

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – September 2019
Effective September 30, 2019

Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health

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Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	5
New Off-Formulary Interchangeable (OFI) Products.....	7
Addition of Reason For Use Code.....	8
Transition from Exceptional Access Program to Limited Use.....	9
Transition from Exceptional Access Program to General Benefit.....	13
Product Brand and Manufacturer Name Changes	14
Drug Benefit Price (DBP) Changes	15
Discontinued Products	14
Delisted Products.....	15

New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02474522	Trelegy Ellipta	100mcg & 62.5mcg & 25mcg	Pd Inh-30 Dose Pk	FLUTICASONE FUROATE/UMECLIDI NIUM/VILANTEROL	GSK	132.2000

Reason For Use Code and Clinical Criteria

Code 567

For the long-term, once daily, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema and to reduce exacerbations of COPD in patients with a history of exacerbations in patients who require a combination of an inhaled corticosteroid (ICS), long-acting muscarinic antagonist (LAMA), and a long-acting beta2-adrenergic agonist (LABA).

LU Authorization Period: Indefinite

Therapeutic Notes:

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

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02470152	Humalog	100U/mL	Inj Sol-Pref Pen 5x3mL Pk (Junior KwikPen)	INSULIN LISPRO	LIL	63.4900

Therapeutic Notes:

For the treatment of patients with Type 1 diabetes mellitus.

For the treatment of patients with Type 2 diabetes mellitus using insulin in an intensive regimen with 3 or more injections per day.

For the treatment of patients with Type 2 diabetes mellitus who are either experiencing recurrent hypoglycemia OR are unable to achieve adequate post-prandial glucose control while on less intensive regimen of regular insulin (1-2 injections per day).

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02471469	Ozempic	1.34mg/mL	Inj Sol-Pref Pen 3mL Pk	SEMAGLUTIDE	NOO	195.0600
02471477	Ozempic	1.34mg/mL	Inj Sol-Pref Pen 1.5mL Pk	SEMAGLUTIDE	NOO	195.0600

Therapeutic Notes:

For the treatment of type 2 diabetes in combination with metformin and a sulfonylurea, when diet and exercise plus dual therapy with metformin and a sulfonylurea do not achieve adequate glycemic control

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02478595	Jamp-Cholestyramine	4g	Oral Pd-Pouch Pk	JPC	0.3693

(Interchangeable with Questran Light)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02477009	Jamp-Perindopril	2mg	Tab	JPC	0.1632

(Interchangeable with Coversyl)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02408600	Mint-Donepezil	5mg	Tab	MIN	0.4586
02408619	Mint-Donepezil	10mg	Tab	MIN	0.4586

(Interchangeable with Aricept)

Reason For Use Code and Clinical Criteria

Code 347

Initial Trial: For patients with mild to moderate Alzheimer's Disease (Mini-Mental State Exam [MMSE] 10-26). Patients will be reimbursed for a period of up to 3 months after which continued treatment must be reassessed.

Network note: Maximum duration 3 months.

LU Authorization Period: 1 Year

Reason For Use Code and Clinical Criteria

Code 348

Continuation: Further reimbursement will be made available to those patients whose disease has not progressed/deteriorated while on this drug. Patients must continue to have a MMSE score of 10-26.

LU Authorization Period: 1 Year

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02480859	Mar-Tramadol	50mg	Tab	MAR	0.6386

(Interchangeable with Ultram)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02476088	Jamp-Vardenafil ODT	10mg	Orally Disintegrating Tab	JPC	5.8778

(Interchangeable with Staxyn)

Addition of Reason For Use Code

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02404516	Fycompa	2mg	Tab	EIS
02404524	Fycompa	4mg	Tab	EIS
02404532	Fycompa	6mg	Tab	EIS
02404540	Fycompa	8mg	Tab	EIS
02404559	Fycompa	10mg	Tab	EIS
02404567	Fycompa	12mg	Tab	EIS

Reason For Use Code and Clinical Criteria

Code 564

For adjunctive therapy in the management of primary generalized tonic-clonic (PGTC) seizures in patients with epilepsy who have had an inadequate response or have significant intolerance to at least 3 less costly anticonvulsant therapies; AND

Patients are under the care of a physician experienced in the treatment of epilepsy.

Note: Less costly anticonvulsant therapies may include the following:

Phenytoin, Carbamazepine, Gabapentin, Lamotrigine, Vigabatrin, Topiramate, etc.

LU Authorization Period: Indefinite

Transition from Exceptional Access Program to Limited Use

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
00800430	Vancocin	125mg	Cap	SLP	6.0941
02407744	Jamp-Vancomycin	125mg	Cap	JPC	5.1800

Reason For Use Code and Clinical Criteria

Code 557

For the treatment of initial episodes of *Clostridium difficile* infection; mild cases, if no response, or intolerance to, an adequate trial of oral metronidazole*:

* As defined by the *Association of Medical Microbiology and Infectious Disease Canada* treatment practice guidelines for *Clostridium difficile* infection, 2018.

Notes:

- Metronidazole 500 mg orally three times daily for 10–14 days can be used in patients with mild diarrhea.
- Discontinue antibiotics for other indications if possible.
- Higher doses of vancomycin have not been shown to be beneficial.
- There is no evidence to support combination therapy with metronidazole or fidaxomicin

Maximum funded dose: Vancomycin 125 mg four times daily, up to 14 days

Maximum funded quantity: 56 capsules

LU Authorization Period: 14 days

Transition from Exceptional Access Program to Limited Use (Continued)

Reason For Use Code and Clinical Criteria

Code 558

For the treatment of initial episodes of *Clostridium difficile* infection; moderate or severe, uncomplicated cases*:

* As defined by the *Association of Medical Microbiology and Infectious Disease Canada treatment practice guidelines for Clostridium difficile infection*, 2018.

Notes:

- Metronidazole 500 mg orally three times daily for 10–14 days can be used in patients with mild diarrhea.
- For mild to moderate cases, treatment should only be continued beyond 7 days if diarrhea persists, up to a maximum of 14 days.
- Severe, uncomplicated cases should be treated for 10-14 days. There is no evidence to support treatment durations beyond 14 days.
- Higher doses of vancomycin have not been shown to be beneficial.
- There is no evidence to support combination therapy with metronidazole or fidaxomicin.

Maximum funded dose: Vancomycin 125 mg four times daily, up to 14 days.

Maximum funded quantity: 56 capsules

LU Authorization Period: 14 days

Transition from Exceptional Access Program to Limited Use (Continued)

Reason For Use Code and Clinical Criteria

Code 559

For the treatment of recurrent *Clostridium difficile* infection, first recurrence, mild to moderate* or severe, uncomplicated* cases:

* As defined by the *Association of Medical Microbiology and Infectious Disease Canada treatment practice guidelines for Clostridium difficile infection, 2018.*

Notes:

- Recurrent CDI is defined as the reoccurrence of CDI within 8 weeks following the onset of a previous episode which resolved with treatment.
- Treatment should only be continued for 14 days.
- Higher doses or longer treatment duration vancomycin have not been shown to be beneficial.
- There is no evidence to support combination therapy with metronidazole or fidaxomicin.

Maximum funded dose: Vancomycin 125 mg four times daily for 14 days.

Maximum funded quantity: 56 capsules

LU Authorization Period: 14 days

Transition from Exceptional Access Program to Limited Use (Continued)

Reason For Use Code and Clinical Criteria

Code 560

For the treatment of recurrent *Clostridium difficile* infection, second or subsequent recurrences, mild to moderate* or severe, uncomplicated* cases:

* As defined by *the Association of Medical Microbiology and Infectious Disease Canada treatment practice guidelines for Clostridium difficile infection, 2018.*

Notes:

- Recurrent CDI is defined as the reoccurrence of CDI within 8 weeks following the onset of a previous episode which resolved with treatment.
- There is no evidence to support combination therapy with metronidazole or fidaxomicin.

Funded dose: Vancomycin 125 mg four times daily for 10-14 days, followed by vancomycin taper.

Maximum funded quantity: 114 capsules

LU Authorization Period: 13 weeks

Transition from Exceptional Access Program to General Benefit

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02211076	Apo-Buspirone	10mg	Tab	APX	0.3517
02230942	PMS-Buspirone	10mg	Tab	PMS	0.3517
02447851	Buspirone	10mg	Tab	SAI	0.3517
02231492	Teva-Buspirone	10mg	Tab	TEV	0.3517

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02210428	Apo-Sotalol	80mg	Tab	APX	0.2966
02368617	Jamp-Sotalol	80mg	Tab	JPC	0.2966
02238326	PMS-Sotalol	80mg	Tab	PMS	0.2966

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02315424	Co Levofloxacin	COB	Act Levofloxacin	TEV	250mg	Tab
02315432	Co- Levofloxacin	COB	Act Levofloxacin	TEV	500mg	Tab
02315440*	Co- Levofloxacin	COB	Act Levofloxacin	TEV	750mg	Tab
02132591	Novo- Loperamide	NOP	Teva- Loperamide	TEV	2mg	Caplet
02313731	Novo- Cilazapril/HCTZ	NOP	Teva- Cilazapril/HCTZ	TEV	5mg & 12.5mg	Tab
02316390	Ratio- Irbesartan	RPH	Teva- Irbesartan	TEV	75mg	Tab
02316404	Ratio- Irbesartan	RPH	Teva- Irbesartan	TEV	150mg	Tab
02316412	Ratio- Irbesartan	RPH	Teva- Irbesartan	TEV	300mg	Tab

*Off Formulary Interchangeable

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02455609	Cholestyramine- Odan 4g/Sachet		Oral Pd-Pouch Pk	ODN	0.3693
02242810	Scopolamine Hydrobromide Injection	0.4mg/mL	Inj Sol (Preservative Free)	OMG	5.3000
02242811	Scopolamine Hydrobromide Injection	0.6mg/mL	Inj Sol (Preservative Free)	OMG	5.7500
00890960	Olestyr 4g/5g Pk		Oral Pd-Pouch Pk	PEN	0.3693
02210320	Olestyr 4g/9g Pk		Oral Pd-Pouch Pk	PMS	0.3693
02399245	Sandoz Voriconazole	50mg	Tab	SDZ	6.7818
00363685	Teva-Haloperidol	0.5mg	Tab	TEV	0.1362
00363677	Teva-Haloperidol	1mg	Tab	TEV	0.2046
00363669	Teva-Haloperidol	2mg	Tab	TEV	0.3058
00363650	Teva-Haloperidol	5mg	Tab	TEV	0.4877
00713449	Teva-Haloperidol	10mg	Tab	TEV	0.7095
00768820	Teva-Haloperidol	20mg	Tab	TEV	1.3047
02179687	Teva-Tiaprofenic	300mg	Tab	TEV	0.8070
00745588	Teva-Sulindac	150mg	Tab	TEV	0.4216
02396866	Teva-Voriconazole	50mg	Tab	TEV	6.7818

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02243986	Apo-Amoxi Clav	25mg & 6.25mg/mL	O/L	APX
02239288	Apo-Flunisolide	0.025%	Nas Sp-25mL Pk	APX
02248398	Apo-Ofloxacin	0.3%	Oph Sol	APX
02263866	Co Etidrocal	400mg/500mg	Tab-90 Tablets Kit	COB

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02393433	Apo-Nitroglycerin	0.4mg/Metered Dose	Spray-200 Dose Pk	APX
02314649	Apo-Fentanyl Matrix	50mcg/hr	Trans Patch	APX
02290812	Apo-Timop Gel	0.5%	Oph Gellan Sol	APX
02409674	Apo-Voriconazole	50mg	Tab	APX
02163705	Atrovent	0.03%	Nasal Spray	BOE
02163713*	Atrovent	0.06%	Nasal Spray	BOE
02396696*	Mylan-Fentanyl Matrix Patch	12mcg/hr	Trans Patch	MYL
02396718	Mylan-Fentanyl Matrix Patch	25mcg/hr	Trans Patch	MYL
02396726	Mylan-Fentanyl Matrix Patch	50mcg/hr	Trans Patch	MYL
02396734*	Mylan-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	MYL
09857579**	Mylan-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	MYL
02396742*	Mylan-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	MYL
09857587**	Mylan-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	MYL
02177811***	PMS-Cephalexin 125	25mg/mL	Pd for Oral Susp	PMS
02177838***	PMS-Cephalexin 250	50mg/mL	Pd for Oral Susp	PMS
02245272*	Amaryl	1mg	Tab	SAV
02245273*	Amaryl	2mg	Tab	SAV
02245274*	Amaryl	4mg	Tab	SAV
02299909****	Cubicin	500mg/10mL	Pd for Inj-10mL Vial Pk	SUO
02264749	Taro-Mometasone	0.1%	Oint	TAR

*Off Formulary Interchangeable (OFI)

**Facilitated Access Palliative Care

***Not-a-Benefit

****Exceptional Access Program

