

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – January 2020

Effective January 31, 2020

Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health

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New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02487454	Skyrizi	90mg/mL	Inj Sol-Pref Syr	RISANKIZUMAB	ABV	2467.5000/ Pref Syr

Reason for Use Code and Clinical Criteria

Code 574

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 Skyrizi 150mg subcutaneously at weeks 0 and 4, and then every 12 weeks. 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 50% 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 Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02409100	Intuniv XR	1mg	ER Tab	GUANFACINE	SHI	3.0000
02409119	Intuniv XR	2mg	ER Tab	GUANFACINE	SHI	3.6500
02409127	Intuniv XR	3mg	ER Tab	GUANFACINE	SHI	4.3000
02409135	Intuniv XR	4mg	ER Tab	GUANFACINE	SHI	4.9500

Reason for Use Code and Clinical Criteria

Code 540

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients aged 6 to 17 years who meet the following criteria:

- i) As adjunctive therapy to psychostimulants; OR
- ii) As monotherapy in patients who have significant intolerance to psychostimulants AND who have had an inadequate response to either atomoxetine or other non-stimulant alternative(s).

LU Authorization Period: 1 year

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02491753	Dovato	50mg & 300mg	Tab	DOLUTEGRAVIR/ LAMIVUDINE	VIH	30.4400

Therapeutic Notes:

- As a complete regimen for the treatment of Human Immunodeficiency Virus-Type 1 (HIV-1) infection in adults and adolescents 12 years of age and older and weighing at least 40 kg.
- The patient must be naïve to any antiretroviral therapy (ART) and have an HIV-1 viral load less than or equal to 500,000 copies/mL.
- 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

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
02484870	Jamp Dutasteride	0.5mg	Cap	JPC	0.3027

(Interchangeable with Avodart – LU)

IN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02485362	Jamp Rivastigmine	1.5mg	Cap	JPC	0.6514
02485370	Jamp Rivastigmine	3mg	Cap	JPC	0.6514
02485389	Jamp Rivastigmine	4.5mg	Cap	JPC	0.6514
02485397	Jamp Rivastigmine	6mg	Cap	JPC	0.6514

(Interchangeable with Exelon – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02490544	Mint-Lacosamide	50mg	Tab	MIN	0.6313
02490552	Mint-Lacosamide	100mg	Tab	MIN	0.8750
02490560	Mint-Lacosamide	150mg	Tab	MIN	1.1763
02490579	Mint-Lacosamide	200mg	Tab	MIN	1.4500

(Interchangeable with Vimpat – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02484676	Sandoz Efavirenz/Emtricitabine/Tenofovir	600mg & 200mg & 300mg	Tab	SDZ	11.3300

(Interchangeable with Atripla – GB with TN)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02483270	Accel-Rizatriptan ODT	5mg	ODT	ACC	7.7800
02483289	Accel-Rizatriptan ODT	10mg	ODT	ACC	7.7800

(Interchangeable with Maxalt RPD)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02470705	Apo-Dasatinib	20mg	Tab	APX	32.8823
02470713	Apo-Dasatinib	50mg	Tab	APX	66.1782
02481499	Apo-Dasatinib	70mg	Tab	APX	72.9336
02481502	Apo-Dasatinib	80mg	Tab	APX	117.3255
02470721	Apo-Dasatinib	100mg	Tab	APX	132.2671

(Interchangeable with Sprycel)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02487772	Jamp Fingolimod	0.5mg	Cap	JPC	73.9096

(Interchangeable with Gilenya)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02492105	Odan Levocarnitine	100mg/mL	Oral Sol with preservative	ODN	0.3809/mL

(Interchangeable with Carnitor)

New Nutrition Products

D. CHEMICALLY DEFINED FORMULA

MAXIMUM = 35.26

Brand Name	Strength, Dosage Form, Package Size	PIN/NPN	Mfr	Cost (\$) Per 1000 Kcal	Cost (\$) Per Pkg	Amt (\$) MOH Pays	Amt (\$) Patient Pays
Vital Peptide 1 Cal	1 Kcal/mL, Liq- Vanilla Flavour, 220mL Pk bottle	09858101	ABB	24.42	5.37	5.3721	0.00
Vital Peptide 1.5 Cal	1.5Kcal/mL, Liq- Vanilla Flavour, 220mL Pk bottle	09858102	ABB	23.48	7.75	7.7472	0.00
Vital Peptide 1.5 Cal	1.5Kcal/mL, Liq- Vanilla Flavour, 1000mL Pk Ready to Hang container	09858103	ABB	23.48	35.21	35.2145	0.00

Transition from Exceptional Access Program to Limited Use

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02231347	Sporanox Oral Solution	10mg/mL	Oral Sol	JAN	0.9392/mL

Reason for Use Code and Clinical Criteria

Code 570

For patients who are unable to swallow or tolerate solid oral dosage forms.

LU Authorization Period: 12 months

Transition from Exceptional Access Program to General Benefit

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02047454	Sporanox	100mg	Cap	JAN	5.0350
02462559	Mint-Itraconazole	100mg	Cap	MIN	3.9270

Discontinuation of Limited Use Code and Clinical Criteria

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02408163	Fibristal	5mg	Tab	ALL

Reason for Use Code and Clinical Criteria

Code 467

For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age, who are eligible for surgery.

The maximum supply is limited to a total of three months per patient per lifetime.

The patient is under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

LU Authorization Period: Maximum 3 months supply per lifetime.

The discontinuation of LU Code 467 will be effective with the April 2020 ODB Formulary update. Pharmacists are encouraged to plan accordingly to prevent interruptions in drug therapy for their patients and counsel affected patients appropriately. Note the drug currently has another LU code, which will not be discontinued.

Product Brand Name Changes

DIN/PIN	Current Brand Name	New Brand Name	Strength	Dosage Form	Mfr
02008203*	Rhovane	Sandoz Zopiclone Tablet	7.5mg	Tab	SDZ
02330512	Ratio-Irbesartan HCTZ	Teva-Irbesartan HCTZ	150mg & 12.5mg	Tab	TEV
02330520	Ratio-Irbesartan HCTZ	Teva-Irbesartan HCTZ	300mg & 12.5mg	Tab	TEV
02330539	Ratio-Irbesartan HCTZ	Teva-Irbesartan HCTZ	300mg & 25mg	Tab	TEV

* Off-Formulary Interchangeable (OFI) Product

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00886440	Apo-Prochlorazine	APX	Prochlorazine	AAP	5mg	Tab
00886432	Apo-Prochlorazine	APX	Prochlorazine	AAP	10mg	Tab
00021695	Novo-Prednisone	NOP	Teva-Prednisone	TEV	5mg	Tab
00232378	Novo-Prednisone	NOP	Teva-Prednisone	TEV	50mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02479796*	Accel-Sildenafil	25mg	Tab	ACC	2.6544
02479818*	Accel-Sildenafil	50mg	Tab	ACC	2.8344
02479826*	Accel-Sildenafil	100mg	Tab	ACC	2.9469
02397447**	Caripul	0.5mg	Inj-10mL Vial Pk	ACT	17.7800
02397455**	Caripul	1.5mg	Inj-10mL Vial Pk	ACT	35.6500
02451158**	Uptravi	200mcg	Tab	ACT	66.4125
02451166**	Uptravi	400mcg	Tab	ACT	66.4125
02451174**	Uptravi	600mcg	Tab	ACT	66.4125
02451182**	Uptravi	800mcg	Tab	ACT	66.4125
02451190**	Uptravi	1000mcg	Tab	ACT	66.4125
02451204**	Uptravi	1200mcg	Tab	ACT	66.4125
02451212**	Uptravi	1400mcg	Tab	ACT	66.4125
02451220**	Uptravi	1600mcg	Tab	ACT	66.4125
02409615**	Tafinlar	75mg	Cap	GSK	67.3165
02416328**	Aubagio	14mg	Tab	GZM	59.0710
02460521**	Kevzara	131.6mg/mL	Inj Sol Pref Syr	GZM	737.5800
02460548**	Kevzara	175.0mg/mL	Inj Sol-Pref Syr	GZM	737.5800
02472961**	Kevzara	131.6mg/mL	Inj-Sol-Pref Pen	GZM	737.5800
02472988**	Kevzara	175.0mg/mL	Inj Sol-Pref Pen	GZM	737.5800
02247732	Concerta	18mg	SR Tab	JAN	2.5769
02250241	Concerta	27mg	SR Tab	JAN	2.9738
02247733	Concerta	36mg	SR Tab	JAN	3.3709

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02247734	Concerta	54mg	SR Tab	JAN	4.1646
02370603	Edurant	25mg	Tab	JAN	15.9650
02240722	Eprex	40,000IU/mL	Pref Syr-1mL Pk	JAN	486.7900
02243239	Eprex	20,000IU/ 0.5mL	Pref Syr-0.5mL Pk	JAN	325.0900
02434407**	Imbruvica	140mg	Cap	JAN	97.6000
02306778	Intelence	100mg	Tab	JAN	6.4500
02375931	Intelence	200mg	Tab	JAN	12.6195
02425483	Invokana	100mg	Tab	JAN	2.8910
02425491	Invokana	300mg	Tab	JAN	2.8910
02243796	Pariet	10mg	Tab	JAN	1.1313
02243797	Pariet	20mg	Tab	JAN	2.2629
02426501	Prezcobix	800mg & 150mg	Tab	JAN	25.1870
02369753	Prezista	150mg	Tab	JAN	3.8920
02324024	Prezista	600mg	Tab	JAN	17.1880
02393050	Prezista	800mg	Tab	JAN	23.3180
02163934	Tylenol with Codeine No. 2	300mg & 15mg & 15mg	Tab	JAN	0.1476
02163926	Tylenol with Codeine No. 3	300mg & 15mg & 30mg	Tab	JAN	0.1625
02163918	Tylenol with Codeine No. 4	300mg & 60mg	Tab	JAN	0.3436
00556734	Vermox	100mg	Tab	JAN	7.1600
02371065**	Zytiga	250mg	Tab	JAN	30.6250
02457113**	Zytiga	500mg	Tab	JAN	61.2500
02230893	Topamax	25mg	Tab	JNO	1.6060
02230894	Topamax	100mg	Tab	JNO	3.0190
02230896	Topamax	200mg	Tab	JNO	4.4470
02239907	Topamax Sprinkle	15mg	Sprinkle Cap	JNO	1.5305

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02239908	Topamax Sprinkle	25mg	Sprinkle Cap	JNO	1.6020
02298791**	Emend	80mg	Cap	MEK	34.7967
02298805**	Emend	125mg	Cap	MEK	34.7967
02298813	Emend Tri-Pack	125mg & 80mg	Cap	MEK	104.3901
02182815	Cozaar	25mg	Tab	MFC	1.8062
02182874	Cozaar	50mg	Tab	MFC	1.8062
02182882	Cozaar	100mg	Tab	MFC	1.8062
02276429	Fosavance	70mg & 70mcg	Tab	MFC	5.2695
02297841	Hyzaar	100mg & 12.5mg	Tab	MFC	1.7684
02230047	Hyzaar	50mg & 12.5mg	Tab	MFC	1.8062
02241007	Hyzaar DS	100mg & 25mg	Tab	MFC	1.8062
00839396	Prinivil	10mg	Tab	MFC	0.9489
00839418	Prinivil	20mg	Tab	MFC	1.1408
00328219	Sinemet	250mg & 25mg	Tab	MFC	1.0159
00513997	Sinemet	100mg & 25mg	Tab	MFC	0.9100
02028786	Sinemet CR	100mg & 25mg	CR Tab	MFC	0.9381
02243910	Remeron	30mg	Tab	ORG	1.8524
02248542	Remeron RD	15mg	ODT	ORG	0.5394
02248543	Remeron RD	30mg	ODT	ORG	1.0782
02248544	Remeron RD	45mg	ODT	ORG	1.6176
02268892	Eligard	45mg	Pd Susp Inj-Pref Syr Kit	SAV	1534.5000
00851736	Elocom	0.1%	Oint	SCH	0.7198
00851744	Elocom	0.1%	Cr	SCH	0.7248
00871095	Elocom	0.1%	Lot	SCH	0.5152
02318660	Olmetec	20mg	Tab	SCP	1.3066
02318679	Olmetec	40mg	Tab	SCP	1.3066

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02319616	Olmetec Plus	20mg & 12.5mg	Tab	SCP	1.3066
02319624	Olmetec Plus	40mg & 12.5mg	Tab	SCP	1.3066
02319632	Olmetec Plus	40mg & 25mg	Tab	SCP	1.3066
02462850	Erelzi	50mg/mL	Inj Prefilled SensoReady Pen	SDZ	241.0000
02462869	Erelzi	50mg/mL	Inj Pref Syr	SDZ	241.0000
02462877	Erelzi	25mg/0.5mL	Inj Pref Syr	SDZ	120.5000
02469618*	Taro-Fingolimod	0.5mg	Cap	TAR	73.9096

* Off-Formulary Interchangeable (OFI) Product

** Exceptional Access Program (EAP) Product

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02238172	Mylan-Amoxicillin	500mg	Cap	MYL
02246582	Mylan-Simvastatin	5mg	Tab	MYL
02246583	Mylan-Simvastatin	10mg	Tab	MYL
02246737	Mylan-Simvastatin	20mg	Tab	MYL
02246584	Mylan-Simvastatin	40mg	Tab	MYL
02246585	Mylan-Simvastatin	80mg	Tab	MYL

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02225964	Temazepam	15mg	Cap	AAP
02225972	Temazepam	30mg	Cap	AAP
97904317	Ensure with Fibre		Liq-235mL Pk Cans	ABB
01927612	Myochrysine	25mg/mL	Inj Sol-1mL Pk	SAV
01927604	Myochrysine	50mg/mL	Inj Sol-1mL Pk	SAV

