 1 year.

Addition of New Reason For Use Code (Cont'd…)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02288192	Apo-Ondansetron	8mg	Tab	APX
02296357	Co Ondansetron	8mg	Tab	COB
02313693	Jamp-Ondansetron	8mg	Tab	JPC
02371758	Mar-Ondansetron	8mg	Tab	MAR
02305267	Mint-Ondansetron	8mg	Tab	MIN
02297876	Mylan-Ondansetron	8mg	Tab	MYL
02306220	Ondansetron-Odan	8mg	Tab	ODN
02258196	PMS-Ondansetron	8mg	Tab	PMS
02278626	Phl-Ondansetron	8mg	Tab	PHE
02312255	Ran-Ondansetron	8mg	Tab	RAN
02278537	Ratio-Ondansetron	8mg	Tab	RPH
02274329	Sandoz Ondansetron	8mg	Tab	SDZ
02376105	Septa-Ondansetron	8mg	Tab	SET
02264064	Teva-Ondansetron	8mg	Tab	TEV
02213575	Zofran	8mg	Tab	GSK
02344459	Zym-Ondansetron	8mg	Tab	ZYN
02389991	Ondissolve ODF (Film)	8mg	Film	TAK
02239373	Zofran ODT (Tablet)	8mg	Tab	GSK

New Reason For Use Code and Clinical Criteria in addition to the existing codes

Code 454
For the treatment of emesis in cancer patients receiving moderately emetogenic chemotherapy (MEC) regimens.

LU Authorization Period: 1 year.

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
09853758	Haloperidol LA	100mg/mL Oily	Inj Sol-5mL Pk	SDZ	84.6150
02403420	Humalog Mix25 Kwikpen	25% & 75%	Inj Susp-5x3mL Pk	LIL	55.9200

OFI Product Price Change

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02420333	Apo-Adefovir	10mg	Tab	APX	20.4400

Nutrition Product Name Change

DIN/PIN	CURRENT PRODUCT NAME	NEW PRODUCT NAME	STRENGTH	DOSAGE FORM	MFR
09857388	KetoCal 4:1	KetoCal 4:1 (Vanilla Flavoured)	1.5kcal/mL	Liq-237mL Tetra Pk	NUT

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02017598	Drisdol	8288IU/mL	O/L	SAV
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

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00386715	Cytosar	100mg	Inj Pd-Vial Pk	PFI
00396818	Apo-Haloperidol	1mg	Tab	APX
00463698	Apo-Haloperidol	10mg	Tab	APX
00176095	Cafergot	1mg & 100mg	Tab	NOV
01907107*	Monopril	10mg	Tab	BQU
01907115*	Monopril	20mg	Tab	BQU
02162431	Naprosyn	25mg/mL	O/L	HLR
02378884	Simvastatin-Odan	5mg	Tab	ODN
02378892	Simvastatin-Odan	10mg	Tab	ODN
02378906	Simvastatin-Odan	20mg	Tab	ODN
02378914	Simvastatin-Odan	40mg	Tab	ODN
02378922	Simvastatin-Odan	80mg	Tab	ODN

* Remain in the Formulary as reference product.

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