

Ministry of Health and Long-Term Care

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2018

Effective May 31, 2018

Drug Programs Policy and Strategy Branch
Ontario Public Drug Programs
Ministry of Health and Long-Term Care

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New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02459523	Kyleena	19.5mg	Insert	LEVONORGESTREL	BAY	326.0600

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02460289	Mictoryl Pediatric	5mg	Tab	PROPIVERINE HYDROCHLORIDE	DUI	0.3700

Reason For Use Code and Clinical Criteria

Code 530

For the symptomatic treatment of urinary incontinence and/or increased urinary frequency and urgency in pediatric patients with overactive bladder.

LU Authorization Period: 1 year

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02466082	Taro-Acitreten	25mg	Cap	TAR	2.2770

(Interchangeable with Soriatane)

Therapeutic Note

This drug should be used with extreme caution in females of childbearing potential due to its teratogenicity. Effective contraception must be practised for at least 2 years following discontinuation.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02426846	Donepezil	5mg	Tab	SAI	0.4586
02426854	Donepezil	10mg	Tab	SAI	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

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 Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02468778	Mint-Hydralazine	10mg	Tab	MIN	0.0355
02468786	Mint-Hydralazine	25mg	Tab	MIN	0.0609
02468794	Mint-Hydralazine	50mg	Tab	MIN	0.0956

(Interchangeable with Apresoline)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02472635	Nat-Oseltamivir	30mg	Cap	NAT	1.5728
02472643	Nat-Oseltamivir	45mg	Cap	NAT	2.4203

(Interchangeable with Tamiflu)

Reason For Use Code and Clinical Criteria

Code 371

For the prophylaxis (max: 75mg daily) of institutionalized individuals during confirmed* outbreaks of Influenza A or Influenza B.

NOTE: Network will limit supply to 6 weeks.

*The outbreak must be confirmed by Public Health.

LU Authorization Period: 1 year

Code 372

For the treatment (max: 75mg bid) of institutionalized individuals during confirmed* outbreaks due to: Influenza B or, Influenza A (as an alternative to amantadine) or, Influenza A where new cases have developed despite amantadine prophylaxis.

NOTE: Network will limit supply to 5 days.

*The outbreak must be confirmed by Public Health.

LU Authorization Period: 1 year

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02449439	Ran-Ramipril HCTZ	2.5mg & 12.5mg	Tab	RAN	0.1495
02449463	Ran-Ramipril HCTZ	5mg & 25mg	Tab	RAN	0.1915

(Interchangeable with Altace HCT)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02454319	Jamp-Risperidone	1mg/mL	O/L	JPC	0.4802

(Interchangeable with Risperdal)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469995	Pharma-Simvastatin	20mg	Tab	PMS	0.2501
02470004	Pharma-Simvastatin	40mg	Tab	PMS	0.2501

(Interchangeable with Zocor)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02449544	Auro-Ziprasidone	20mg	Cap	AUR	1.3784
02449552	Auro-Ziprasidone	40mg	Cap	AUR	1.5786
02449560	Auro-Ziprasidone	60mg	Cap	AUR	1.5786
02449579	Auro-Ziprasidone	80mg	Cap	AUR	1.5786

(Interchangeable with Zeldox)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02441934	Act Methylphenidate ER	18mg	SR Tab	ACV	0.5246
02441942	Act Methylphenidate ER	27mg	SR Tab	ACV	0.6055
02441950	Act Methylphenidate ER	36mg	SR Tab	ACV	0.6863
02441969	Act Methylphenidate ER	54mg	SR Tab	ACV	0.8479

(Interchangeable with Concerta)

Therapeutic Note

Stimulant medication should only be used when diagnostic criteria for narcolepsy or attention deficit disorder have been met and when stimulant medication has been demonstrated to produce clinical benefits. The use of conventional-release medication should almost always precede the use of extended-release preparations.

Notes: Patients greater than or equal to 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

- 1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
- 2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND
- 3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR, and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

Administrative barriers include:

- inability of a school to dose the child at lunch;
- the school lunch hour does not coincide with the dosing schedule;
- poor compliance with noon or afternoon doses;
- the patient is unable to swallow tablets.

Societal barriers include:

- the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives

New Reason For Use Code

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02230090	Pentoxifylline SR	400mg	SR Tab	AAP

New Reason For Use Code and Clinical Criteria

Code 529

For the treatment of patients with venous ulcers lasting, or expected to last, more than 8 weeks.

Treatment should be discontinued after 3 months if there is no indication of objective benefit.

The duration of therapy with pentoxifylline should not exceed 12 months.

NOTE: Pentoxifylline should be used in combination with compression therapy.

LU Authorization Period: 1 Year

Relisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02238674	Intron A	6,000,000U /mL	Inj Ready to Use Sol-3mL Vial	INTERFERON ALFA-2B	MEK	218.7600
02238675	Intron A	10,000,000U /mL	Inj Ready to Use Sol-1mL Vial	INTERFERON ALFA-2B	MEK	121.5300
09854053	Intron A	10,000,000U /mL	Inj Ready to Use Sol-2.5mL Vial	INTERFERON ALFA-2B	MEK	303.8300

Reason For Use Code and Clinical Criteria

Code 28

For hairy cell leukemia.

LU Authorization Period: Indefinite

Code 29

For Kaposi's Sarcoma.

LU Authorization Period: Indefinite

Relisted Nutrition Product

G.1 PEDIATRIC FORMULA, CHEMICALLY DEFINED – OGLIOMERIC (SEMI-ELEMENTAL)

Brand Name	Strength, Dosage Form, Package Size	PIN	Mfr	Cost (\$) per 1000 Kcal	Cost (\$) per Pkg	Amt (\$) MOHLTC Pays	Amt (\$) Patient Pays
Nutramigen A+	5kcal/g Pd-454g Pk	09857345	MJN	8.78	19.94	19.94	0.00

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02231459	Mavik	1mg	Cap	ABB	BGP
02231460	Mavik	2mg	Cap	ABB	BGP
02239267	Mavik	4mg	Cap	ABB	BGP

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02275538	Flecainide	AAP	Apo-Flecainide	APX	50mg	Tab
02275546	Flecainide	AAP	Apo-Flecainide	APX	100mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02244638	Apo-Clobazam	10mg	Tab	APX	0.2197
00441619	Apo-Hydralazine	10mg	Tab	APX	0.0355
00441627	Apo-Hydralazine	25mg	Tab	APX	0.0609
00441635	Apo-Hydralazine	50mg	Tab	APX	0.0956
02225964	Apo-Temazepam	15mg	Cap	APX	0.1313
02225972	Apo-Temazepam	30mg	Cap	APX	0.1579
00004715	Alkeran	2mg	Tab	ASN	1.7614
02213192	Eltroxin	0.05mg	Tab	ASN	0.0316
02213206	Eltroxin	0.1mg	Tab	ASN	0.0388
02213214	Eltroxin	0.15mg	Tab	ASN	0.0430
02213222	Eltroxin	0.2mg	Tab	ASN	0.0455
00004596	Imuran	50mg	Tab	ASN	1.0842
00282081	Lanvis	40mg	Tab	ASN	4.8200
00004626	Leukeran	2mg	Tab	ASN	1.5600
00004618	Myleran	2mg	Tab	ASN	1.6560
02297809	Metrogel	1%	Top Gel	GAC	0.6489
02338572	Silkis	3mcg/g	Oint	GAC	1.3625
02457865	Jamp-Hydralazine	10mg	Tab	JPC	0.0355
02457873	Jamp-Hydralazine	25mg	Tab	JPC	0.0609
02457881	Jamp-Hydralazine	50mg	Tab	JPC	0.0956
02410702	Zaxine	550mg	Tab	SAL	7.8400
02123274	Coversyl	2mg	Tab	SEV	0.6664
02123282	Coversyl	4mg	Tab	SEV	0.8340
02246624	Coversyl	8mg	Tab	SEV	1.1563
02246568	Coversyl Plus LD	2mg & 0.625mg	Tab	SEV	0.8631
02246569	Coversyl Plus	4mg & 1.25mg	Tab	SEV	1.0440
02321653	Coversyl Plus HD	8mg & 2.5mg	Tab	SEV	1.1676
00782718	Teva-Carbamazepine	200mg	Tab	TEV	0.1540

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00518123	Lectopam	3mg	Tab	HLR
00518131	Lectopam	6mg	Tab	HLR
02249002*	Nutropin AQ	10mg/2mL	Inj-10mg Pen Cart	HLR
02230951	Mylan-Clonazepam	2mg	Tab	MYL
02274868	Mylan-Lisinopril	20mg	Tab	MYL
02381273	Mylan-Rosuvastatin	10mg	Tab	MYL
02266962	Taro-Ciprofloxacin	250mg	Tab	TAR
02266970	Taro-Ciprofloxacin	500mg	Tab	TAR

* Exceptional Access Program (EAP) Product

Delisted Products

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
02392577*	Myl-Sildenafil	25mg	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

* Off-Formulary Interchangeable (OFI) Product

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

