

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – July 2018
Effective July 31, 2018

Drug Programs Policy and Strategy Branch
Ontario Public Drug Programs
Ministry of Health and Long-Term Care

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New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469308	Auro-Dutasteride	0.5mg	Cap	AUR	0.3027

(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 (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469286	Auro-Ezetimibe	10mg	Tab	AUR	0.1811
(Interchangeable with Ezetrol)					

Reason For Use Code and Clinical Criteria

Code 380

For use in combination with a HMG-CoA reductase inhibitor ('statin') in patients with hypercholesterolemia who have not reached target LDL levels despite the use of maximally tolerated doses.

LU Authorization Period: Indefinite

Code 381

For use as monotherapy in the management of hypercholesterolemia in patients who are intolerant to HMG-CoA reductase inhibitors or where HMG-CoA reductase inhibitors are contraindicated.

LU Authorization Period: Indefinite

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02470284	Auro-Metronidazole	500mg	Cap	AUR	0.5479
(Interchangeable with Flagyl)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02455676	PMS-Nitrofurantoin	100mg	Cap	PMS	0.5974
(Interchangeable with MacroBID)					

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02458977	Auro-Pravastatin	10mg	Tab	AUR	0.2916
02458985	Auro-Pravastatin	20mg	Tab	AUR	0.3440
02458993	Auro-Pravastatin	40mg	Tab	AUR	0.4143

(Interchangeable with Pravachol)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469979	Pharma-Simvastatin	5mg	Tab	PMS	0.1023
02470012	Pharma-Simvastatin	80mg	Tab	PMS	0.2501

(Interchangeable with Zocor)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02357763	PMS-Trandolapril	1mg	Cap	PMS	0.3523
02357771	PMS-Trandolapril	2mg	Cap	PMS	0.4049
02357798	PMS-Trandolapril	4mg	Cap	PMS	0.4995

(Interchangeable with Mavik)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02472511	Nat-Tenofovir	300mg	Tab	NAT	4.8884

(Interchangeable with Viread)

Code 517

Confirmed chronic Hepatitis B infection in persons with

- HBV DNA greater than or equal to 1000 IU/mL
- AND
- ALT levels greater than ULN
- OR
- Evidence of fibrosis
- OR
- Documented evidence of cirrhosis

LU Authorization Period: 1 year

Code 518

For patients with chronic Hepatitis B infection who have a contraindication, intolerance or inadequate response to one or more of the following: lamivudine, entecavir, adefovir or telbivudine.

LU Authorization Period: 1 year

Code 519

Patient is pregnant (2nd trimester or later) with HBV DNA greater than 1,000,000 IU/mL.

LU Authorization Period: 1 year

Code 520

Patients with chronic Hepatitis B infection currently receiving treatment with tenofovir and requires treatment continuation.

LU Authorization Period: 1 year

New Multi-Source Products (Continued)

Code 521

Patients with chronic Hepatitis B infection who are scheduled to undergo chemotherapy or significant immunosuppressive treatment.

LU Authorization Period: 1 year

Code 522

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

LU Authorization Period: 1 year

New Off-Formulary Interchangeable (OFI) Product

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02357755	PMS-Trandolapril	0.5mg	Cap	PMS	0.2372
(Interchangeable with Mavik)					

Product Status Changes from the Exceptional Access Program to General Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02041510	Dapsone	100mg	Tab	JAC	1.4061

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02084090*	Apo-Minocycline	50mg	Cap	APX	0.1101
02294419*	PMS-Minocycline	50mg	Cap	PMS	0.1101
02108143*	Teva-Minocycline	50mg	Cap	TEV	0.1101

(Interchangeable with Minocin)

* Product currently listed as Off-Formulary Interchangeable (OFI)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02084104*	Apo-Minocycline	100mg	Cap	APX	0.2125
02108151*	Teva-Minocycline	100mg	Cap	TEV	0.2125

(Interchangeable with Minocin)

* Product currently listed as Off-Formulary Interchangeable (OFI)

Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02239893*	Apo-Terbinafine	250mg	Tab	APX	0.7714
02320134*	Auro-Terbinafine	250mg	Tab	AUR	0.7714
02254727*	Co Terbinafine	250mg	Tab	COB	0.7714
02294273*	PMS-Terbinafine	250mg	Tab	PMS	0.7714
02240346*	Teva-Terbinafine	250mg	Tab	TEV	0.7714

(Interchangeable with Lamisil)

* Product currently listed as Off-Formulary Interchangeable (OFI)

Product Brand Name Change

DIN/PIN	Current Brand Name	New Brand Name	Strength	Dosage Form	Mfr
09857564	Similac Alimentum Omega-3 & Omega-6	Similac Alimentum	5.17kcal/g	Pd-400g Can Pk	ABB

Manufacturer Name Changes

DIN/PIN	Current Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02303671	Omnaris	50mcg/Actuation	Metered Dose Nas Sp- 120 Dose Pk	NYC	AZC
02049325	Zoladex	3.6mg	Depot Inj	AZC	TRS
02225905	Zoladex LA	10.8mg	Depot Inj	AZC	TRS

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02413620*	Val-Baclofen Intrathecal	VAL	Baclofen Injection	STE	0.05mg/mL	Inj Sol-1mL Pk (Preservative-Free)
02413639*	Val-Baclofen Intrathecal	VAL	Baclofen Intrathecal	STE	0.5mg/mL	Inj Sol-20mL Pk (Preservative-Free)
02413647*	Val-Baclofen Intrathecal	VAL	Baclofen Intrathecal	STE	2mg/mL	Inj Sol-5mL Pk (Preservative-Free)

* Off-Formulary Interchangeable (OFI) Product

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02248562	Metronidazole	500mg	Cap	AAP	0.5479
02213826	Revia	50mg	Tab	TEV	2.8075

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00755575	Modecate Concentrate	100mg/mL	Inj Sol-1mL Pk	BQU
09857341	Mylan-Omeprazole	20mg	DR Cap	MYL
09857343	Mylan-Omeprazole	20mg	DR Cap	MYL
02450267*	Afinitor	7.5mg	Tab	NOV

* Exceptional Access Program (EAP) Product.

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02357070*	Jamp-Terbinafine	250mg	Tab	JPC
02137534	Mylan-Alprazolam	0.25mg	Tab	MYL
02229519	Mylan-Gliclazide	80mg	Tab	MYL
02230735*	Mylan-Minocycline	50mg	Cap	MYL
02230736*	Mylan-Minocycline	100mg	Cap	MYL
02368226*	Mylan-Montelukast	10mg	Tab	MYL
00369810	Tegretol	100mg	Chew Tab	NOV
02242067**	Trileptal	150mg	Tab	NOV
00783137***	PMS-Metronidazole	500mg	Cap	PMS
02294427*	PMS-Minocycline	100mg	Cap	PMS
01914138*	Ratio-Minocycline	50mg	Cap	RPH
01914146*	Ratio-Minocycline	100mg	Cap	RPH
00607762	Ratio-Morphine	1mg/mL	O/L	RPH
00607770	Ratio-Morphine	5mg/mL	O/L	RPH
00690783	Ratio-Morphine	10mg/mL	O/L	RPH
00690791	Ratio-Morphine	20mg/mL	O/L	RPH
02237314*	Sandoz Minocycline	100mg	Cap	SDZ
00486582	M.O.S.	1mg/mL	O/L	VAL
00514217	M.O.S.	5mg/mL	O/L	VAL
00632481	M.O.S.	20mg/mL	O/L	VAL

* Off-Formulary Interchangeable (OFI) Product

** Exceptional Access Program (EAP) Product

*** Not-A-Benefit (NAB) Product

