

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – October 2018
Effective October 31, 2018

Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health and Long-Term Care

[Visit Formulary Downloads: Edition 43](#)

Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	7
New Off-Formulary Interchangeable (OFI) Products.....	10
Changes to Therapeutic Note	11
Manufacturer Name Changes	12
Product Brand and Manufacturer Name Changes	13
Drug Benefit Price (DBP) Changes.....	14
Discontinued Products	16
Delisted Products.....	17

New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02428946	Actikerall	0.5% w/w & 10% w/w	Top Sol	FLUOROURACIL & SALICYLIC ACID	CIP	1.5336/mL

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02457393	Enstilar	50mcg/g & 0.5mg/g	Top Aero Foam	CALCIPOTRIOL & BETAMETHASONE DIPROPIONATE	LEO	1.5390/g

Therapeutic Note

For the treatment of moderate to severe scalp psoriasis in patients who have failed first-line topical corticosteroid therapy.

For the treatment of mild to moderate body psoriasis in patients who have failed first-line topical corticosteroid therapy and Dovonex (calcipotriol) therapy.

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02459973	Lancora	5mg	Tab	IVABRADINE HCL*	SEV	0.8505
02459981	Lancora	7.5mg	Tab	IVABRADINE HCL*	SEV	1.5568

*Ivabradine HCl is a Chronic-Use Medication

Reason For Use Code and Clinical Criteria

Code 538

For the treatment of stable chronic heart failure with reduced left ventricular ejection fraction (LVEF) (less than or equal to 35%) in adult patients with New York Heart Association (NYHA) classes II or III who are in sinus rhythm with a resting heart rate greater than or equal to 77 beats per minute (bpm), to reduce the incidence of cardiovascular mortality and hospitalizations for worsening heart failure, administered in combination with standard chronic heart failure therapies if the following are met:

- Patients with NYHA class II to III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin converting enzyme inhibitor (ACEI) or an angiotensin II receptor blocker (ARB) in combination with a beta blocker and, if tolerated, a mineralocorticoid receptor antagonist (MRA); AND
- Patients with at least one hospitalization due to heart failure in the last year; AND
- Resting heart rate must be documented as greater than or equal to 77 bpm on average using either an ECG on at least three separate visits or by continuous monitoring.

LU Authorization Period: Indefinite

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02456575	Synjardy	5mg & 500mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783
02456583	Synjardy	5mg & 850mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783
02456591	Synjardy	5mg & 1000mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783
02456605	Synjardy	12.5mg & 500mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783
02456613	Synjardy	12.5mg & 850mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783
02456621	Synjardy	12.5mg & 1000mg	Tab	EMPAGLIFLOZIN & METFORMIN*	BOE	1.3783

*Empagliflozin & Metformin is a Chronic-Use Medication

Therapeutic Note

Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- Inadequate glycemic control (defined as HbA1c greater than 0.07) and intolerance or contraindication to a sulfonylurea; OR
- Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of sulfonylurea and for whom insulin is not an option.

(Continued on next page)

New Single Source Products (Continued)

Used as an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with Type 2 diabetes and established cardiovascular disease who have inadequate glycemic control (HbA1c greater than 0.07) despite an adequate trial of metformin. Established CV disease is defined as one of the following:

- history of MI
- multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)
- single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection
- last episode of unstable angina greater than 2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease
- history of ischemic or hemorrhagic stroke
- occlusive peripheral artery disease.

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02464144	Teva-Aripiprazole	2mg	Tab	TEV	0.8092
02464152	Teva-Aripiprazole	5mg	Tab	TEV	0.9046
02464160	Teva-Aripiprazole	10mg	Tab	TEV	1.0754
02464195	Teva-Aripiprazole	30mg	Tab	TEV	1.0017

(Interchangeable with Abilify)

Therapeutic Note

Notes: Subject to the specific drug's product monograph, 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.

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02470578	Auro-Cephalexin	250mg	Tab	AUR	0.0866
02470586	Auro-Cephalexin	500mg	Tab	AUR	0.1731

(Interchangeable with Keflex)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02468247	Apo-Efavirenz-Emtricitabine-Tenofovir	600mg/ 200mg/ 300mg	Tab	APX	11.3300

(Interchangeable with Atripla)

Therapeutic Note

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02437996	Ran-Solifenacin	10mg	Tab	RAN	0.3041

(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 Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02419882	Apo-Varenicline	0.5mg	Tab	APX	1.3855
02419890	Apo-Varenicline	1.0mg	Tab	APX	1.3853
02435675	Apo-Varenicline	0.5mg & 1.0mg	Tab (Starter Pack-53 Tabs)	APX	73.1600

(Interchangeable with Champix)

Reason For Use Code and Clinical Criteria

Code 423

For smoking-cessation treatment in adults, in conjunction with smoking-cessation counseling.

Network Note: Limited to 12 weeks (168 tablets) of reimbursement per 365 days per patient.

LU Authorization Period: 12 Weeks

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02469677	Apo-Pinaverium	50mg	Tab	APX	0.3066
02469685	Apo-Pinaverium	100mg	Tab	APX	0.5346

(Interchangeable with Dicletel)

Changes to Therapeutic Note

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02443937	Jardiance	10mg	Tab	BOE
02443945	Jardiance	25mg	Tab	BOE

Revised Therapeutic Note

Treatment of Type 2 diabetes in patients on maximally tolerated doses of metformin who have:

- Inadequate glycemic control (defined as HbA1c greater than 0.07) and intolerance or contraindication to a sulfonylurea; OR
- Inadequate glycemic control (HbA1c greater than 0.07) and on maximal doses of sulfonylurea and for whom insulin is not an option.

Used as an adjunct to diet, exercise, and standard care therapy to reduce the incidence of cardiovascular (CV) death in patients with Type 2 diabetes and established cardiovascular disease who have inadequate glycemic control (HbA1c greater than 0.07) despite an adequate trial of metformin. Established CV disease is defined as one of the following:

- history of MI
- multi-vessel coronary artery disease in two or more major coronary arteries (irrespective of revascularization status)
- single-vessel coronary artery disease with significant stenosis and either a positive non-invasive stress test or discharged from hospital with a documented diagnosis of unstable angina within 12 months prior to selection
- last episode of unstable angina greater than 2 months prior with confirmed evidence of coronary multi-vessel or single-vessel disease
- history of ischemic or hemorrhagic stroke
- occlusive peripheral artery disease.

Manufacturer Name Changes

DIN/PIN	Current Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00443832	Depakene	50mg/mL	O/L	ABB	BGP
01911910	Nitro-Dur 0.2	0.2mg/Hr	Transdermal Patch	MEK	DRR
01911902	Nitro-Dur	0.4mg/Hr	Transdermal Patch	SCH	DRR
01911929	Nitro-Dur	0.6mg/Hr	Transdermal Patch	SCH	DRR
02011271	Nitro-Dur 0.8	0.8mg/Hr	Transdermal Patch	MEK	DRR
02231923	Rhinocort Aqua	64mcg/ Metered Dose	Nas Sp-120 Dose Pk	AZC	MCL
00893560	Alomide	0.1%	Oph Sol	ALC	NOV
02331624	Azarga	1% & 0.5%	Oph Susp-5mL Pk	ALC	NOV
02238873	Azopt	1%	Oph Susp	ALC	NOV
01908448	Betoptic S	0.25%	Oph Susp	ALC	NOV
09857513	DuoTrav PQ	0.5% & 0.004%	Oph Sol-5mL Pk	ALC	NOV
02322374	Abilify	2mg	Tab	BQU	OTS
02322382	Abilify	5mg	Tab	BQU	OTS
02322390	Abilify	10mg	Tab	BQU	OTS
02322404	Abilify	15mg	Tab	BQU	OTS
02322455	Abilify	30mg	Tab	BQU	OTS

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02301334	Apo-Brimonidine P	APX	Brimonidine P	AAP	0.15%	Oph Sol
02284030	Apo-Desmopressin	APX	Desmopressin	AAP	0.1mg	Tab
02284049	Apo-Desmopressin	APX	Desmopressin	AAP	0.2mg	Tab
02049996	Apo-Doxepin	APX	Doxepin	AAP	10mg	Cap
02050005	Apo-Doxepin	APX	Doxepin	AAP	25mg	Cap
02050013	Apo-Doxepin	APX	Doxepin	AAP	50mg	Cap
02050021	Apo-Doxepin	APX	Doxepin	AAP	75mg	Cap
02050048	Apo-Doxepin	APX	Doxepin	AAP	100mg	Cap
02352923	Apo-Enalapril Maleate/HCTZ	APX	Enalapril Maleate/HCTZ	AAP	5mg & 12.5mg	Tab
02352931	Apo-Enalapril Maleate/HCTZ	APX	Enalapril Maleate/HCTZ	AAP	10mg & 25mg	Tab
02232148	Apo-Moclobemide	APX	Moclobemide	AAP	100mg	Tab
02232150	Apo-Moclobemide	APX	Moclobemide	AAP	150mg	Tab
02240456	Apo-Moclobemide	APX	Moclobemide	AAP	300mg	Tab
02225964	Apo-Temazepam	APX	Temazepam	AAP	15mg	Cap
02225972	Apo-Temazepam	APX	Temazepam	AAP	30mg	Cap
02237701	Apo-Ticlopidine	APX	Ticlopidine	AAP	250mg	Tab
00755842	Apo-Timol	APX	Timolol	AAP	5mg	Tab
00755850	Apo-Timol	APX	Timolol	AAP	10mg	Tab
00755869	Apo-Timol	APX	Timolol	AAP	20mg	Tab
02426153	Apo-Tramadol	APX	Tramadol	AAP	50mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02301334	Brimonidine P	0.15%	Oph Sol	AAP	1.8740
02087324	Bromocriptine	2.5mg	Tab	AAP	1.0188
02230454	Bromocriptine	5mg	Cap	AAP	1.5251
00312797	Imipramine	25mg	Tab	AAP	0.2573
00326852	Imipramine	50mg	Tab	AAP	0.5021
02195917	Megestrol	40mg	Tab	AAP	1.3027
02195925	Megestrol	160mg	Tab	AAP	5.6788
02232150	Moclobemide	150mg	Tab	AAP	0.5042
02240456	Moclobemide	300mg	Tab	AAP	0.9904
02230090	Pentoxifylline SR	400mg	SR Tab	AAP	0.7854
02259893*	Apo-Tizanidine	4mg	Tab	APX	0.7694
02242119	Aggrenox	200mg/25mg	Cap	BOE	0.8874
02247686	Atrovent HFA	20mcg/ Metered Dose	Inh-200 Dose Pk	BOE	19.7714
02231675	Combivent UDV	500mcg/2.5mg/ 2.5mL	Inh Sol-2.5mL Pk	BOE	1.5753
02270102	Flomax CR Tab	0.4mg	CR Tab	BOE	0.6472
02441888	Inspiolto Respiant	2.5mcg & 2.5mcg/ Actuation	Inh Sol-60 Actuation Pk	BOE	62.1789
02443937	Jardiance	10mg	Tab	BOE	2.6727
02443945	Jardiance	25mg	Tab	BOE	2.6727
02403250	Jentadueto	2.5mg & 500mg	Tab	BOE	1.3651
02403269	Jentadueto	2.5mg & 850mg	Tab	BOE	1.3651
02403277	Jentadueto	2.5mg & 1000mg	Tab	BOE	1.3651
02240769	Micardis	40mg	Tab	BOE	1.2182
02240770	Micardis	80mg	Tab	BOE	1.2182
02244344	Micardis Plus	80mg & 12.5mg	Tab	BOE	1.2182
02318709	Micardis Plus	80mg & 25mg	Tab	BOE	1.2182

* Off-Formulary Interchangeable (OFI) Product

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02237145	Mirapex	0.25mg	Tab	BOE	1.1323
09857268	Mirapex	0.25mg	Tab	BOE	1.1323
02237146	Mirapex	1mg	Tab	BOE	2.2647
09857269	Mirapex	1mg	Tab	BOE	2.2647
02237147	Mirapex	1.5mg	Tab	BOE	2.2647
09857270	Mirapex	1.5mg	Tab	BOE	2.2647
02242785	Mobicox	7.5mg	Tab	BOE	0.8371
02242786	Mobicox	15mg	Tab	BOE	0.9659
02443066**	Ofev	100mg	Cap	BOE	27.7508
02443074**	Ofev	150mg	Cap	BOE	55.5016
02312441	Pradaxa	110mg	Cap	BOE	1.6720
02358808	Pradaxa	150mg	Cap	BOE	1.6720
02246793	Spiriva	18mcg	Inh Cap	BOE	1.7663
02435381	Spiriva Respimat	2.5mcg/ Actuation	Inh Sol-60 Actuation Pk	BOE	52.9899
02370921	Trajenta	5mg	Tab	BOE	2.6036
02371022	Twynsta	40mg & 5mg	Tab	BOE	0.7125
02371030	Twynsta	40mg & 10mg	Tab	BOE	0.7125
02371049	Twynsta	80mg & 5mg	Tab	BOE	0.7125
02371057	Twynsta	80mg & 10mg	Tab	BOE	0.7125
02238748	Viramune	200mg	Tab	BOE	5.1606
02367289	Viramune XR	400mg	ER Tab	BOE	2.5801
02461412	Mylan-Efavirenz/ Emtricitabine/Tenofovir	600mg/300mg/ 200mg	Tab	MYL	11.3300
00518182	Stieva-A	0.05%	Cr	STI	0.2060
00583413	Teva-Cephalexin	250mg	Tab	TEV	0.0866
00583421	Teva-Cephalexin	500mg	Tab	TEV	0.1731
02393549	Teva-Efavirenz/ Emtricitabine/Tenofovir	600mg/300mg/ 200mg	Tab	TEV	11.3300

** 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
02253429**	Pegasys RBV	0.5mL Pref Syr & 42 Tabs	Combination Pk	HLR
09857418**	Pegasys RBV	0.5mL Pref Syr & 28 Tabs	Combination Pk	HLR
09857420**	Pegasys RBV	0.5mL Pref Syr & 35 Tabs	Combination Pk	HLR
09857421**	Pegasys RBV	0.5mL 4 Pref Syr Pk & 196 Tabs	Combination Pk	HLR
09857506**	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg X 28 Tabs	Combination Pk	HLR
09857507**	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg X 35 Tabs	Combination Pk	HLR
09857509**	Pegasys RBV ProClick Autoinjector	180mcg/0.5mL & 200mg X 42 Tabs	Combination Pk	HLR
09857510**	Pegasys RBV ProClick Autoinjector	4 X 180mcg/0.5mL & 200mg X 196 Tabs	Combination Pk	HLR

** Exceptional Access Program (EAP) Product

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
09854193†	HMS 90	N/A	Pd-10g Pouch	IMM
02416441**	Galexos	150mg	Cap	JAN
02278359	Mylan-Azithromycin	250mg	Tab	MYL
02351536	Mylan-Clopidogrel	75mg	Tab	MYL
02359480	Mylan-Donepezil	10mg	Tab	MYL
02245372	Mylan-Propafenone	150mg	Tab	MYL
02245373	Mylan-Propafenone	300mg	Tab	MYL
02242520	Mylan-Sertraline	50mg	Cap	MYL

† Pharmacists are encouraged to help transition patients to ensure continuity in therapy as necessary, as well as counsel affected patients appropriately

** Exceptional Access Program (EAP) Product

