

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – January 2016

Effective January 28, 2016

Drug Program Services Branch/Ontario Public Drug Programs Division

Ministry of Health and Long-Term Care

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New Single Source Product

DIN/PIN	PRODUCT NAME, STRENGTH & DOSAGE FORM	GENERIC NAME	MFR	DBP
02408163	Fibristal 5mg Tab	ULIPRISTAL ACETATE	WAT	11.4600

Reason For Use Code and Clinical Criteria

Code 467

For the treatment of moderate to severe signs and symptoms of uterine fibroids in adult women of reproductive age, who are eligible for surgery.

The maximum supply is limited to a total of three months per patient per lifetime.

The patient is under the care of a physician experienced in the management of gynecological conditions such as uterine fibroids.

LU Authorization Period: Maximum 3 month supply per lifetime.

New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02416255	Apo-Abacavir-Lamivudine-Zidovudine	300mg & 150mg & 300mg	Tab	APX	13.6425

(Interchangeable with Trizivir)

Therapeutic Note:

For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02435632	Accel-Celecoxib	100mg	Cap	ACC	0.1776
02435640	Accel-Celecoxib	200mg	Cap	ACC	0.3553

(Interchangeable with Celebrex)

Reason For Use Code and Clinical Criteria

Osteoarthritis

Code 316

For patients who have failed an adequate trial of acetaminophen (e.g. acetaminophen 1g QID for several weeks) and have had:

History of a documented, clinically significant ulcer or GI bleed; or

Failure or intolerance to at least three listed NSAIDS.

NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of osteoarthritis is 200mg.

LU Authorization Period: 1 year.

Rheumatoid arthritis

Code 317

For patients who have had:

History of a documented, clinically significant ulcer or GI bleed; or Failure or intolerance to at least three listed NSAIDS.

NOTE: The maximum daily dose of celecoxib which will be reimbursed for the treatment of rheumatoid arthritis is 400mg.

LU Authorization Period: 1 year.

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

NPN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
80024232	Jamp-Fer	300mg	Cap	JPC	0.1057

(Interchangeable with Palafer)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02432242	Auro-Moxifloxacin	400mg	Tab	AUR	1.5230
02447053	Mar-Moxifloxacin	400mg	Tab	MAR	1.5230
02375702	Teva-Moxifloxacin	400mg	Tab	TEV	1.5230

(Interchangeable with Avelox)

Reason For Use Code and Clinical Criteria

For the treatment of patients with:

Code 337

CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.

LU Authorization Period: 1 year.

Code 338

COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors*; bronchiectasis.

*Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.

LU Authorization Period: 1 year.

Code 339

Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.

LU Authorization Period: 1 year.

Code 977

Exceptional cases of allergy or intolerance to all other appropriate therapies.

LU Authorization Period: 1 year.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02427931	Apo-Nevirapine XR	400mg	ER Tab	APX	1.8519

(Interchangeable with Viramune XR)

Therapeutic Note:

For the treatment of HIV/AIDS, the prescriber must be approved for the Facilitated Access mechanism.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02444674	Sandoz Ondansetron ODT	4mg	Tablet	SDZ	3.2720
02444682	Sandoz Ondansetron ODT	8mg	Tablet	SDZ	4.9930

(Interchangeable with Zofran ODT)

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.

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
02440628	Teva-Pantoprazole Magnesium	40mg	Ent Coated Tab	TEV	0.1875

(Interchangeable with Tecta)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02415208	Auro-Pantoprazole	40mg	Ent Tab	AUR	0.3628

(Interchangeable with Pantoloc)

Reason For Use Code and Clinical Criteria

Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy;

OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers;

OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

Code 401

Other Gastrointestinal Disorders:

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.

LU Authorization Period: 1 year.

Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year.

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02435977	Jamp-Pregabalin	25mg	Cap	JPC	0.2058
02435985	Jamp-Pregabalin	50mg	Cap	JPC	0.3228
02435993	Jamp-Pregabalin	75mg	Cap	JPC	0.4176
02436000	Jamp-Pregabalin	150mg	Cap	JPC	0.5757
02436019	Jamp-Pregabalin	300mg	Cap	JPC	0.5757

(Interchangeable with Lyrica)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02417723	PMS-Solifenacin	5mg	Tab	PMS	0.4223
02417731	PMS-Solifenacin	10mg	Tab	PMS	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
02441160	Act Temozolomide	5mg	Cap	ACV	3.9000

(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.

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02423855	Act Esomeprazole	20mg	DR Tab	ACV	1.8690
02423863	Act Esomeprazole	40mg	DR Tab	ACV	1.8690

(Interchangeable with Nexium)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02406373	Apo-Moxifloxacin	0.5%	Oph Sol-3mL Pk (Preservative-Free)	APX	11.2700

(Interchangeable with Vigamox)

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
97984558	Alimentum		Liq-4x237mL Pk	ABB	6.1600
09857532	Apo-Lithium Carbonate	150mg	Cap	APX	0.0667
09857540	Apo-Lithium Carbonate	300mg	Cap	APX	0.0657
02441853	Pantoprazole Magnesium	40mg	Ent Coated Tab	ASP	0.1875
02237556	Euro-Fer	300mg	Cap	EUR	0.1057
02240521*	Maxalt	10mg	Tab	FRS	17.8665
09853936	Fraxiparine	9500IU/mL	Pref Syr-0.3mL Pk	GSK	5.4150
09853944	Fraxiparine	9500IU/mL	Pref Syr-0.4mL Pk	GSK	6.8400
09853952	Fraxiparine	9500IU/mL	Pref Syr-0.6mL Pk	GSK	9.0580
09853987	Fraxiparine	9500IU/mL	Pref Syr-1.0mL Pk	GSK	9.0580
02247732	Concerta	18mg	SR Tab	JAN	2.1887
02250241	Concerta	27mg	SR Tab	JAN	2.5259
02247733	Concerta	36mg	SR Tab	JAN	2.8631
02247734	Concerta	54mg	SR Tab	JAN	3.5373
01968440	Cyclen	0.25mg & 0.035mg	Tab-21 Pk	JAN	23.0790
01992872	Cyclen	0.25mg & 0.035mg	Tab-28 Pk	JAN	23.0790
02370603	Edurant	25mg	Tab	JAN	15.0155
02243239	Eprex	20,000IU/0.5mL	Pref Syr-0.5mL Pk	JAN	301.2600
02240722	Eprex	40,000IU/mL	Pref Syr - 1mL Pk	JAN	451.8900
02306778	Intelence	100mg	Tab	JAN	5.9330
02375931	Intelence	200mg	Tab	JAN	11.6254
02425483	Invokana	100mg	Tab	JAN	2.6960
02425491	Invokana	300mg	Tab	JAN	2.6960
00037605	Micronor	0.35mg	Tab-28 Pk	JAN	23.0790
00317047	Ortho 0.5/35	0.035mg & 0.5mg	Tab-21 Pk	JAN	23.0790
00340731	Ortho 0.5/35	0.035mg & 0.5mg	Tab-28 Pk	JAN	23.0790
00372846	Ortho 1/35	0.035mg & 1mg	Tab-21 Pk	JAN	23.0790
00372838	Ortho 1/35	0.035mg & 1mg	Tab-28 Pk	JAN	23.0790
00602957	Ortho 7/7/7	3 Phase	Tab-21 Pk	JAN	23.0790
00602965	Ortho 7/7/7	3 Phase	Tab-28 Pk	JAN	23.0790
00789445	Pancrease MT4	4000 & 12000 & 12000 USP Units	Ent Microsph Cap	JAN	0.6284
02243796	Pariet	10mg	Tab	JAN	0.8637
02243797	Pariet	20mg	Tab	JAN	1.7276
02324024	Prezista	600mg	Tab	JAN	15.7848

Drug Benefit Price (DBP) Changes (Cont'd...)

02255707	Risperdal Consta	25mg	Pd for Inj-Vial Pk	JAN	168.0700
02255723	Risperdal Consta	37.5mg	Pd for Inj-Vial Pk	JAN	252.0900
02255758	Risperdal Consta	50mg	Pd for Inj-Vial Pk	JAN	336.1300
02324784*	Simponi Autoinjector	50mg/0.5mL	Inj Sol	JAN	1555.1700
02324776*	Simponi Pre-Filled Syringe	50mg/0.5mL	Inj Sol	JAN	1555.1700
02028700	Tri-Cyclen	3 Phase	Tab-21 Pk	JAN	23.0790
02029421	Tri-Cyclen	3 Phase	Tab-28 Pk	JAN	23.0790
02258560	Tri-Cyclen Lo	3 Phase	Tab-21 Pk	JAN	15.6045
02258587	Tri-Cyclen Lo	3 Phase	Tab-28 Pk	JAN	15.6045
02163934	Tylenol with Codeine No. 2	300mg & 15mg & 15mg	Tab	JAN	0.1127
02163926	Tylenol with Codeine No. 3	300mg & 15mg & 30mg	Tab	JAN	0.1241
02163918	Tylenol with Codeine No. 4	300mg & 60mg	Tab	JAN	0.2623
00556734	Vermox	100mg	Tab	JAN	5.4700
02230893	Topamax	25mg	Tab	JNO	1.3410
02230894	Topamax	100mg	Tab	JNO	2.5307
02230896	Topamax	200mg	Tab	JNO	3.7490
02239907	Topamax Sprinkle	15mg	Sprinkle Cap	JNO	1.2407
02239908	Topamax Sprinkle	25mg	Sprinkle Cap	JNO	1.3020
02240518*	Maxalt RPD	5mg	Orally Disintegrating Tab	MEK	17.8665
02240519*	Maxalt RPD	10mg	Orally Disintegrating Tab	MEK	17.8665
02240113	Cosopt	2% & 0.5%	Oph Sol	MFC	6.8624
02258692	Cosopt Preservative free	2% & 0.5%	Oph Sol-0.2mL Pk	MFC	0.5484
02182815	Cozaar	25mg	Tab	MFC	1.5301
02182874	Cozaar	50mg	Tab	MFC	1.5301
02182882	Cozaar	100mg	Tab	MFC	1.5301
02245329	Fosamax	70mg	Tab	MFC	11.3342
02276429	Fosavance	70mg & 70mcg	Tab	MFC	4.8696
02314940	Fosavance	70mg & 140mcg	Tab	MFC	4.8696
02230047	Hyzaar	50mg & 12.5mg	Tab	MFC	1.5301
02297841	Hyzaar	100mg & 12.5mg	Tab	MFC	1.4980
02241007	Hyzaar DS	100mg & 25mg	Tab	MFC	1.5301
00839396	Prinivil	10mg	Tab	MFC	0.8684
00839418	Prinivil	20mg	Tab	MFC	1.0440
02010909	Proscar	5mg	Tab	MFC	2.2320
09857529	Proscar	5mg	Tab	MFC	2.2320
00355658	Sinemet	100mg & 10mg	Tab	MFC	0.5745

Drug Benefit Price (DBP) Changes (Cont'd...)

00513997	Sinemet	100mg & 25mg	Tab	MFC	0.8578
00328219	Sinemet	250mg & 25mg	Tab	MFC	0.9576
02028786	Sinemet CR	100mg & 25mg	Tab	MFC	0.8843
00870935	Sinemet CR	200mg & 50mg	Tab	MFC	1.6313
00451207	Timoptic	0.5%	Oph Sol	MFC	4.6950
02171880	Timoptic-XE	0.25%	Oph Gellan Sol	MFC	5.0110
02171899	Timoptic-XE	0.5%	Oph Gellan Sol	MFC	5.9959
02216205	Trusopt	2%	Oph Sol	MFC	4.3427
00851795	Vasotec	2.5mg	Tab	MFC	0.9426
00708879	Vasotec	5mg	Tab	MFC	1.1149
00670901	Vasotec	10mg	Tab	MFC	1.3396
00670928	Vasotec	20mg	Tab	MFC	1.6165
00884332	Zocor	10mg	Tab	MFC	2.6066
00884340	Zocor	20mg	Tab	MFC	3.2216
00884359	Zocor	40mg	Tab	MFC	3.2216
02227460	Mylan-Cimetidine	600mg	Tab	MYL	0.3405
02408570	Mylan-Pantoprazole T	40mg	Ent Coated Tab	MYL	0.1875
02387174**	Dificid	200mg	Tab	OPT	94.6000
00263818	Cotazym	8000 & 30000 & 30000 USP Units	Cap	ORG	0.2141
00502790	Cotazym ECS 8	8000 & 30000 & 30000 USP Units	Ent Microsph Cap	ORG	0.3864
00821373	Cotazym ECS 20	20000 & 55000 & 55000 USP Units	Ent Microsph Cap	ORG	1.0132
02042487	Marvelon 21	0.15mg & 0.03mg	Tab-21 Pk	ORG	18.8700
02042479	Marvelon 28	0.15mg & 0.03mg	Tab-28 Pk	ORG	18.8700
02243910	Remeron	30mg	Tab	ORG	1.6457
02248542	Remeron RD	15mg	Orally Disintegrating Tab	ORG	0.4792
02248543	Remeron RD	30mg	Orally Disintegrating Tab	ORG	0.9580
02248544	Remeron RD	45mg	Orally Disintegrating Tab	ORG	1.4373
00851744	Elocom	0.1%	Cr	SCH	0.7106
00871095	Elocom	0.1%	Lot	SCH	0.5051
00851736	Elocom	0.1%	Oint	SCH	0.7057
01911902	Nitro-Dur	0.4mg/Hr	Transdermal Patch	SCH	0.7704
01911929	Nitro-Dur	0.6mg/Hr	Transdermal Patch	SCH	0.7704
02318660	Olmotec	20mg	Tab	SCP	1.1500
02318679	Olmotec	40mg	Tab	SCP	1.1500
02319616	Olmotec Plus	20mg & 12.5mg	Tab	SCP	1.1500

Drug Benefit Price (DBP) Changes (Cont'd...)

02319616	Olmetec Plus	20mg & 12.5mg	Tab	SCP	1.1500
02319624	Olmetec Plus	40mg & 12.5mg	Tab	SCP	1.1500
02319632	Olmetec Plus	40mg & 25mg	Tab	SCP	1.1500

* Exceptional Access Program Product

** Exceptional Access Program Product with an effective date of January 12, 2016

Product Brand and Manufacturer Name Change

DIN/PIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02239156	Polysporin	PFI	Polysporin Eye and Ear Drops Sterile	JAJ	10000U & 0.025mg/mL	Oph/Ot Sol

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
09853936	Fraxiparine	9500IU/mL	Pref Syr-0.3mL Pk	GSK	ASN
09853944	Fraxiparine	9500IU/mL	Pref Syr-0.4mL Pk	GSK	ASN
09853952	Fraxiparine	9500IU/mL	Pref Syr-0.6mL Pk	GSK	ASN
09853987	Fraxiparine	9500IU/mL	Pref Syr-1.0mL Pk	GSK	ASN
02240114	Fraxiparine Forte	19000IU/mL	Pref Syr-0.6mL Pk	GSK	ASN
09854100	Fraxiparine Forte	19000IU/mL	Pref Syr-0.8mL Pk	GSK	ASN
09854118	Fraxiparine Forte	19000IU/mL	Pref Syr-1.0mL Pk	GSK	ASN
02272903	Linessa 21	3 Phase	Tab-21 Pk	MEK	ASN
02257238	Linessa 28	3 Phase	Tab-28 Pk	MEK	ASN

Discontinued Products

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02397145	Co Diclo-Miso	50mg & 200mcg	Tab	COB
02397153	Co Diclo-Miso	75mg & 200mcg	Tab	COB
02150956	Dovonex	50mcg/g	Cr	LEO
02306212	Ondansetron-Odan	4mg	Tab	ODN
02306220	Ondansetron-Odan	8mg	Tab	ODN
02236848	Teva-Ticlopidine	250mg	Tab	TEV

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02285215	Co Cilazapril	2.5mg	Tab	COB
02285223	Co Cilazapril	5mg	Tab	COB
02270676	Co Clonazepam	2mg	Tab	COB
02401673	PMS-Telmisartan-HCTZ	80mg & 25mg	Tab	PMS
09853677	Prestige Smart System		Strip	THR
00400750*	Sinequan	75mg	Cap	ERF
00326925*	Sinequan	100mg	Cap	ERF

*Remain on Formulary as Not-a-Benefit to serve as reference product in interchangeable group.

