

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 42

Summary of Changes – November 2017

Effective November 30, 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
02459914	CCP-Citalopram	20mg	Tab	CCP	0.2397
02459922	CCP-Citalopram	40mg	Tab	CCP	0.2397

(Interchangeable with Celexa)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02465167	Mint-Fenofibrate E	145mg	Tab	MIN	0.5489

(Interchangeable with Lipidil EZ)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02459957	Auro-Flecainide	50mg	Tab	AUR	0.2778
02459965	Auro-Flecainide	100mg	Tab	AUR	0.5558

(Interchangeable with Tambocor)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02457865	Jamp-Hydralazine	10mg	Tab	JPC	0.0709
02457873	Jamp-Hydralazine	25mg	Tab	JPC	0.1218
02457881	Jamp-Hydralazine	50mg	Tab	JPC	0.1912

(Interchangeable with Apresoline)

New Multi-Source Products (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02458810	CCP-Ondansetron	4mg	Tab	CCP	3.3495
02458802	CCP-Ondansetron	8mg	Tab	CCP	5.1110

(Interchangeable with Zofran)

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

New Multi-Source Products (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02448335	Solifenacin Succinate Tablets	5mg	Tab	MDI	0.4223
02448343	Solifenacin Succinate Tablets	10mg	Tab	MDI	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

New Off-Formulary Interchangeable (OFI) Product

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT PRICE
02463105	Odan-Benzydamine	0.15%	Oral Rinse	ODN	0.0960

(Interchangeable with Tantum)

Product Status Change from Facilitated Access HIV/AIDS to General Benefit

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
02207621*	Apo-Acyclovir	200mg	Tab	APX	0.6397
02242784*	Mylan-Acyclovir	200mg	Tab	MYL	0.6397
02285959*	Teva-Acyclovir	200mg	Tab	TEV	0.6397
02207648*	Apo-Acyclovir	400mg	Tab	APX	1.2700
02242463*	Mylan-Acyclovir	400mg	Tab	MYL	1.2700
02285967*	Teva-Acyclovir	400mg	Tab	TEV	1.2700

(Interchangeable with Zovirax)

* Products currently listed as Off-Formulary Interchangeable (OFI) will become General Benefit

Manufacturer Name Changes

DIN/PIN	CURRENT BRAND NAME	STRENGTH	DOSAGE FORM	CURRENT MFR	NEW MFR
00596418	Epival	125mg	Ent Tab	ABB	BGP
00596426	Epival	250mg	Ent Tab	ABB	BGP
00596434	Epival	500mg	Ent Tab	ABB	BGP
02295695	Suboxone	2mg & 0.5mg	SL Tab	RBP	IND
02295709	Suboxone	8mg & 2mg	SL Tab	RBP	IND
01926853	Flagyl	500mg	Cap	SAV	ODN
00868965	Suprax	20mg/mL	Oral Susp	SAV	ODN
00868981	Suprax	400mg	Tab	SAV	ODN
02171791	Ratio-Atenolol	50mg	Tab	RPH	TEV
02171805	Ratio-Atenolol	100mg	Tab	RPH	TEV

Product Brand Name Change

DIN/PIN	CURRENT BRAND NAME	NEW BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02064472	Salazopyrin	Salazopyrin EN-TABS 500 MG	500mg	Ent Tab	PFI

Product Brand and Manufacturer Name Changes

DIN/PIN	CURRENT BRAND NAME	CURRENT MFR	NEW BRAND NAME	NEW MFR	STRENGTH	DOSAGE FORM
02397285	Co Imatinib	COB	Nat-Imatinib	NAT	100mg	Tab
02397293	Co Imatinib	COB	Nat-Imatinib	NAT	400mg	Tab
02229315	PMS-Desonide	PMS	PDP-Desonide	PEN	0.05%	Cr
02285959	Novo-Acyclovir	NOP	Teva-Acyclovir	TEV	200mg	Tab
02285967	Novo-Acyclovir	NOP	Teva-Acyclovir	TEV	400mg	Tab
02285975	Novo-Acyclovir	NOP	Teva-Acyclovir	TEV	800mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP
00015229	Aventyl	10mg	Cap	AAP	0.2517
00015237	Aventyl	25mg	Cap	AAP	0.5086
02275538	Flecainide	50mg	Tab	AAP	0.2778
02275546	Flecainide	100mg	Tab	AAP	0.5558
00441619	Hydralazine	10mg	Tab	AAP	0.0709
00441627	Hydralazine	25mg	Tab	AAP	0.1218
00441635	Hydralazine	50mg	Tab	AAP	0.1912
02436523*	Feriprox	100mg/mL	Oral Sol	APO	3.1900
02436558*	Feriprox	1000mg	Tab	APO	31.8800
02103567	Sulcrate Suspension Plus	1g/5mL	Oral Susp	BFI	0.1191
02182777	Methotrexate	50mg/2mL	Inj Sol-2mL Pk	MAY	8.9200
01926853	Flagyl	500mg	Cap	ODN	0.7028
02390701	Sandoz Fenofibrate E	145mg	Tab	SDZ	0.5489

* Exceptional Access Program (EAP) 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
02352826	Gd-Mirtazapine OD	15mg	Orally Disintegrating Tab	GEM
02352834	Gd-Mirtazapine OD	30mg	Orally Disintegrating Tab	GEM
02352842	Gd-Mirtazapine OD	45mg	Orally Disintegrating Tab	GEM
02352850	Gd-Topiramate	25mg	Tab	GEM
02352877	Gd-Topiramate	100mg	Tab	GEM
02352885	Gd-Topiramate	200mg	Tab	GEM
02392577*	Myl-Sildenafil	25mg	Tab	MYL
02347326	Mylan-Irbesartan	300mg	Tab	MYL
02230800	Mylan-Oxybutynin	5mg	Tab	MYL
02282275	Mylan-Risperidone	2mg	Tab	MYL
02282283	Mylan-Risperidone	3mg	Tab	MYL
02282291	Mylan-Risperidone	4mg	Tab	MYL
01947796	Novo-Timol	5mg	Tab	NOP
01947818	Novo-Timol	10mg	Tab	NOP
01947826	Novo-Timol	20mg	Tab	NOP
02280442	PMS-Cilazapril	1mg	Tab	PMS
02280450	PMS-Cilazapril	2.5mg	Tab	PMS
02280469	PMS-Cilazapril	5mg	Tab	PMS
02244527	PMS-Doxazosin	1mg	Tab	PMS
02244528	PMS-Doxazosin	2mg	Tab	PMS
02244529	PMS-Doxazosin	4mg	Tab	PMS
00779458	Codeine	15mg	Tab	ROG
02291398	Sandoz Ramipril	1.25mg	Tab	SDZ

* Off-Formulary Interchangeable (OFI) Product

Delisted Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02285851*	Gd-Gabapentin	800mg	Tab	GEM
02378035	Mylan-Ezetimibe	10mg	Tab	MYL
02313979	Mylan-Levofloxacin	250mg	Tab	MYL
02313987	Mylan-Levofloxacin	500mg	Tab	MYL
02430371*	Mylan-Memantine	10mg	Tab	MYL
02174545	Mylan-Metoprolol (Type L)	50mg	Tab	MYL
02174553	Mylan-Metoprolol (Type L)	100mg	Tab	MYL
02376350	Mylan-Pramipexole	0.25mg	Tab	MYL
02376369*	Mylan-Pramipexole	0.5mg	Tab	MYL
02376377	Mylan-Pramipexole	1mg	Tab	MYL
02376385	Mylan-Pramipexole	1.5mg	Tab	MYL
02307804	Mylan-Quetiapine	25mg	Tab	MYL
02307812	Mylan-Quetiapine	100mg	Tab	MYL
02307839	Mylan-Quetiapine	200mg	Tab	MYL
02307847	Mylan-Quetiapine	300mg	Tab	MYL
02301148	Mylan-Ramipril	1.25mg	Cap	MYL
02301156	Mylan-Ramipril	2.5mg	Cap	MYL
02301164	Mylan-Ramipril	5mg	Cap	MYL
02301172	Mylan-Ramipril	10mg	Cap	MYL
02207761	Mylan-Ranitidine	150mg	Tab	MYL
02207788	Mylan-Ranitidine	300mg	Tab	MYL
02373564	Mylan-Telmisartan HCTZ	80mg & 12.5mg	Tab	MYL
02373572	Mylan-Telmisartan HCTZ	80mg & 25mg	Tab	MYL
02425599*	Mylan-Tramadol/Acet	37.5mg & 325mg	Tab	MYL
02373734	Mylan-Valsartan HCTZ	80mg & 12.5mg	Tab	MYL
02373742	Mylan-Valsartan HCTZ	160mg & 12.5mg	Tab	MYL
02373750	Mylan-Valsartan HCTZ	160mg & 25mg	Tab	MYL

* Off-Formulary Interchangeable (OFI) Product

Delisted Products (Continued)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR
02373769	Mylan-Valsartan HCTZ	320mg & 12.5mg	Tab	MYL
02373777	Mylan-Valsartan HCTZ	320mg & 25mg	Tab	MYL
09854266	IsoSource 1.5 Cal		Liq-250mL Pk	NES
09857853***	IsoSource 1.5 Cal		Liq-250mL Pk	NES
09854363	IsoSource HN with Fibre		Liq-250mL Pk	NES
09857855***	IsoSource HN with Fibre		Liq-250mL Pk	NES
09857778***	Cotazym ECS 4	4000 & 11000 & 11000 USP Units	Cap	ORG
00022756	Benadryl	25mg	Cap	PDA
00022764	Benadryl	50mg	Cap	PDA
02276089	Sandoz Bicalutamide	50mg	Tab	SDZ
02392267	Sandoz Candesartan	32mg	Tab	SDZ
02321246	Sandoz Celecoxib	100mg	Cap	SDZ
02321254	Sandoz Celecoxib	200mg	Cap	SDZ
02233985	Sandoz Clonazepam	2mg	Tab	SDZ
02243487	Sandoz Fluoxetine	20mg	Cap	SDZ
02247055	Sandoz Fluvoxamine	100mg	Tab	SDZ
02248009	Sandoz Glyburide	5mg	Tab	SDZ
02237313*	Sandoz Minocycline	50mg	Cap	SDZ
02269430	Sandoz Paroxetine	20mg	Tab	SDZ
02261804	Sandoz Pindolol	15mg	Tab	SDZ
02154412	Sandoz Salbutamol	5mg/mL	Inh Sol-10mL Pk	SDZ
02257858	Sandoz Sotalol	160mg	Tab	SDZ
02260050	Sandoz Topiramate	25mg	Tab	SDZ
02260069	Sandoz Topiramate	100mg	Tab	SDZ
02245458	Sodium Aurothiomalate	50mg/mL	Inj Sol-1mL Pk	SDZ
02239146**	Actonel	30mg	Tab	WAR

* Off-Formulary Interchangeable (OFI) Product

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

*** Special Drug Program (SDP) Product PIN

