

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2021

Effective May 31, 2021

Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health

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New Single Source Products

Generic Name: AFLIBERCEPT

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02505355	Eylea	40mg/mL	Inj Sol-0.05mL Pref Syr (Preservative-Free)	BAH	1418.0000/Pref Syr

Reason For Use Code and Clinical Criteria

Code 463 (Wet AMD)

- For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-naive eye.
- Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in intravitreal injections.
- Patients receiving concurrent administration of verteporfin PDT (Visudyne) or ranibizumab (Lucentis) are not eligible for reimbursement.
- Treatment should be initiated with a monthly intravitreal injection for the first 3 consecutive doses, followed by one injection every 2 months.
- The interval between two doses should not be shorter than one month.
- Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.
- For clarity, coverage will be provided for patients responding to therapy with Lucentis who switch to Eylea. Coverage will NOT be provided for patients who have failed to respond to Lucentis.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Code 464 (BRVO OR CRVO)

- For the treatment of patients with clinically significant macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).
- Treatment should be initiated with an intravitreal injection once every month. The interval between two doses should not be shorter than one month. The treatment interval may be extended up to 3 months based on visual and anatomic outcomes.
- Prescribers are advised to periodically assess the need for continued therapy.
- Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.
- For clarity, coverage will be provided for patients responding to therapy with Lucentis who switch to Eylea. Coverage will NOT be provided for patients who have failed to respond to Lucentis.

LU Authorization Period: 1 year

Code 465 (DME)

- For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and a hemoglobin A1c of less than 12%.
- Treatment should be initiated with a monthly intravitreal injection for the first 5 consecutive doses, followed by one injection every 2 months.
- The interval between two doses should not be shorter than one month.
- Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.
- For clarity, coverage will be provided for patients responding to therapy with Lucentis who switch to Eylea. Coverage will NOT be provided for patients who have failed to respond to Lucentis.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Generic Name: ENOXAPARIN SODIUM

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02507501	Inclunox	30mg/0.3mL	Inj Sol-0.3mL Pref Syr (Preservative-Free)	SDZ	4.9620/Pref Syr
02507528	Inclunox	40mg/0.4mL	Inj Sol-0.4mL Pref Syr (Preservative-Free)	SDZ	6.6160/Pref Syr
02507536	Inclunox	60mg/0.6mL	Inj Sol-0.6mL Pref Syr (Preservative-Free)	SDZ	9.9240/Pref Syr
02507544	Inclunox	80mg/0.8mL	Inj Sol-0.8mL Pref Syr (Preservative-Free)	SDZ	13.2320/Pref Syr
02507552	Inclunox	100mg/mL	Inj Sol-1mL Pref Syr (Preservative-Free)	SDZ	16.5400/Pref Syr
02507560	Inclunox HP	120mg/0.8mL	Inj Sol-0.8mL Pref Syr (Preservative-Free)	SDZ	19.8480/Pref Syr
02507579	Inclunox HP	150mg/mL	Inj Sol-1mL Pref Syr (Preservative-Free)	SDZ	24.8100/Pref Syr

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
02480778	AG-Pregabalin	300mg	Cap	ANG	0.4145

(Interchangeable with Lyrica – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02510987	Apo-Fluticasone HFA	250mcg/Metered Dose	Inh-120 Dose Pk	APX	45.0200

(Interchangeable with Flovent HFA – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02507471	Apo-Saxagliptin	2.5mg	Tab	APX	1.2650
02507498	Apo-Saxagliptin	5mg	Tab	APX	1.5195

(Interchangeable with Onglyza – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02357194	Jamp-Amlodipine	5mg	Tab	JPC	0.1343

(Interchangeable with Norvasc – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02511673	Mar-Mycophenolic Acid	180mg	Ent Tab	MAR	0.9989
02511681	Mar-Mycophenolic Acid	360mg	Ent Tab	MAR	1.9977

(Interchangeable with Myfortic – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02499193	NRA-Levetiracetam	250mg	Tab	NRA	0.3210
02499207	NRA-Levetiracetam	500mg	Tab	NRA	0.3911
02499215	NRA-Levetiracetam	750mg	Tab	NRA	0.5416

(Interchangeable with Keppra – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504146	NRA-Telmisartan HCTZ	80mg & 12.5mg	Tab	NRA	0.2098
02504138	NRA-Telmisartan HCTZ	80mg & 25mg	Tab	NRA	0.2098

(Interchangeable with Micardis Plus – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02490587	Priva-Dutasteride	0.5mg	Cap	PHP	0.3027

(Interchangeable with Avodart – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02499622	PMS-Telmisartan	40mg	Tab	PMS	0.2161
02499630	PMS-Telmisartan	80mg	Tab	PMS	0.2161

(Interchangeable with Micardis – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504596	Imatinib	100mg	Tab	SAI	5.2079
02504618	Imatinib	400mg	Tab	SAI	20.8314

(Interchangeable with Gleevec – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504472	Letrozole	2.5mg	Tab	SAI	1.3780

(Interchangeable with Femara – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504294	Omeprazole Magnesium Delayed Release Tablets	20mg	DR Tab	SAI	0.2287

(Interchangeable with Losec DIN 02190915 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09857656	Omeprazole Magnesium Delayed Release Tablets	20mg	DR Tab	SAI	0.2287

(Interchangeable with Losec PIN 09857195 – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02468603	Sandoz Saxagliptin	2.5mg	Tab	SDZ	1.2650
02468611	Sandoz Saxagliptin	5mg	Tab	SDZ	1.5195

(Interchangeable with Onglyza – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02390345	Telmisartan	40mg	Tab	SIV	0.2161
02390353	Telmisartan	80mg	Tab	SIV	0.2161

(Interchangeable with Micardis – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02509571	Jamp Pilocarpine	5mg	Tab	JPC	1.2445

(Interchangeable with Salagen)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02507005	Jamp Tramadol	50mg	Tab	JPC	0.6386

(Interchangeable with Ultram)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02466139	Clarithromycin	500mg	Tab	SAI	2.2009

(Interchangeable with Biaxin BID)

Temporary Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858134	Depo-Provera	150mg/mL	Inj Sol- 1mL Pref Syr	MEDROXYPROGESTERONE ACETATE	PFI	31.6900/Pref Syr

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02083523	Bezalip	400mg	SR Tab	AGP	ALL
02070847	Soriatane	10mg	Cap	AGP	ALL
02070863	Soriatane	25mg	Cap	AGP	ALL
02303671	Omnanis	50mcg/ Actuation	Metered Dose Nas Sp-120 Dose Pk	AZC	COP
02297558	Mezavant	1.2g	Delayed & ER Tab	SHI	TAK

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02372738	Apo-Mycophenolic Acid	180mg	Ent Tab	APX	0.9989
02372746	Apo-Mycophenolic Acid	360mg	Ent Tab	APX	1.9977
02474565	Lapelga	10mg/mL	Inj Sol-Pref Syr - 0.6mL Pk (Preservative Free)	APX	1375.0000
02482363	Auro-Azithromycin	100mg/5mL	O/L-15mL Pk	AUR	8.8208
02482371	Auro-Azithromycin	200mg/5mL	O/L-15mL Pk	AUR	12.4943
09857636	Auro-Azithromycin	200mg/5mL	O/L-22.5mL Pk	AUR	18.7425
09857638	Auro-Azithromycin	200mg/5mL	O/L-37.5mL Pk	AUR	31.2375
02484153	Fulphila	10mg/mL	Inj Sol-Pref Syr	BGP	1375.0000
02370603	Edurant	25mg	Tab	JAN	16.2870
02306778	Intelence	100mg	Tab	JAN	6.5710
02300273	Invega	3mg	ER Tab	JAN	3.9820
02300281	Invega	6mg	ER Tab	JAN	5.9560
02300303	Invega	9mg	ER Tab	JAN	7.9390
02354217	Invega Sustenna	50mg	Inj Pref Syr	JAN	327.4500
02354225	Invega Sustenna	75mg	Inj Pref Syr	JAN	491.1800
02354233	Invega Sustenna	100mg	Inj Pref Syr	JAN	491.1800
02354241	Invega Sustenna	150mg	Inj Pref Syr	JAN	654.9000
02369753	Prezista	150mg	Tab	JAN	4.0080
02324024	Prezista	600mg	Tab	JAN	17.7030
02255707	Risperdal Consta	25mg	Pd for Inj-Vial Pk	JAN	175.3700
02255723	Risperdal Consta	37.5mg	Pd for Inj-Vial Pk	JAN	263.0300
02255758	Risperdal Consta	50mg	Pd for Inj-Vial Pk	JAN	350.7200
02371065	Zytiga	250mg	Tab	JAN	31.4150
02457113	Zytiga	500mg	Tab	JAN	62.8300
02503131	PMS-Fluticasone	250mcg/ Metered Dose	Inh-120 Dose Pk	PMS	45.0200
02502917	PMS-Iron Sucrose	20mg/mL	Inj Sol-5mL Pk (Preservative-Free)	PMS	27.5000
02380919	PMS-Nabilone	1mg	Cap	PMS	3.6669
02293528	Ran-Cefprozil	250mg	Tab	RAN	1.0220

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02332388	Sandoz Azithromycin	100mg/5mL	O/L-15mL Pk	SDZ	8.8208
02332396	Sandoz Azithromycin	200mg/5mL	O/L-15mL Pk	SDZ	12.4943
09857351	Sandoz Azithromycin	200mg/5mL	O/L-22.5mL Pk	SDZ	18.7425
02384892	Teva-Nabilone	1mg	Cap	TEV	3.6669

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02415194	Creon 6	6000 & 30000 & 19000 USP Units	Ent Minimicrosph Cap	ABB
02250306	Ceftriaxone Sodium for Injection, BP	2g/Vial	Inj Pd-1 Vial Pk	MAY
09853553	IsoSource VHN		Liq-250mL Pk	NES
02453754	Praluent	75mg/mL	Inj Sol-Pref Syr	SAC
02453762	Praluent	150mg/mL	Inj Sol-Pref Syr	SAC
02224550	Diabeta	2.5mg	Tab	SAV
02224569	Diabeta	5mg	Tab	SAV
01927620	Myochrysine	10mg/mL	Inj Sol-1mL Pk	SAV
02091887	Rifadin	150mg	Cap	SAV
02092808	Rifadin	300mg	Cap	SAV
01926543	Sectral	100mg	Tab	SAV
01926551	Sectral	200mg	Tab	SAV

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02292998	Apo-Cefprozil	250mg	Tab	APX
02347245	Auro-Cefprozil	250mg	Tab	AUR
02393603	Co Nabilone	1mg	Cap	COB
01966219	Theolair Alcohol Free Oral Liquid	5.3mg/mL	O/L	GRA
01923420	Palafer	300mg	Cap	GSK
02418452	PMS-Azithromycin	100mg/5mL	O/L-15mL Pk	PMS
02418460	PMS-Azithromycin	200mg/5mL	O/L-15mL Pk	PMS
09857517	PMS-Azithromycin	200mg/5mL	O/L-22.5mL Pk	PMS
00564966	Lozide	2.5mg	Tab	SEV
00687456	Viroptic	1%	Oph Sol	THE
01946374	Oxsoralen	10mg	Cap	VAL
00869945	Prostigmin	15mg	Tab	VAL
00283991	Tebrazid	500mg	Tab	VAL
02237825	Wellbutrin SR	150mg	Tab	VAL

