

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – August 2019

Effective August 30, 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
02474565	Lapelga	10mg/mL	Inj Sol-Pref Syr – 0.6mL Pk (Preservative Free)	PEGFILGRASTIM	APX	1878.7300/Syr

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02474018	Mezera	1g	Sup	MESALAZINE	AVP	1.8000/Sup

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02470608	Xeljanz XR	11mg	ER Tab	TOFACITINIB CITRATE	PFI	47.9178

Reason For Use Code and Clinical Criteria

Code 565

For the treatment of rheumatoid arthritis (RA) in patients who have severe active disease (greater than or equal to 5 swollen joints and rheumatoid factor positive and/or, anti-CCP positive, and/or radiographic evidence of rheumatoid arthritis) and have experienced failure, intolerance, or have a contraindication to adequate trials of disease-modifying anti-rheumatic drugs (DMARDs) treatment regimens, such as one of the following combinations of treatments:

New Single Source Products (Continued)

- A i) Methotrexate (20mg/week) for at least 3 months, AND
ii) leflunomide (20mg/day) for at least 3 months, in addition to
iii) an adequate trial of at least one combination of DMARDs for 3 months; OR
- B i) Methotrexate (20mg/week) for at least 3 months, AND
ii) leflunomide in combination with methotrexate for at least 3 months; OR
- C. i) Methotrexate (20mg/week), sulfasalazine (2g/day) and hydroxychloroquine (400mg/day) for at least 3 months. (Hydroxychloroquine is based by weight up to 400mg per day.)

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20 percent 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 11 mg once daily.

LU Authorization Period: 1 year

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02468948	Ach-Olmesartan HCTZ	20mg & 12.5mg	Tab	ACH	0.3019
02468956	Ach-Olmesartan HCTZ	40mg & 12.5mg	Tab	ACH	0.3019
02468964	Ach-Olmesartan HCTZ	40mg & 25mg	Tab	ACH	0.3019

(Interchangeable with Olmetec Plus)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02458233	Jamp-Efavirenz	600mg	Tab	JPC	3.8030

(Interchangeable with Sustiva)

Therapeutic Note:

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 (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02488353	Mar-Trospium	20mg	Tab	MAR	0.6108

(Interchangeable with Trosec)

Reason For Use Code and Clinical Criteria

Code 290

For patients with urinary frequency, urgency or urge incontinence who have:

Failed to respond to behavioral techniques AND an adequate trial of oxybutynin with gradual dose escalation has shown to be either ineffective or resulted in unacceptable side effects.

NOTE: If after a trial of 2 weeks patients continue to experience similar side effects and no greater efficacy than oxybutynin, continued therapy with this more costly agent should be reassessed.

Antimuscarinic agents should be used with caution in the elderly due to potentially serious adverse effects (e.g. confusion, psychosis, acute urinary retention, constipation). Antimuscarinic agents should be avoided in older adults with pre-existing cognitive impairment (e.g. dementia) and those who are already using other drugs with significant anticholinergic effects (e.g. tricyclic antidepressants) in order to avoid a high overall anticholinergic drug burden.

LU Authorization Period: Indefinite

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
09857631	Teva-Varenicline	0.5mg & 1mg	Tab (Starter Pack-53 Tabs)	TEV	48.7759

(Interchangeable with Champix)

Therapeutic Note:

PIN 09857631 includes 25 tablets (0.5mg and 1.0mg) from the Teva-Varenicline Starter Pack (DIN 02426781) and 28 tablets of Teva-Varenicline 1.0mg tablets (DIN 02426234). Dispensers need to ensure that only 1 claim is submitted by using the assigned PIN 09857631 when dispensing a total of 53 tablets from the combination of 28 tablets of Teva-Varenicline 1.0mg (DIN 02426234) with 25 tablets of the Teva-Varenicline Starter Pack (DIN 02426781).

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 Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02246597	Pamidronate Disodium for Injection	3mg/mL	Inj Sol-10mL Vial	FKC	86.7800/Vial
09857628*	Pamidronate Disodium for Injection	3mg/mL	Inj Sol-10mL Vial	FKC	86.7800/Vial
02446598	Pamidronate Disodium for Injection	6mg/mL	Inj Sol-10mL Vial	FKC	176.7000/Vial
09857629*	Pamidronate Disodium for Injection	6mg/mL	Inj Sol-10mL Vial	FKC	176.7000/Vial
02246599	Pamidronate Disodium for Injection	9mg/mL	Inj Sol-10mL Vial	FKC	260.3300/Vial
09857630*	Pamidronate Disodium for Injection	9mg/mL	Inj Sol-10mL Vial	FKC	260.3300/Vial

(Interchangeable with Aredia)

*Facilitated Access Palliative Care

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02487748	Sandoz Gefitinib	250mg	Tab	SDZ	62.3050

(Interchangeable with Iressa)

New Nutrition Product

G.2 PEDIATRIC FORMULA, CHEMICALLY DEFINED – MONOMERIC (ELEMENTAL)

Brand Name	Strength, Dosage Form, Package Size	PIN	Mfr	Cost (\$) per 1000 Kcal	Cost (\$) per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
Neocate DHA & ARA	0.2071g/kcal Pd- 400g Can Pk	09857627	NUT	32.40	62.56	62.56	0.00

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02273217	Enablex	7.5mg	ER Tab	MEU	SLP
02273225	Enablex	15mg	ER Tab	MEU	SLP

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00545031	Apo-Ferrous Gluconate	APX	Ferrous Gluconate 300mg	AAP	300mg	Tab
02278677	Midodrine	AAP	Apo-Midodrine	APX	2.5mg	Tab
02278685	Midodrine	AAP	Apo-Midodrine	APX	5mg	Tab
02238334	Novo-Clobazam	NOP	Teva-Clobazam	TEV	10mg	Tab
02231015	Novo-Furantoin	NOP	Teva-Nitrofurantoin	TEV	50mg	Cap
02231016	Novo-Furantoin	NOP	Teva-Nitrofurantoin	TEV	100mg	Cap
02444674	Sandoz Ondansertone ODT (Tablet)	SDZ	VPI-Ondansetron ODT (Tablet)	VPI	4mg	
02444682	Sandoz Ondansertone ODT (Tablet)	SDZ	VPI-Ondansetron ODT (Tablet)	VPI	8mg	

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02273918	Benazepril	20mg	Tab	AAP	1.1311
02290332	Benazepril	5mg	Tab	AAP	0.8333
02290340	Benazepril	10mg	Tab	AAP	0.9870
02301334	Brimonidine P	0.15%	Oph Sol	AAP	1.9320
02195917	Megestrol	40mg	Tab	AAP	1.3340
02195925	Megestrol	160mg	Tab	AAP	5.8151
00360260	Methyldopa	250mg	Tab	AAP	0.1579
02291967	Ondansetron	4mg/5mL	O/L	AAP	1.6642
02230090	Pentoxifylline SR	400mg	SR Tab	AAP	0.8042
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	ABB	67.9100
02443112	Act Olmesartan HCT	20mg & 12.5mg	Tab	ACV	0.3019
02443120	Act Olmesartan HCT	40mg & 12.5mg	Tab	ACV	0.3019
02443139	Act Olmesartan HCT	40mg & 25mg	Tab	ACV	0.3019
02291134	Apo-Cilazapril	1mg	Tab	APX	0.3115
02291142	Apo-Cilazapril	2.5mg	Tab	APX	0.4295
02291150	Apo-Cilazapril	5mg	Tab	APX	0.4989
02453606	Apo- Olmesartan/HCTZ	20mg & 12.5mg	Tab	APX	0.3019
02453614	Apo- Olmesartan/HCTZ	40mg & 12.5mg	Tab	APX	0.3019
02453622	Apo- Olmesartan/HCTZ	40mg & 25mg	Tab	APX	0.3019

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02435675	Apo-Varenicline	0.5mg & 1mg	Tab (starter Pack-53 Tabs)	APX	48.7759
02283778	Mylan-Cilazapril	1mg	Tab	MYL	0.3115
02283786	Mylan-Cilazapril	2.5mg	Tab	MYL	0.4295
02283794	Mylan-Cilazapril	5mg	Tab	MYL	0.4989
00812366	Clotrimaderm Vaginal Cream	10mg/g	Vag Cr-App	TAR	0.1812
00812374	Clotrimaderm Vaginal Cream	20mg/g	Vag Cr-App	TAR	0.3624
02367394	Taro- Carbamazepine	100mg/5mL	Oral Susp	TAR	0.0578
02250896	Taro-Phenytoin	25mg/mL	O/L	TAR	0.0428

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02238748	Viramune	200mg	Tab	BOE
09857433	Neocate with DHA & ARA	0.67kcal/1mL	Pd-400g Can Pk	NUT
00469327	Demulen 30	0.03mg & 2mg	Tab-21 Pk	PFI
00471526	Demulen 30	0.03mg & 2mg	Tab-28 Pk	PFI
02231116	Hycamtin	4mg	Inj Sol-Vial Pk	SMJ
00587966	Stieva-A	0.025%	Gel	STI

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02417316	Apo-Ciclesonide	50mcg/Actuation	Metered Dose Nas Sp-120 Dose Pk	APX
02415380	Mya	3.0mg & 0.02mg	Tab-28 Pk	APX
02410788*	Zamine 21	3.0mg & 0.03mg	Tab-21 Pk	APX
02410796*	Zamine 28	3.0mg & 0.03mg	Tab-28 Pk	APX
02239757	Bactroban	2%	Cr	GSK
01916947	Bactroban	2%	Oint	GSK
02422468	Mar-Losartan	25mg	Tab	MAR
02422476	Mar-Losartan	50mg	Tab	MAR
02422484	Mar-Losartan	100mg	Tab	MAR
02264056	Teva-Ondansetron	4mg	Tab	TEV
02264064	Teva-Ondansetron	8mg	Tab	TEV
02212366	Zantac	50mg/2mL	Inj Sol-2mL Pk	GSK

*Not-A-Benefit.

