

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

## Summary of Changes – June 2018

Effective June 29, 2018

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
02471086	Apo-Aripiprazole	2mg	Tab	APX	2.4275
02471094	Apo-Aripiprazole	5mg	Tab	APX	2.7138
02471108	Apo-Aripiprazole	10mg	Tab	APX	3.2263
02471116	Apo-Aripiprazole	15mg	Tab	APX	3.8075
02471124	Apo-Aripiprazole	20mg	Tab	APX	3.0050
02471132	Apo-Aripiprazole	30mg	Tab	APX	3.0050

(Interchangeable with Abilify)

## Therapeutic Note

Notes: For the treatment of schizophrenia and related psychotic disorders after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02471442	Mint-Eplerenone	25mg	Tab	MIN	2.0595
02471450	Mint-Eplerenone	50mg	Tab	MIN	2.0595

(Interchangeable with Inspra)

## Reason For Use Code and Clinical Criteria

### Code 458

For persons suffering from New York Heart Association (NYHA) class II chronic heart failure with left ventricular systolic dysfunction (with ejection fraction less than or equal to 35 percent), as a complement to standard therapy.

Note: Patients must be on optimal therapy with an angiotensin-converting-enzyme (ACE) inhibitor, an angiotensin-receptor blocker (ARB), or both and a beta-blocker (unless contraindicated) at the recommended dose or maximal tolerated dose.

LU Authorization Period: Indefinite

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02453940	PMS-Tenofovir	300mg	Tab	PMS	4.8884

(Interchangeable with Viread)

### Reason For Use Code and Clinical Criteria

#### Code 517

Confirmed chronic Hepatitis B infection in persons with

- HBV DNA greater than or equal to 1000 IU/mL

AND

- ALT levels greater than ULN

OR

- Evidence of fibrosis

OR

- Documented evidence of cirrhosis

LU Authorization Period: 1 year

#### Code 518

For patients with chronic Hepatitis B infection who have a contraindication, intolerance or inadequate response to one or more of the following: lamivudine, entecavir, adefovir or telbivudine.

LU Authorization Period: 1 year

#### Code 519

Patient is pregnant (2nd trimester or later) with HBV DNA greater than 1,000,000 IU/mL.

LU Authorization Period: 1 year

#### Code 520

Patients with chronic Hepatitis B infection currently receiving treatment with tenofovir and requires treatment continuation.

LU Authorization Period: 1 year

## **New Multi-Source Products (Continued)**

### **Code 521**

Patients with chronic Hepatitis B infection who are scheduled to undergo chemotherapy or significant immunosuppressive treatment.

LU Authorization Period: 1 year

### **Code 522**

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

LU Authorization Period: 1 year

# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02434571	Diclofenac Topical Solution	1.5% W/W	Top Sol	STE	0.6226/mL
02472309	Jamp-Diclofenac	1.5% W/W	Top Sol	JPC	0.6226/mL

(Interchangeable with Pennsaid)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02465086	Jamp-Rizatriptan ODT	5mg	Orally Disintegrating Tab	JPC	11.1150
02465094	Jamp-Rizatriptan ODT	10mg	Orally Disintegrating Tab	JPC	11.1150

(Interchangeable with Maxalt RPD)

# New and Revised Reason For Use Codes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02238984	Urso	250mg	Tab	BFI
02426900	Ursodiol Tablets USP	250mg	Tab	GLP
02273497	PMS-Ursodiol C	250mg	Tab	PMS

## New Reason For Use Code and Clinical Criteria

### Code 534

For the treatment of primary sclerosing cholangitis.

LU Authorization Period: Indefinite

## Existing Reason For Use Code

### Code 273

No changes to the criteria of this code.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02237514	Cipro	10g/100mL	Oral Susp	BAY

## Removed Reason For Use Codes

Current LU codes 332, 333, 334, 336, 350, 353 and 977 are removed.

## New Reason For Use Code and Clinical Criteria

### Code 533

For patients who are unable to swallow or tolerate solid oral dosage forms.

LU Authorization Period: 1 Year

# Changes to Reason For Use Content

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02247027	Keppra	250mg	Tab	UCB
02274183	Act Levetiracetam	250mg	Tab	ACV
02285924	Apo-Levetiracetam	250mg	Tab	APX
02375249	Auro-Levetiracetam	250mg	Tab	AUR
02403005	Jamp-Levetiracetam	250mg	Tab	JPC
02440202	Nat-Levetiracetam	250mg	Tab	NAT
02454653	Levetiracetam	250mg	Tab	PMS
02461986	Sandoz Levetiracetam	250mg	Tab	SDZ
02247028	Keppra	500mg	Tab	UCB
02274191	Act Levetiracetam	500mg	Tab	ACV
02285932	Apo-Levetiracetam	500mg	Tab	APX
02375257	Auro-Levetiracetam	500mg	Tab	AUR
02403021	Jamp-Levetiracetam	500mg	Tab	JPC
02440210	Nat-Levetiracetam	500mg	Tab	NAT
02454661	Levetiracetam	500mg	Tab	PMS
02461994	Sandoz Levetiracetam	500mg	Tab	SDZ
02247029	Keppra	750mg	Tab	UCB
02274205	Act Levetiracetam	750mg	Tab	ACV
02285940	Apo-Levetiracetam	750mg	Tab	APX
02375265	Auro-Levetiracetam	750mg	Tab	AUR
02403048	Jamp-Levetiracetam	750mg	Tab	JPC
02440229	Nat-Levetiracetam	750mg	Tab	NAT
02454688	Levetiracetam	750mg	Tab	PMS
02462001	Sandoz Levetiracetam	750mg	Tab	SDZ

## Revised Reason For Use Content

### Code 473

As adjunctive therapy in the treatment of seizure disorders where control by other listed anticonvulsants has been unsatisfactory.

LU Authorization Period: Indefinite



# Product Status Changes

## Transition from the Exceptional Access Program to Limited Use Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02252716	Ciprodex	0.3% w/v & 0.1% w/v	Otic Susp-7.5mL Pk (with preservative)	NOV	28.8400

### Reason For Use Code and Clinical Criteria

#### Code 509

The treatment of otitis externa in patients:

- With known perforated tympanic membrane or ventilation tubes;  
OR
- Requiring chronic therapy (i.e., more than 14 days);  
OR
- Who have been receiving more than 7 days of topical aminoglycoside therapy without improvement, where there is concern of a resistant pathogen;  
OR
- With documented pre-existing hearing impairment.

LU Authorization Period: 1 year

## Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02293269	Campral	333mg	DR Tab	MYL	0.8441

### Reason For Use Code and Clinical Criteria

#### Code 531

For the treatment of alcohol use disorder in patients who:

- Meet clinical criteria for alcohol use disorder; and
- Express a commitment to abstain from alcohol; and
- Have been abstinent from alcohol for at least 3 days prior to starting acamprosate; and
- Have confirmed participation in counselling and treatment for alcohol use disorder\*

\* An individualized treatment plan will have one or more of the following components:

Counselling and follow-up with the patient's family physician, addiction physician, or psychiatrist; self-help groups such as Alcoholics Anonymous; and outpatient, day, or inpatient psychosocial rehabilitation programs.

LU Authorization Period: 1 year

## Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02213826*	Revia	50mg	Tab	TEV	5.6150
02444275*	Apo-Naltrexone	50mg	Tab	APX	2.8075
02451883*	Naltrexone Hydrochloride Tablets USP	50mg	Tab	STN	2.8075

\* Products currently listed as Off-Formulary Interchangeable (OFI)

## Reason For Use Code and Clinical Criteria

### Code 532

For the treatment of alcohol use disorder in patients who:

- Meet clinical criteria for alcohol use disorder; and
- Express a commitment to reduce or abstain from alcohol; and
- Have confirmed participation in counselling and treatment for alcohol use disorder\*

\* An individualized treatment plan will have one or more of the following components:

Counselling and follow-up with the patient's family physician, addiction physician, or psychiatrist; self-help groups such as Alcoholics Anonymous; and outpatient, day, or inpatient psychosocial rehabilitation programs.

LU Authorization Period: 1 year

## Product Status Changes (Continued)

### Transition from the Exceptional Access Program to General Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02262800*	Strattera	10mg	Cap	LIL	2.9214
02318024*	Apo-Atomoxetine	10mg	Cap	APX	0.5106
02381028*	PMS-Atomoxetine	10mg	Cap	PMS	0.5106
02386410*	Sandoz Atomoxetine	10mg	Cap	SDZ	0.5106
02314541*	Teva-Atomoxetine	10mg	Cap	TEV	0.5106

\* Products currently listed as Off-Formulary Interchangeable (OFI)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02262819*	Strattera	18mg	Cap	LIL	3.2893
02318032*	Apo-Atomoxetine	18mg	Cap	APX	0.5748
02381036*	PMS-Atomoxetine	18mg	Cap	PMS	0.5748
02386429*	Sandoz Atomoxetine	18mg	Cap	SDZ	0.5748
02314568*	Teva-Atomoxetine	18mg	Cap	TEV	0.5748

\* Products currently listed as Off-Formulary Interchangeable (OFI)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02262827*	Strattera	25mg	Cap	LIL	3.6736
02318040*	Apo-Atomoxetine	25mg	Cap	APX	0.6420
02381044*	PMS-Atomoxetine	25mg	Cap	PMS	0.6420
02386437*	Sandoz Atomoxetine	25mg	Cap	SDZ	0.6420
02314576*	Teva-Atomoxetine	25mg	Cap	TEV	0.6420

\* Products currently listed as Off-Formulary Interchangeable (OFI)

## Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02262835*	Strattera	40mg	Cap	LIL	4.2168
02318059*	Apo-Atomoxetine	40mg	Cap	APX	0.7369
02381052*	PMS-Atomoxetine	40mg	Cap	PMS	0.7369
02386445*	Sandoz Atomoxetine	40mg	Cap	SDZ	0.7369
02314584*	Teva-Atomoxetine	40mg	Cap	TEV	0.7369

\* Products currently listed as Off-Formulary Interchangeable (OFI)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02262843*	Strattera	60mg	Cap	LIL	4.6304
02318067*	Apo-Atomoxetine	60mg	Cap	APX	0.8092
02381060*	PMS-Atomoxetine	60mg	Cap	PMS	0.8092
02386453*	Sandoz Atomoxetine	60mg	Cap	SDZ	0.8092
02314592*	Teva-Atomoxetine	60mg	Cap	TEV	0.8092

\* Products currently listed as Off-Formulary Interchangeable (OFI)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02231328*	Apo-Fluoxetine	20mg/5mL	Oral Sol	APX	0.3084
02459361*	Odan-Fluoxetine	20mg/5mL	Oral Sol	ODN	0.3084

(Interchangeable with Prozac)

\* Products currently listed as Off-Formulary Interchangeable (OFI)

## Product Status Changes (Continued)

### Transition from Limited Use to General Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02155958	Cipro	250mg	Tab	BAY
02229521	Apo-Ciproflox	250mg	Tab	APX
02381907	Auro-Ciprofloxacin	250mg	Tab	AUR
02247339	Co Ciprofloxacin	250mg	Tab	COB
02380358	Jamp-Ciprofloxacin	250mg	Tab	JPC
02379686	Mar-Ciprofloxacin	250mg	Tab	MAR
02423553	Mint-Ciproflox	250mg	Tab	MIN
02245647	Mylan-Ciprofloxacin	250mg	Tab	MYL
02161737	Novo-Ciprofloxacin	250mg	Tab	NOP
02248437	PMS-Ciprofloxacin	250mg	Tab	PMS
02303728	Ran-Ciproflox	250mg	Tab	RAN
02246825	Ratio-Ciprofloxacin	250mg	Tab	RPH
02248756	Sandoz Ciprofloxacin	250mg	Tab	SDZ
02379627	Septa-Ciprofloxacin	250mg	Tab	SET
02426978	Van-Ciprofloxacin	250mg	Tab	VAN
02155966	Cipro	500mg	Tab	BAY
02229522	Apo-Ciproflox	500mg	Tab	APX
02381923	Auro-Ciprofloxacin	500mg	Tab	AUR
02247340	Co Ciprofloxacin	500mg	Tab	COB
02380366	Jamp-Ciprofloxacin	500mg	Tab	JPC
02379694	Mar-Ciprofloxacin	500mg	Tab	MAR
02423561	Mint-Ciproflox	500mg	Tab	MIN
02245648	Mylan-Ciprofloxacin	500mg	Tab	MYL
02248438	PMS-Ciprofloxacin	500mg	Tab	PMS
02303736	Ran-Ciproflox	500mg	Tab	RAN
02246826	Ratio-Ciprofloxacin	500mg	Tab	RPH
02248757	Sandoz Ciprofloxacin	500mg	Tab	SDZ
02379635	Septa-Ciprofloxacin	500mg	Tab	SET
02427001	Van-Ciprofloxacin	500mg	Tab	VAN

## Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02155974	Cipro	750mg	Tab	BAY
02229523	Apo-Ciproflox	750mg	Tab	APX
02381931	Auro-Ciprofloxacin	750mg	Tab	AUR
02247341	Co Ciprofloxacin	750mg	Tab	COB
02380374	Jamp-Ciprofloxacin	750mg	Tab	JPC
02379708	Mar-Ciprofloxacin	750mg	Tab	MAR
02423588	Mint-Ciproflox	750mg	Tab	MIN
02248439	PMS-Ciprofloxacin	750mg	Tab	PMS
02303744	Ran-Ciproflox	750mg	Tab	RAN
02246827	Ratio-Ciprofloxacin	750mg	Tab	RPH
02248758	Sandoz Ciprofloxacin	750mg	Tab	SDZ
02379643	Septa-Ciprofloxacin	750mg	Tab	SET
02427028	Van-Ciprofloxacin	750mg	Tab	VAN

### Removed Reason For Use Codes

Current LU codes 332, 333, 334, 336, 350, 353 and 977 are removed.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02284707	Apo-Levofloxacin	250mg	Tab	APX
02315424	Co Levofloxacin	250mg	Tab	COB
02248262	Novo-Levofloxacin	250mg	Tab	NOP
02284677	PMS-Levofloxacin	250mg	Tab	PMS
02298635	Sandoz Levofloxacin	250mg	Tab	SDZ
02284715	Apo-Levofloxacin	500mg	Tab	APX
02315432	Co Levofloxacin	500mg	Tab	COB
02248263	Novo-Levofloxacin	500mg	Tab	NOP
02284685	PMS-Levofloxacin	500mg	Tab	PMS
02298643	Sandoz Levofloxacin	500mg	Tab	SDZ

(Interchangeable with Levaquin)

### Removed Reason For Use Codes

Current LU codes 337, 338, 339 and 977 are removed.

## Product Status Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02242965	Avelox	400mg	Tab	BAY
02404923	Apo-Moxifloxacin	400mg	Tab	APX
02432242	Auro-Moxifloxacin	400mg	Tab	AUR
02443929	Jamp-Moxifloxacin	400mg	Tab	JPC
24447061	Jamp-Moxifloxacin Tablets	400mg	Tab	JPC
02447053	Mar-Moxifloxacin	400mg	Tab	MAR
02457814	Med-Moxifloxacin	400mg	Tab	GMP
02383381	Sandoz Moxifloxacin	400mg	Tab	SDZ
02375702	Teva-Moxifloxacin	400mg	Tab	TEV

### Removed Reason For Use Codes

Current LU codes 337, 338, 339 and 977 are removed.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02219492	Valtrex	500mg	Tab	GSK
02295822	Apo-Valacyclovir	500mg	Tab	APX
02405040	Auro-Valacyclovir	500mg	Tab	AUR
02331748	Co Valacyclovir	500mg	Tab	COB
02441454	Jamp-Valacyclovir	500mg	Tab	JPC
02441586	Mar-Valacyclovir	500mg	Tab	MAR
02351579	Mylan-Valacyclovir	500mg	Tab	MYL
02298457	PMS-Valacyclovir	500mg	Tab	PMS
02347091	Sandoz Valacyclovir	500mg	Tab	SDZ
02357534	Teva-Valacyclovir	500mg	Tab	TEV
02454645	Valacyclovir	500mg	Tab	SAI

### Removed Reason For Use Code

Current LU code 159 is removed.



# Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02275813*	Duragesic Mat	JNO	Duragesic	JAN	25mcg/hr	Trans Patch
02275821*	Duragesic Mat	JNO	Duragesic	JAN	50mcg/hr	Trans Patch
02275848**	Duragesic Mat	JNO	Duragesic	JAN	75mcg/hr	Trans Patch
02275856**	Duragesic Mat	JNO	Duragesic	JAN	100mcg/hr	Trans Patch

\* Not-a-Benefit (NAB) to serve as a reference product in interchangeable group

\*\* Off-Formulary Interchangeable (OFI) Product

# Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02305062*	Apo-Metformin ER	500mg	ER Tab	APX	0.5158
02329840**	Cayston	75mg/Vial	Pd Inh Sol- Vial Pk	GIL	42.3989
02449498	Genvoya	150mg & 150mg & 200mg & 10mg	Tab	GIL	45.1440
02224720	Lasix	10mg/mL	O/L	SAV	0.3229
02245913**	Kineret	150mg/mL Inj	Pref Syr- 0.67mL Pk	SWE	49.6990

\* Off-Formulary Interchangeable (OFI) Product

\*\* 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
02436027*	Holkira Pak	12.5mg & 75mg & 50mg & 250mg	4 Tab Combi Pk	ABV
02241594**	Mirapex	0.5mg	Tab	BOE
02237146	Mirapex	1mg	Tab	BOE
02237147	Mirapex	1.5mg	Tab	BOE
09857269	Mirapex	1mg	Tab	BOE
09857270	Mirapex	1.5mg	Tab	BOE
02232565	ReQuip	0.25mg	Tab	GSK
02232567	ReQuip	1mg	Tab	GSK
02232568	ReQuip	2mg	Tab	GSK
02232569	ReQuip	5mg	Tab	GSK
02214261	SereVent Diskhaler Disks	50mcg/Blister	Diskhaler-60 Disk Pk	GSK
02212331	Zantac	150mg	Tab	GSK
02212358	Zantac	300mg	Tab	GSK
02359472	Mylan-Donepezil	5mg	Tab	MYL
02426633	Mylan-Duloxetine	30mg	DR Cap	MYL
02426641	Mylan-Duloxetine	60mg	DR Cap	MYL
02378078	Mylan-Losartan HCTZ	50mg & 12.5mg	Tab	MYL
02378086	Mylan-Losartan HCTZ	100mg & 12.5mg	Tab	MYL
02378094	Mylan-Losartan HCTZ	100mg & 25mg	Tab	MYL

\* Exceptional Access Program (EAP) Product

\*\* Off-Formulary Interchangeable (OFI) Product

## Discontinued Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02329433	Mylan-Omeprazole	20mg	DR Cap	MYL
02381303	Mylan-Rosuvastatin	40mg	Tab	MYL
02296616**	Mylan-Zopiclone	5mg	Tab	MYL
02392585**	Myl-Sildenafil	50mg	Tab	MYL
00397423	Lopresor	50mg	Tab	NOV
00397431	Lopresor	100mg	Tab	NOV
00885851	Lotensin	20mg	Tab	NOV
00426857	Benzotropine	2mg	Tab	PMS
02317125	PMS-Latanoprost	0.005%	Oph Sol-2.5mL Pk	PMS
00783137	PMS-Metronidazole	500mg	Cap	PMS
02240693	Intron A	15mu/mL	18mu MD Pen Kit	SCH
02240694	Intron A	25mu/mL	30mu MD Pen Kit	SCH
02240695	Intron A	50mu/mL	60mu MD Pen Kit	SCH
02192268	Cyclocort	0.1%	Oint	STI
02192276	Cyclocort	0.1%	Lot	STI
00595799	Emo-Cort	2.5%	Cr	STI

\* Exceptional Access Program (EAP) Product

\*\* Off-Formulary Interchangeable (OFI) Product

# Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00443840*	Depakene	250mg	Cap	ABB
00818658*	Hytrin	1mg	Tab	ABB
00818682*	Hytrin	2mg	Tab	ABB
00818666*	Hytrin	5mg	Tab	ABB
00818674*	Hytrin	10mg	Tab	ABB
02237887	Mylan-Acebutolol (Type S)	400mg	Tab	MYL
02231491	Mylan-Azathioprine	50mg	Tab	MYL
02390337	Mylan-Entacapone	200mg	Tab	MYL
02378930**	Mylan-Atomoxetine	18mg	Cap	MYL
02378949**	Mylan-Atomoxetine	25mg	Cap	MYL
02378957**	Mylan-Atomoxetine	40mg	Cap	MYL
02378965**	Mylan-Atomoxetine	60mg	Cap	MYL

\* Remain on Formulary as Not-a-Benefit (NAB) to serve as a reference product in interchangeable group

\*\* Off-Formulary Interchangeable (OFI) Product

