

Ministry of Health

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – July 2019

Effective July 31, 2019

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
02478579	Biktarvy	50mg & 200mg & 25mg	Tab	BICTEGRAVIR SODIUM/ EMTRICITABINE/ TENOFVIR ALAFENAMIDE HEMIFUMARATE	GIL	39.2227

Therapeutic Notes:

As a complete regimen for the treatment of HIV-1 infection in adults with no known substitutions associated with resistance to the individual components of Biktarvy.

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	Generic Name	Mfr	DBP
02465337	Isentress HD	600mg	Tab	RALTEGRAVIR POTASSIUM	MEK	14.0301

Therapeutic Notes:

For use as part of an optimized regimen for the treatment of HIV/AIDS in adult patients.

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02445492	Apo-Amphetamine XR	5mg	ER Cap	APX	0.5372
02445506	Apo-Amphetamine XR	10mg	ER Cap	APX	0.6105
02445514	Apo-Amphetamine XR	15mg	ER Cap	APX	0.6838
02445522	Apo-Amphetamine XR	20mg	ER Cap	APX	0.7572
02445530	Apo-Amphetamine XR	25mg	ER Cap	APX	0.8305
02445549	Apo-Amphetamine XR	30mg	ER Cap	APX	0.9038

(Interchangeable with Adderall XR)

Therapeutic Note(s)

Stimulant medication should only be used when diagnostic criteria for narcolepsy or attention deficit disorder have been met and when stimulant medication has been demonstrated to produce clinical benefits. The use of conventional-release medication should almost always precede the use of extended-release preparations.

Notes: Patients > 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

- 1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
- 2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND
- 3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR or Dexedrine SR (Spansules) and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

New Multi-Source Products (Continued)

Administrative barriers include:

- inability of a school to dose the child at lunch;
- the school lunch hour does not coincide with the dosing schedule;
- poor compliance with noon or afternoon doses;
- the patient is unable to swallow tablets.

Societal barriers include:

- the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02438917	Ach-Rosuvastatin	5mg	Tab	ACH	0.1284
02438925	Ach-Rosuvastatin	10mg	Tab	ACH	0.1354
02438933	Ach-Rosuvastatin	20mg	Tab	ACH	0.1692
02438941	Ach-Rosuvastatin	40mg	Tab	ACH	0.1990

(Interchangeable with Crestor)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02473240	Jamp Candesartan-HCT	16mg & 12.5mg	Tab	JPC	0.2156
02473259	Jamp Candesartan-HCT	32mg & 12.5mg	Tab	JPC	0.2156
02473267	Jamp Candesartan-HCT	32mg & 25mg	Tab	JPC	0.3008

(Interchangeable with Atacand Plus)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02475804	Ran-Bupropion XL	150mg	ER Tab	RAN	0.1463
02475812	Ran-Bupropion XL	300mg	ER Tab	RAN	0.2927

(Interchangeable with Wellbutrin XL)

Reason For Use Code and Clinical Criteria

Code 315

For the treatment of depression.

LU Authorization Period: Indefinite

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02426226	Teva-Varenicline	0.5mg	Tab	TEV	0.9237

(Interchangeable with Champix)

Reason For Use Code and Clinical Criteria

Code 423

For smoking-cessation treatment in adults, in conjunction with smoking-cessation counseling.

Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient.

LU Authorization Period: 12 Weeks

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02481723	Ondansetron ODT (Tablet)	4mg		SDZ	3.2720
02481731	Ondansetron ODT (Tablet)	8mg		SDZ	4.9930

(Interchangeable with Zofran ODT)

Reason For Use Code and Clinical Criteria

Code 215

For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy.

LU Authorization Period: 1 year.

Code 216

For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics.

LU Authorization Period: 1 year

Code 217

For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics

LU Authorization Period: 1 year

Code 218

For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation.

NOTE: The therapeutic value of Ondansetron Hydrochloride more than 24 hours after the last dose of chemotherapy is unproven.

LU Authorization Period: 1 year

Code 454

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

LU Authorization Period: 1 year

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02485265	Apo-Deferasirox (Type J)	90mg	Tab	APX	9.2582
02485273	Apo-Deferasirox (Type J)	180mg	Tab	APX	18.5173
02485281	Apo-Deferasirox (Type J)	360mg	Tab	APX	37.0371

(Interchangeable with Jadenu)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02468565	Apo-Perindopril/Amlodipine	3.5mg & 2.5mg	Tab	APX	0.8075
02468573	Apo-Perindopril/Amlodipine	7mg & 5mg	Tab	APX	0.8925
02468581	Apo-Perindopril/Amlodipine	14mg & 10mg	Tab	APX	0.9775

(Interchangeable with Viacoram)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02458764	CCP-Rizatriptan	5mg	Orally DisintegratingTab	CCP	11.1150
02458772	CCP-Rizatriptan	10mg	Orally DisintegratingTab	CCP	11.1150

(Interchangeable with Maxalt RPD)

Off Formulary Interchangeable (OFI) Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02458780	CCP-Zolmitriptan	2.5mg	Tab	CCP	6.8586
(Interchangeable with Zomig)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02473607	Mar-Febuxostat	80mg	Tab	MAR	1.3515
(Interchangeable with Uloric)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02473968	Odan-Sodium Polystyrene Sulfonate	250mg/mL	Oral/Rectal Susp	ODN	0.1954/mL
(Interchangeable with Solystat)					

Addition of Reason For Use Code

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02462877	Erelzi	25mg/0.5mL	Inj Pref Syr	SDZ
02462869	Erelzi	50mg/mL	Inj Pref Syr	SDZ
02462850	Erelzi	50mg/mL	Inj Prefilled SensoReady Pen	SDZ

Reason For Use Code and Clinical Criteria

Code 563

For the treatment of psoriatic arthritis in patients who have severe active disease (greater than or equal to 5 swollen joints and radiographic evidence of psoriatic arthritis) despite treatment with methotrexate (20mg/week) for at least 3 months and one of leflunomide (20mg/day) or sulfasalazine (1g twice daily) for at least 3 months.

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year.

For renewals beyond the second year, the patient must demonstrate objective evidence of preservation of treatment effect.

Therapy must be prescribed by a rheumatologist or a physician with expertise in rheumatology.

The recommended dosing regimen is 50mg per week or 25mg twice weekly.

LU Authorization Period: 1 year

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00800430	Vancocin	125mg	Cap	MEU	SLP
00788716	Vancocin	250mg	Cap	MEU	SLP

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
01910272	Ratio-Clobetasol	RPH	Teva-Clobetasol	TEV	0.05%	Cr
01910280	Ratio-Clobetasol	RPH	Teva-Clobetasol	TEV	0.05%	Oint
01910299	Ratio-Clobetasol	RPH	Teva-Clobetasol	TEV	0.05%	Scalp Lot
00608882	Ratio-Emtec	RPH	Teva-Emtec-30	TEV	300mg & 30mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02439654	Act Bupropion XL	150mg	ER Tab	ACV	0.1463
02439662	Act Bupropion XL	300mg	ER Tab	ACV	0.2927
02419882	Apo-Varenicline	0.5mg	Tab	APX	0.9237
02382075	Mylan-Bupropion XL	150mg	ER Tab	MYL	0.1463
02382083	Mylan-Bupropion XL	300mg	ER Tab	MYL	0.2927
02431637	Calcitriol-Odan	0.25mcg	Cap	ODN	0.4682
02431645	Calcitriol-Odan	0.5mcg	Cap	ODN	0.7446
02455323	Brenzys	50mg/mL	Inj Sol-Pref Syr	SAM	254.0000
02455331	Brenzys	50mg/mL	Sol- Pref AutoInj	SAM	254.0000
02026961	Kayexalate	1mEq/g	Oral Pd-454g Pk	SAV	42.0200

Discontinued Products

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

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
02304317	Co Venlafaxine XR	37.5mg	ER Cap	COB
02304325	Co Venlafaxine XR	75mg	ER Cap	COB
02304333	Co Venlafaxine XR	150mg	ER Cap	COB
02444674	Sandoz Ondansetron ODT (Tablet)	4mg		SDZ
02444682	Sandoz Ondansetron ODT (Tablet)	8mg		SDZ
01927612	Myochrysine	25mg/mL	Inj Sol-1mL Pk	SAV
01927604	Myochrysine	50mg/mL	Inj Sol-1mL Pk	SAV

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02379651*	Mar-Rizatriptan	5mg	Tab	MAR
02157195	Teva-Domperidone	10mg	Tab	TEV
09857335	E028 Splash (Grape Flavoured)	1kcal/mL Pk	Liq-237mL Pk	NUT
09857336	E028 Splash (Orange-Pineapple Flavoured)	1kcal/mL Pk	Liq-237mL Pk	NUT

* Off Formulary Interchangeable (OFI) Product

