

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – November 2015

Effective November 26, 2015

Drug Program Services Branch/Ontario Public Drug Programs Division

Ministry of Health and Long-Term Care

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New Single Source Products

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02426862	Aptiom 200mg Tab	ESLICARBAZEPINE ACETATE	SUO	9.5600
02426870	Aptiom 400mg Tab	ESLICARBAZEPINE ACETATE	SUO	9.5600
02426889	Aptiom 600mg Tab	ESLICARBAZEPINE ACETATE	SUO	9.5600
02426897	Aptiom 800mg Tab	ESLICARBAZEPINE ACETATE	SUO	9.5600

Reason For Use Code and Clinical Criteria

Code 430

As adjunctive therapy in the treatment of adult 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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02436256	Act Latanoprost/Timolol	50mcg/mL & 5mg/mL	Oph Sol-2.5mL Pk	ACT	11.0700

(Interchangeable with Xalacom)

Reason For Use Code and Clinical Criteria

Code 310

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

LU Authorization Period: Indefinite.

Code 393

For use as initial therapy in an urgent situation (e.g. patients with a high baseline intraocular pressure) where monotherapy is unlikely to be effective.

LU Authorization Period: Indefinite.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02441853	Pantoprazole Magnesium	40mg	Ent Coated Tab	ASP	0.3750

(Interchangeable with Tecta)

New Multi-Source Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02422239	Act Solifenacin	5mg	Tab	ACT	0.4223
02422247	Act Solifenacin	10mg	Tab	ACT	0.4223
02399032	Sandoz Solifenacin	5mg	Tab	SDZ	0.4223
02399040	Sandoz Solifenacin	10mg	Tab	SDZ	0.4223

(Interchangeable with Vesicare)

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.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02434164	Van-Telmisartan	40mg	Tab	VAN	0.2824
02434172	Van-Telmisartan	80mg	Tab	VAN	0.2824

(Interchangeable with Micardis)

New Multi-Source Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443473	Taro-Temozolomide	5mg	Cap	TAR	3.9000
02443481	Taro-Temozolomide	20mg	Cap	TAR	15.6000
02443511	Taro-Temozolomide	100mg	Cap	TAR	78.0030
02443538	Taro-Temozolomide	140mg	Cap	TAR	109.2050
02443554	Taro-Temozolomide	250mg	Cap	TAR	195.0020

(Interchangeable with Temodal)

Reason For Use Code and Clinical Criteria

Code 320

For patients with recurrent or progressive glioblastoma multiforme or anaplastic astrocytoma.

LU Authorization Period: Indefinite.

Code 425

For the treatment of newly diagnosed glioblastoma multiforme. Dose: Temozolomide 75 milligrams per square metre daily for up to 6 weeks concomitant with radiotherapy, followed by maintenance treatment of up to 200 milligrams per square metre daily for 5 days for 6 cycles.

LU Authorization Period: 1 year.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02435179	Auro-Valganciclovir	450mg	Tab	AUR	5.8553

(Interchangeable with Valcyte)

Reason For Use Code and Clinical Criteria

Code 374

For the treatment of CMV retinitis in patients with AIDS.

LU Authorization Period: 1 year.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02444275	Apo-Naltrexone	50mg	Tab	APX	7.3025
(Interchangeable with Revia)					

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02417308	Jamp Olanzapine FC	20mg	Tab	JPC	2.5880
(Interchangeable with Zyprexa)					

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02393824	Apo-Valganciclovir	450mg	Tab	APX	5.8553
02237319*	Rebif	22mcg	Inj-Syr Pk	EMS	131.4202
02237320*	Rebif	44mcg	Inj-Syr Pk	EMS	159.9904
02318253*	Rebif	66mcg	Inj-Cart Pk	EMS	394.2530
02318261*	Rebif	132mcg	Inj-Cart Pk	EMS	479.9610
02416328*	Aubagio	14mg	Tab	GZM	55.6875
00232378	Novo-Prednisone	50mg	Tab	NOP	0.1900
02413825	Teva-Valganciclovir	450mg	Tab	TEV	5.8553

*Exceptional Access Program product

Product Manufacturer Name Changes

DIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
00330566	Anafranil	10mg	Tab	ORY	ASP
00324019	Anafranil	25mg	Tab	ORY	ASP
00402591	Anafranil	50mg	Tab	ORY	ASP
01987003	Cyanocobalamin	1mg/mL	Inj Sol-10mL Pk	CYI	STE
00282081	Lanvis	40mg	Tab	GSK	ASN
00313815	Orap	2mg	Tab	PHE	AAP
00313823	Orap	4mg	Tab	PHE	AAP

Product Brand Name Changes

DIN	CURRENT BRAND NAME	NEW BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02420155	Co Celecoxib	Act Celecoxib	100mg	Cap	ACV
02420163	Co Celecoxib	Act Celecoxib	200mg	Cap	ACV

Discontinued Product

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02031167	Ratio-Levobunolol	0.5%	Oph Sol	RPH

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
00504335	Apo-Propranolol	120mg	Tab	APX
00751286	Betagan	0.25%	Oph Sol	ALL
02042223	Inderal	120mg	Tab	WAY
02322250	Medroxyprogesterone Acetate Inj Susp USP	150mg/mL	Inj	SDZ
02245400	Methylprednisolone Acetate Inj Susp USP	40mg/mL	Inj Susp-1mL Pk	SDZ
02245406	Methylprednisolone Acetate Inj Susp USP	80mg/mL	Inj Susp-1mL Pk	SDZ
02395258	PMS-Lansoprazole	15mg	DR Cap	PMS
02395266	PMS-Lansoprazole	30mg	DR Cap	PMS
02031159	Ratio-Levobunolol	0.25%	Oph Sol	RPH
02229540	Triamcinolone Acetonide	50mg/5mL	Inj Susp-5mL Pk	SDZ

