

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – June 2017

Effective June 29, 2017

**Drug Programs Policy and Strategy Branch
Ontario Public Drug Programs**

Ministry of Health and Long-Term Care

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New Multi-Source Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02456877	Mylan-Atazanavir	150mg	Cap	MYL	5.6771
02443791	Teva-Atazanavir	150mg	Cap	TEV	5.6771

(Interchangeable with Reyataz)

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
02456885	Mylan-Atazanavir	200mg	Cap	MYL	5.7104
02443813	Teva-Atazanavir	200mg	Cap	TEV	5.7104

(Interchangeable with Reyataz)

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
02433532	Backup Plan Onestep	1.5mg	Tab-1 Tab Pk	APX	8.6000

(Interchangeable with Plan B)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02458926	Mylan-Divalproex	125mg	EC Tab	MYL	0.0724
02458934	Mylan-Divalproex	250mg	EC Tab	MYL	0.1301
02459019	Mylan-Divalproex	500mg	EC Tab	MYL	0.2604

(Interchangeable with Epival)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02461811	Mint-Indomethacin	25mg	Cap	MIN	0.1519
02461536	Mint-Indomethacin	50mg	Cap	MIN	0.2469

(Interchangeable with Indocid)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02442191	ACT Olmesartan	20mg	Tab	ACV	0.3019
02453452	Apo-Olmesartan	20mg	Tab	APX	0.3019
02443864	Auro-Olmesartan	20mg	Tab	AUR	0.3019
02461641	Jamp-Olmesartan	20mg	Tab	JPC	0.3019
02443414	Sandoz Olmesartan	20mg	Tab	SDZ	0.3019

(Interchangeable with Olmetec)

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

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02442205	ACT Olmesartan	40mg	Tab	ACV	0.3019
02453460	Apo-Olmesartan	40mg	Tab	APX	0.3019
02443872	Auro-Olmesartan	40mg	Tab	AUR	0.3019
02461668	Jamp-Olmesartan	40mg	Tab	JPC	0.3019
02443422	Sandoz Olmesartan	40mg	Tab	SDZ	0.3019

(Interchangeable with Olmetec)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443112	ACT Olmesartan HCT	20mg & 12.5mg	Tab	ACV	0.6038
02453606	Apo-Olmesartan/HCTZ	20mg & 12.5mg	Tab	APX	0.6038

(Interchangeable with Olmetec Plus)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443120	ACT Olmesartan HCT	40mg & 12.5mg	Tab	ACV	0.6038
02453614	Apo-Olmesartan/HCTZ	40mg & 12.5mg	Tab	APX	0.6038

(Interchangeable with Olmetec Plus)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02443139	ACT Olmesartan HCT	40mg & 25mg	Tab	ACV	0.6038
02453622	Apo-Olmesartan/HCTZ	40mg & 25mg	Tab	APX	0.6038

(Interchangeable with Olmetec Plus)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02456893	Mylan-Atazanavir	300mg	Cap	MYL	19.0681
02443821	Teva-Atazanavir	300mg	Cap	TEV	19.0681

(Interchangeable with Reyataz)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02286068	Fluoxetine	10mg	Cap	SAI	1.1773

(Interchangeable with Prozac)

Product Status Change from Palliative Care Facilitated Access to Limited Use

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00363839	Buscopan	20mg/mL	Inj Sol-1mL Amp Pk	BOE	4.8350/mL

Reason For Use Code and Clinical Criteria

Code: 481

For the management of patients receiving palliative care*.

LU Authorization Period: 1 Year.

*Note: The patient must have a progressive life-limiting illness and require this medication for palliative purposes.

PIN*	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
09857213	Buscopan	20mg/mL	Inj Sol	BOE

*The use of this Palliative Care Facilitated Access (PCFA) Product Identification Number (PIN) is discontinued as this product is transitioned to the Formulary as a Limited Use drug.

Changes to Reason For Use Content

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02238453	Xeloda	150mg	Tab	HLR
02426757	Ach-Capecitabine	150mg	Tab	ACH
02421917	Sandoz Capecitabine	150mg	Tab	SDZ
02400022	Teva-Capecitabine	150mg	Tab	TEV
02238454	Xeloda	500mg	Tab	HLR
02426765	Ach-Capecitabine	500mg	Tab	ACH
02421925	Sandoz Capecitabine	500mg	Tab	SDZ
02400030	Teva-Capecitabine	500mg	Tab	TEV

Updated Reason For Use Codes

Code 346

For the first-line treatment of patients with metastatic colorectal, small bowel and appendiceal adenocarcinomas in whom combination chemotherapy is not recommended.

NOTE: Not to be used in patients who have failed 5-fluorouracil.

LU Authorization Period: Indefinite.

Changes to Reason For Use Content (Cont'd...)

Code 406

For adjuvant treatment of stage 3 or high risk stage 2* colon, small bowel or appendiceal adenocarcinomas in patients who have completed surgery (within three months), who would normally be candidates for adjuvant chemotherapy with 5FU/LV.

*high risk stage 2 colon, small bowel or appendiceal adenocarcinomas is defined as one of the following:

- obstruction,
- perforation,
- poorly differentiated adenocarcinoma,
- inadequate lymph node sampling,
- T4 tumour.

LU Authorization Period: 6 Months.

Code 409

As part of the CAPOX (XELOX) regimen for the first-line and second-line treatment of metastatic colorectal, small bowel or appendiceal adenocarcinomas.

LU Authorization Period: Indefinite.

Product Manufacturer Name Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
02309254	Niaspan FCT	500mg	ER Tab	SEP	SUO
02309262	Niaspan FCT	750mg	ER Tab	SEP	SUO
02309289	Niaspan FCT	1000mg	ER Tab	SEP	SUO

Nutrition Product Brand Name and Dosage Form Changes

DIN/PIN	CURRENT BRAND NAME	CURRENT DOSAGE FORM	NEW BRAND NAME	NEW DOSAGE FORM	MFR
97983330	Compleat Modified	Liq-250mL Pk	Compleat	Liq-250mL Tetra Pk	NES
09854231	Compleat Modified	Liq-1000mL Pk	Compleat	Liq-1000mL Ready-to-hang	NON

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02213419	Ventolin Nebules P.F.	1mg/mL	Inh Sol- 2.5mL Pk	GSK	0.5750
02213427	Ventolin Nebules P.F.	2mg/mL	Inh Sol- 2.5mL Pk	GSK	0.6750
02213486	Ventolin	5mg/mL	Inh Sol-10mL Pk	GSK	2.3000
00337420	Novo-Methacin	25mg	Cap	NOP	0.1519
00337439	Novo-Methacin	50mg	Cap	NOP	0.2469
02192284	Cyclocort	0.1%	Cr	STI	0.2500
02192276	Cyclocort	0.1%	Lot	STI	0.2600
02192268	Cyclocort	0.1%	Oint	STI	0.2500
00518182	Stieva-A	0.05%	Cr	STI	0.2100
02245913*	Kineret	150mg/mL Inj	Pref Syr-0.67mL Pk	SWE	48.8700

*Exceptional Access Program 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
00647942	Ansaid	50mg	Tab	PFI
00600792	Ansaid	100mg	Tab	PFI
02010933	Provera-Pak	10mg	Tab	PFI
02089769	Ogen 1.25	1.5mg	Tab	PFI
02089777	Ogen 2.5	3mg	Tab	PFI
02377454	Fragmin	2500IU/mL	Single Dose-4mL Vial Pk	PFI
02015951	PMS-Ketoprofen	100mg	Sup	PMS

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02227444	Mylan-Cimetidine	300mg	Tab	MYL
02230095	Novo-Temazepam	15mg	Cap	NOP
02230102	Novo-Temazepam	30mg	Cap	NOP
00404802	Ratio-Bisacodyl	10mg	Sup	RPH

