

# **Ontario Drug Benefit Formulary/Comparative Drug Index**

Edition 43

Summary of Changes – December 2019  
Effective December 20, 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
02480808	Xarelto	2.5mg	Tab	RIVAROXABAN	BAH	1.4200

## Reason For Use Code and Clinical Criteria

### Code 539

In combination with acetylsalicylic acid (ASA; 75mg to 100mg) for the prevention of stroke, myocardial infarction, and cardiovascular death, and for the prevention of acute limb ischemia and mortality in patients with concomitant coronary artery disease (CAD) and peripheral artery disease (PAD) if the following conditions are met:

**Patients with CAD are defined as having one or more of the following:**

- myocardial infarction within the last 20 years
- multi-vessel coronary disease (i.e., stenosis of greater than or equal to 50% in two or more coronary arteries, or in one coronary territory if at least one other territory has been revascularized) with symptoms or history of stable or unstable angina
- multi-vessel percutaneous coronary intervention
- multi-vessel coronary artery bypass graft surgery
- **and** meet at least one of the following criteria:
  - aged 65 years or older, or
  - aged younger than 65 years with documented atherosclerosis or revascularization involving at least two vascular beds (coronary and other vascular) or at least two additional risk factors (current smoker, diabetes mellitus, estimated glomerular filtration rate less than 60 mL/min, heart failure, non-lacunar ischemic stroke 1 month or more ago).

## New Single Source Products (Continued)

**Patients with PAD are defined as having one or more of the following:**

- previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries
- previous limb or foot amputation for arterial vascular disease
- history of intermittent claudication and one or more of the following:
  - an anklebrachial index less than 0.90, or
  - significant peripheral artery stenosis (greater than or equal to 50%) documented by angiography or by duplex ultrasound
- previous carotid revascularization or asymptomatic carotid artery stenosis greater than or equal to 50%, as diagnosed by duplex ultrasound or angiography.

### Exclusion Criteria

The Drug Product should not be reimbursed for patients who have CAD or PAD alone or in patients with any one of the following characteristics:

- at high risk of bleeding
- a history of stroke within one month of treatment initiation or any history of hemorrhagic or lacunar stroke
- severe heart failure with a known ejection fraction less than 30% or New York Heart Association class III or IV symptoms
- an estimated glomerular filtration rate less than 15 mL/min require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy.

LU Authorization: Indefinite

## New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02484218	Vyzulta	0.024% w/v	Oph Sol	LATANOPROSTENE BUNOD	BSH	5.2500/mL

### Reason For Use Code and Clinical Criteria

#### Code 171

As first line treatment of elevated intraocular pressure in patients who cannot tolerate an ophthalmic beta-blocking agent or where beta-blocking agents are contraindicated.

LU Authorization Period: Indefinite

#### Code 172

As second line monotherapy or combined therapy in patients who do not have an adequate intraocular pressure lowering response to ophthalmic beta-blocking agents.

LU Authorization Period: Indefinite

#### Code 387

For use as adjunctive therapy with an ophthalmic beta-blocking agent in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite

## New Single-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02464276	Adlyxine	0.05mg/mL	Inj Sol-Pref Pen 3mL Pk	LIXISENATIDE	SAC	56.9800
02464284	Adlyxine	0.1mg/mL	Inj Sol-Pref Pen 3mL Pk	LIXISENATIDE	SAC	56.9800

### Therapeutic Notes:

For the treatment of type 2 diabetes in combination with metformin and one of either sulfonylurea, pioglitazone, or basal insulin, when diet and exercise plus dual therapy with one of the above do not achieve adequate glycemic control.

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02478293	Soliqua	100U/mL & 33mcg/mL	Inj Sol-Pref Pen 5x3mL Pk	INSULIN GLARGINE & LIXISENATIDE	SAC	189.8000

### Therapeutic Notes:

As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus inadequately controlled on basal insulin (less than 60 units daily) in combination with metformin.

# New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02478927	Accel-Ondansetron	4mg	Tab	ACC	3.2720
02478935	Accel-Ondansetron	8mg	Tab	ACC	4.9930

(Interchangeable with Zofran)

## 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

# New Multi-Source Products (Continued)

## Code 454

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

LU Authorization Period: 1 Year

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02478862	Accel-Leflunomide	10mg	Tab	ACC	2.6433
02478870	Accel-Leflunomide	20mg	Tab	ACC	2.6433

(Interchangeable with Arava)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02457741	ACH-Atorvastatin Calcium	10mg	Tab	ACH	0.1743
02457768	ACH-Atorvastatin Calcium	20mg	Tab	ACH	0.2179
02457776	ACH-Atorvastatin Calcium	40mg	Tab	ACH	0.2342
02457784	ACH-Atorvastatin Calcium	80mg	Tab	ACH	0.2342

(Interchangeable with Lipitor)



## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02436019	Jamp-Pregabalin	300mg	Cap	JPC	0.4145

(Interchangeable with Lyrica)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02487802	Mar-Lacosamide	50mg	Tab	MAR	0.6313
02487810	Mar-Lacosamide	100mg	Tab	MAR	0.8750
02487829	Mar-Lacosamide	150mg	Tab	MAR	1.1763
02487837	Mar-Lacosamide	200mg	Tab	MAR	1.4500

(Interchangeable with Vimpat)

## Reason For Use Code and Clinical Criteria

## Code 430

As adjunctive therapy in the treatment of patients with partial onset seizures who have had an inadequate response or have significant intolerance to at least 3 less costly anticonvulsant therapies; AND

Patients are under the care of a physician experienced in the treatment of epilepsy.

Note: Less costly anticonvulsant therapies may include the following:

Phenytoin, Carbamazepine, Gabapentin, Lamotrigine, Vigabatrin, Topiramate, etc.

LU Authorization Period: Indefinite

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02483394	Ipratropium Bromide and Salbutamol Sulphate Inhalation Solution	0.5mg/2.5mL & 2.5mg/2.5mL	Inh Sol-2.5mL Amp Pk (Preservative Free)	MDI	0.8066/Amp

(Interchangeable with Combivent UDV)

**Reason For Use Code and Clinical Criteria**

For the vast majority of patients, a metered dose inhaler is the preferred therapy. Nebulizer therapy will be reimbursed for patients who are unable to use a metered dose inhaler, including an inhaler with a spacer attachment, or a turbuhaler.

**Code 256**

Patients who have a tracheostomy;

LU Authorization Period: Indefinite

**Code 257**

Patients with cystic fibrosis in whom nebulizer therapy is indicated;

LU Authorization Period: Indefinite

**Code 258**

Patients with severe mental or physical disabilities;

LU Authorization Period: Indefinite

**Code 259**

Patients who have previously used nebulizer therapy within the last 12 month period.

LU Authorization Period: Indefinite

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02410141	Mint-Olanzapine	2.5mg	Tab	MIN	0.1772
02410168	Mint-Olanzapine	5mg	Tab	MIN	0.3544
02410176	Mint-Olanzapine	7.5mg	Tab	MIN	0.5316
02410184	Mint-Olanzapine	10mg	Tab	MIN	0.7088
02410192	Mint-Olanzapine	15mg	Tab	MIN	1.0631

(Interchangeable with Zyprexa)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02475065	Diclofenac	0.1% w/v	Oph Sol	PHS	1.2397/mL

(Interchangeable with Voltaren Ophtha)

### Therapeutic Notes:

Diclofenac sodium 0.1% ophthalmic solution (DIN 02475065) is in a unit dose container of 0.3mL and it is preservative-free. Its Drug Benefit Price is displayed on a per mL basis. Dispensers must ensure that the unit of reimbursement for this product is accurate in the submitted claims. (For example, when dispensing a package of 10 x 0.3 mL containers, a unit of 3 must be selected in the Health Network System claim to reflect that 3mL is being dispensed.)

The prescriber should be aware that diclofenac sodium 0.1% ophthalmic solution products may be preservative-free or preservative-containing. If applicable, the prescriber should choose the most appropriate formulation (preservative-free or preservative containing) for use in the specific clinical situation in which the product was prescribed.

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02482274	Riva-Levetiracetam	250mg	Tab	RIA	0.3210
02482282	Riva-Levetiracetam	500mg	Tab	RIA	0.3911
02482290	Riva-Levetiracetam	750mg	Tab	RIA	0.5416

(Interchangeable with Keppra)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02485710	Taro-Calcitriol	0.25mcg	Cap	TAR	0.3536
02485729	Taro-Calcitriol	0.5mcg	Cap	TAR	0.5623

(Interchangeable with Rocaltrol)

# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02327260	Apo-Gatifloxacin	0.3% w/v	Oph Sol (with Preservative)	APX	2.3035/mL

(Interchangeable with Zymar)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469936	Apo-Fingolimod	0.5mg	Cap	APX	73.9096
02474743	Mar-Fingolimod	0.5mg	Cap	MAR	73.9096
02482606	Sandoz Fingolimod	0.5mg	Cap	SDZ	73.9096
02469618	Taro-Fingolimod	0.5mg	Cap	TAR	21.7381
02469561	Teva-Fingolimod	0.5mg	Cap	TEV	73.9096

(Interchangeable with Gilenya)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02466198	Teva-Febuxostat	80mg	Tab	TEV	1.3515

(Interchangeable with Uloric)

# Product Brand Name Changes

DIN/PIN	Current Brand Name	New Brand Name	Strength	Dosage Form	Mfr
02393441*	Fluoxetine Capsules BP	ACH-Fluoxetine	10mg	Cap	ACH
02383241	Fluoxetine Capsules BP	ACH-Fluoxetine	20mg	Cap	ACH

\* Off Formulary Interchangeable (OFI) Product

# Manufacturer Name Changes

DIN/PIN	Brand Name	Current Mfr	New Mfr	Strength	Dosage Form
02441853	Pantoprazole Magnesium	ASP	ALH	40mg	Ent Coated Tab
01911481	Inhibace	HLR	CHE	5mg	Tab

# Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02284049	Desmopressin	0.2mg	Tab	AAP	1.3217
00740802	Trimipramine	25mg	Tab	AAP	0.2960
00740810	Trimipramine	50mg	Tab	AAP	0.5795
02070987	Trimipramine	75mg	Cap	AAP	0.7800
00740829	Trimipramine	100mg	Tab	AAP	0.9889
02441020	Apo-Diclofenac Ophthalmic	0.1% w/v	Oph Sol	APX	1.2397
02270811	Finacea	15%	Top Gel	BAH	0.6370
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	1.6311
01976133	Dovonex	50mcg/g	Oint	LEO	0.9077
00586668	Fucidin	2%	Cr	LEO	0.8140
00586676	Fucidin	2%	Oint	LEO	0.8140
02167840	Innohep	10000IU/mL	Inj-2mL Pk	LEO	43.8480
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	89.0700
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	22.5610
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	7.7350
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	9.9490
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	31.6150
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	40.6440
02429462	Innohep	8000IU/0.4mL	Inj Pref Syr	LEO	18.0660
02429470	Innohep	12000IU/0.6mL	Inj Pref Syr	LEO	27.0990
02429489	Innohep	16000IU/0.8mL	Inj Pref Syr	LEO	36.1320
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	5.5310
00474517	One-Alpha	0.25mcg	Cap	LEO	0.5472



## Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
00474525	One-Alpha	1mcg	Cap	LEO	1.6380
02240329	One-Alpha Drops	2mcg/mL	Oral Drops	LEO	6.5710
02244149	Protopic	0.03%	Oint	LEO	2.4928
02244148	Protopic	0.1%	Oint	LEO	2.6667
02431637	Calcitriol-Odan	0.25mcg	Cap	ODN	0.3536
02431645	Calcitriol-Odan	0.5mcg	Cap	ODN	0.5623
80003615	Erdol	8288IU/mL	O/L	ODN	0.2189
00868965	Suprax	20mg/mL	Oral Susp	ODN	0.3900
02454807	Sandoz Diclofenac Ophtha	0.1% w/v	Oph Sol	SDZ	1.2397
02465493*	Cubicin RF	500mg/10mL	Pd for Inj- 10mL Vial Pk	SUO	191.0000
02422050	Latuda	20mg	Tab	SUO	4.7000
02387751	Latuda	40mg	Tab	SUO	4.7000
02413361	Latuda	60mg	Tab	SUO	4.7000
02387778	Latuda	80mg	Tab	SUO	4.7000
02387786	Latuda	120mg	Tab	SUO	4.7000
02272695	Teva-Combo Sterinebs	500mcg/2.5mg/ 2.5mL	Inh Sol - 2.5mL Amp Pk	TEV	0.8066

\* 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
00001686	Xylocaine Viscous	2%	O/L	AZC
02274574	Gd-Azithromycin	200mg/5mL	O/L-15mL Pk	GEM
02274566	Gd-Azithromycin	100mg/5mL	O/L-15mL Pk	GEM
09857455	Gd-Azithromycin	200mg/5mL	O/L-22.5mL Pk	GEM
01911473	Inhibace	2.5mg	Tab	HLR
02171880	Timoptic XE	0.25%	Oph Gellan Sol	PFP

# Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02407825*	Apo-Imiquimod	5%	Top Cr 250mg-UD pack	APX
02163675	Cefzil	125mg/5mL	Oral Susp - 75mL pack	BQU
09857358	Cefzil	125mg/5mL	Oral Susp - 100mL pack	BQU
02163683	Cefzil	250mg/5mL	Oral Susp - 75mL pack	BQU
09857359	Cefzil	250mg/5mL	Oral Susp - 100mL pack	BQU
02163659	Cefzil	250mg	Tab	BQU
02163667	Cefzil	500mg	Tab	BQU
00629340	Novo-Profen	400mg	Tab	NOP
09857422	BGStar Blood Glucose Strips 2.7IU	N/A	Strip	SAC

\* Off-Formulary Interchangeable (OFI) Product

