

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – April 2020  
Effective April 30, 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
02483084	Sublocade	100mg/ 0.5mL	Inj Sol- Pref Syr	BUPRENORPHINE	IND	550.0000/ Pref Syr
02483092	Sublocade	300mg/ 1.5mL	Inj Sol- Pref Syr	BUPRENORPHINE	IND	550.0000/ Pref Syr

## Reason For Use Code and Clinical Criteria

### Code 577

For the management of moderate to severe opioid use disorder as a part of a complete treatment plan that includes counselling and psychosocial support in adult patients who meet the following criteria:

- The patient has been induced and is stabilized on an equivalent of 8 mg to 24 mg per day of transmucosal buprenorphine for a minimum of seven days; AND
- The patient is under the care of a health care provider with experience in the diagnosis and management of opioid use disorder; AND
- Each dose is administered subcutaneously in the abdominal region by a certified healthcare provider who has received instruction and training.

Recommended dose: 300 mg/month for two months, followed by a maintenance dose of 100 mg/month. Maintenance dose may be increased to 300 mg/month only if patient does not demonstrate satisfactory clinical response.

NOTE: In clinical trials, the 300 mg/month maintenance dose did not provide additional efficacy as compared to the 100 mg/month dose and was associated with a higher incidence of adverse events and study discontinuations. A minimum of 26 days is required between consecutive doses.

LU Authorization Period: 1 year

## New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02474921	Probuphine	80mg	Subdermal Implant	BUPRENORPHINE	KNT	1495.0000/Kit

### Reason For Use Code and Clinical Criteria

#### Code 578

For the management of opioid use disorder in combination with counseling and psychosocial support in adult patients who meet the following criteria:

- The patient is stabilized on a dose of no more than 8 mg per day of sublingual buprenorphine for the preceding 90 days; AND
- The patient is under the care of a health care provider with experience in the diagnosis and management of opioid use disorder and has been trained to implant and remove the buprenorphine subdermal implant.

Recommended dose: Four 80 mg implants inserted subdermally in the inner side of the upper arm for up to six months.

The maximum quantity that can be claimed per patient is four (4) implant cycles (i.e. two (2) years of therapy).

NOTE: The product monograph indicates that dosing beyond two (2) years cannot be recommended at this time. Probuphine subdermal implants are intended to be in place for six months of treatment. Probuphine implants are removed at the end of the six-month period. If continued treatment is desired, the implants should be replaced by new implants (implanted in the opposite arm) at the time of removal.

LU Authorization Period: 2 years

## 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
02440644	ACH-Pravastatin	10mg	Tab	ACH	0.2916
02440652	ACH-Pravastatin	20mg	Tab	ACH	0.3440
02440660	ACH-Pravastatin	40mg	Tab	ACH	0.4143

(Interchangeable with Pravachol – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02482363	Auro-Azithromycin	100mg/5mL	O/L-15mL Pk	AUR	5.9347
02482371	Auro-Azithromycin	200mg/5mL	O/L-15mL Pk	AUR	8.4062
09857636	Auro-Azithromycin	200mg/5mL	O/L-22.5mL Pk	AUR	12.6093

(Interchangeable with Zithromax – GB with TN)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02484315	Jamp Itraconazole Oral Solution	10mg/mL	Oral Sol	JPC	0.6167/mL

(Interchangeable with Sporanox – LU)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02479508	Mint-Atorvastatin	10mg	Tab	MIN	0.1743
02479516	Mint-Atorvastatin	20mg	Tab	MIN	0.2179
02479524	Mint-Atorvastatin	40mg	Tab	MIN	0.2342

(Interchangeable with Lipitor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02487330	Mint-Ondansetron ODT	4mg	ODT	MIN	3.2720
02487349	Mint-Ondansetron ODT	8mg	ODT	MIN	4.9930

(Interchangeable with Zofran ODT – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02488140	Mint-Spironolactone	25mg	Tab	MIN	0.0810
02488159	Mint-Spironolactone	100mg	Tab	MIN	0.1910

(Interchangeable with Aldactone – GB with TN)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495597	Wixela Inhub	100mcg & 50mcg	Inh-60 Dose Pk	MYL	42.4050

(Interchangeable with Advair Diskus – LU)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02494507	PMS-Fluticasone Propionate-Salmeterol DPI	100mcg & 50mcg	Inh-60 Dose Pk	PMS	42.4050
02494515	PMS-Fluticasone Propionate-Salmeterol DPI	250mcg & 50mcg	Inh-60 Dose Pk	PMS	50.7600
02494523	PMS-Fluticasone Propionate-Salmeterol DPI	500mcg & 50mcg	Inh-60 Dose Pk	PMS	72.0600

(Interchangeable with Advair Diskus – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02353318	Ciprofloxacin	250mg	Tab	SAI	0.4454
02353326	Ciprofloxacin	500mg	Tab	SAI	0.5025

(Interchangeable with Cipro – GB with TN)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02466120	Clarithromycin	250mg	Tab	SAI	0.4122

(Interchangeable with Biaxin BID – GB with TN)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02442434	Azithromycin	250mg	Tab	SIV	0.9410

(Interchangeable with Zithromax – GB with TN)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02411857	Omeprazole-20	20mg	DR Cap	SIV	0.2287

(Interchangeable with Losec DR Tab DIN 02190915 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09857640	Omeprazole-20	20mg	DR Cap	SIV	0.2287

(Interchangeable with Losec DR Tab PIN 09857195 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02429667	Tamsulosin CR	0.4mg	CR Tab	SIV	0.1500

(Interchangeable with Flomax CR – GB with TN)



# Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02495600	Wixela Inhub	250mcg & 50mcg	Inh-60 Dose Pk	MYL	50.7600
02495619	Wixela Inhub	500mcg & 50mcg	Inh-60 Dose Pk	MYL	72.0600
00613215	Teva-Spironolactone	25mg	Tab	TEV	0.0810
00613223	Teva-Spironolactone	100mg	Tab	TEV	0.1910

