

Ministry of Health and Long-Term Care

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

**Summary of Changes – December 2018**  
Effective December 21, 2018

Drug Programs Policy and Strategy Branch  
Drugs and Devices Division  
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
02452936	Brivlera	10mg	Tab	BRIVARACETAM	UCB	4.3200
02452944	Brivlera	25mg	Tab	BRIVARACETAM	UCB	4.3200
02452952	Brivlera	50mg	Tab	BRIVARACETAM	UCB	4.3200
02452960	Brivlera	75mg	Tab	BRIVARACETAM	UCB	4.3200
02452979	Brivlera	100mg	Tab	BRIVARACETAM	UCB	4.3200

## Reason For Use Code and Clinical Criteria

### Code 548

- As adjunctive therapy in the treatment of patients with partial-onset seizures (POS) who have had an inadequate response or have significant intolerance to at least 2 other less costly anticonvulsant therapies (prior or current use); AND
- Patients are not receiving concurrent therapy with levetiracetam; 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

# New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02476657	Apo-HYDROmorphone CR	12mg	CR Cap	APX	1.5653

(Interchangeable with Hydromorph Contin)

## Therapeutic Note

Narcotic analgesics can produce dependence and may be abused. Physical dependence, psychological dependence and tolerance may develop. Prescribers are cautioned about ordering these drugs for patients with a history of either emotional disturbances or drug abuse, including alcohol.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02480107	Mar-Methimazole	5mg	Tab	MAR	0.2297

(Interchangeable with Tapazole)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02442353	Jamp-Montelukast	4mg	Chew Tab	JPC	0.2758

(Interchangeable with Singulair)

## Reason For Use Code and Clinical Criteria

### Code 382

For the treatment of asthma in patients aged 2-5 years old.

LU Authorization Period: 1 year

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02449447	Ran-Ramipril HCTZ	5mg & 12.5mg	Tab	RAN	0.2011
02449455	Ran-Ramipril HCTZ	10mg & 12.5mg	Tab	RAN	0.1317
02449471	Ran-Ramipril HCTZ	10mg & 25mg	Tab	RAN	0.1317

(Interchangeable with Altace HCT)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02463717	Jamp-Ranitidine	150mg	Tab	JPC	0.1197
02463725	Jamp-Ranitidine	300mg	Tab	JPC	0.2253

(Interchangeable with Zantac)

# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02480115	Mar-Methimazole	10mg	Tab	MAR	0.5181
(Interchangeable with Tapazole)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02442361	Jamp-Montelukast	5mg	Chew Tab	JPC	1.2075
(Interchangeable with Singulair)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02475677	Jamp-Vardenafil IR	5mg	Tab	JPC	9.3203
02475685	Jamp-Vardenafil IR	10mg	Tab	JPC	10.4019
02475693	Jamp-Vardenafil IR	20mg	Tab	JPC	11.6811
(Interchangeable with Levitra)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02464209	Mylan-Vardenafil	5mg	Tab	MYL	9.3203
02464225	Mylan-Vardenafil	10mg	Tab	MYL	10.3976
02464233	Mylan-Vardenafil	20mg	Tab	MYL	11.6811
(Interchangeable with Levitra)					

## New OFI Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02434458	Zoledronic Acid for Injection	4mg/5mL	Inj Sol-5mL Pk (Preservative Free)	FKC	134.6100

(Interchangeable with Zometa Concentrate)

# Removal of Therapeutic Note

The following Therapeutic Note is removed from the Generic Name RANITIDINE HCL.

## Therapeutic Note

Cimetidine is less expensive than alternatives, and is effective and well tolerated in most patients. Adequate acid suppression can be achieved by giving cimetidine as opposed to using other longer acting H<sub>2</sub>-antagonists. Long-term use of these drugs for prevention of recurrent peptic ulcers should be reviewed; specific cure of *Helicobacter pylori* infection with antibiotics is a more effective and less costly approach.



# Product Status Changes

## Transition from the Facilitated Access HIV/AIDS Mechanism to General Benefit

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02217422	Mepron	750mg/5mL	O/L	GSK	2.8196/mL

## Transition from Limited Use to General Benefit and Facilitated Access HIV/AIDS Restriction Removed

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02162695	Cytovene	500mg/Vial	Pd-Inj-10mL Pk	HLR

### Removed Reason For Use Code

Current LU Code 12 no longer applies.

# Manufacturer Name Changes

DIN/PIN	Current Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00756784	Flarex	0.1%	Oph Susp	ALC	NOV
00000884	Isopto Carpine	4%	Oph Sol	ALC	NOV
02252260	Vigamox	0.5%	Oph Sol-3mL Pk	ALC	NOV
00513962	Tobrex	0.3%	Oph Sol	ALC	NOV
00614254	Tobrex	0.3%	Oph Oint	ALC	NOV

# Product Brand and Manufacturer Name Change

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02238639	Apo-Nabumetone	APX	Nabumetone	AAP	500mg	Tab

# Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02415666*	Giotrif	20mg	Tab	BOE	74.8393
02415674*	Giotrif	30mg	Tab	BOE	74.8393
02415682*	Giotrif	40mg	Tab	BOE	74.8393
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	1.5929
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	1.5760
01976133	Dovonex	50mcg/g	Oint	LEO	0.8643
00586668	Fucidin	2%	Cr	LEO	0.7753
00586676	Fucidin	2%	Oint	LEO	0.7753
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	5.2680
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	7.3670
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	9.4750
02429462	Innohep	8000IU/0.4mL	Inj Pref Syr	LEO	17.2050
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	21.4870
02429470	Innohep	12000IU/0.6mL	Inj Pref Syr	LEO	25.8090
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	30.1100
02429489	Innohep	16000IU/0.8mL	Inj Pref Syr	LEO	34.4120
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	38.7090
02167840	Innohep	10000IU/mL	Inj-2mL Pk	LEO	41.7600
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	84.8300
00474517	One-Alpha	0.25mcg	Cap	LEO	0.5211
00474525	One-Alpha	1mcg	Cap	LEO	1.5600
02244149	Protopic	0.03%	Oint	LEO	2.3740
02244148	Protopic	0.1%	Oint	LEO	2.5397

\* Exceptional Access Program (EAP) Product, effective date October 31, 2018

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

\*\*\* Palliative Care Facilitated Access PIN

## DBP Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02125323	Hydromorph Contin	3mg	CR Cap	PFP	0.6023
02359502	Hydromorph Contin	4.5mg	CR Cap	PFP	0.7275
02125331	Hydromorph Contin	6mg	CR Cap	PFP	0.9030
02359510	Hydromorph Contin	9mg	CR Cap	PFP	1.1925
02243562	Hydromorph Contin	18mg	CR Cap	PFP	2.2590
02125382**	Hydromorph Contin	24mg	CR Cap	PFP	3.2768
02125390**	Hydromorph Contin	30mg	CR Cap	PFP	3.9253
09857574***	Hydromorph Contin	24mg	CR Cap	PFP	3.2768
09857576***	Hydromorph Contin	30mg	CR Cap	PFP	3.9253
02342146	PMS-Ramipril-HCTZ	5mg & 12.5mg	Tab	PMS	0.2011
02342154	PMS-Ramipril-HCTZ	10mg & 12.5mg	Tab	PMS	0.1317
02342170	PMS-Ramipril-HCTZ	10mg & 25mg	Tab	PMS	0.1317
02194228	Ratio-Nystatin	100000U/g	Oint	RPH	0.1277
00608157	Ratio-Oxycodan	5mg & 325mg	Tab	RPH	0.4380
02367157	Taro-Mometasone	0.1%	Cr	TAR	0.5542
02247651	Taro-Terconazole	0.4%	Vag Cr	TAR	0.6354
02171929	Teva-5-ASA	400mg	Tab	TEV	0.4758

\* Exceptional Access Program (EAP) Product

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

\*\*\* Palliative Care Facilitated Access PIN

# Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02291975	Gd-Celecoxib	100mg	Cap	GEM
02265524*	Ondansetron Injection	2mg/mL	Inj Sol-2mL Pk	NOP
09857323*	Ondansetron Injection	2mg/mL	Inj Sol-4mL Pk	NOP
02265532*	Ondansetron Injection	2mg/mL	Inj Sol-20mL Vial Pk	NOP
02304368	PMS-Desmopressin	0.1mg	Tab	PMS
02304376	PMS-Desmopressin	0.2mg	Tab	PMS
02399342*	Calcitriol Injection USP	2mcg/mL	Inj Sol Amp-1mL Pk	STE
02402637*	Linezolid Injection	2mg/mL	Inj-300mL Pk	TEV
00216666	Novasen	325mg	Ent Tab	TEV
00229296	Novasen	650mg	Ent Tab	TEV
02315068	Teva-Methylphenidate ER-C	18mg	SR Tab	TEV
02315076	Teva-Methylphenidate ER-C	27mg	SR Tab	TEV
02315084	Teva-Methylphenidate ER-C	36mg	SR Tab	TEV
02315092	Teva-Methylphenidate ER-C	54mg	SR Tab	TEV

\* Off-Formulary Interchangeable (OFI) Product

# Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02436027*	Holkira Pak	12.5mg & 75mg & 50mg & 250mg	4 Tab Combi Pk	ABV
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
00016357	Cogentin	2mg	Tab	MSD
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
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

\* Exceptional Access Program (EAP) Product

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

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

## Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00426857	Benzotropine	2mg	Tab	PMS
02317125	PMS-Latanoprost	0.005%	Oph Sol-2.5mL Pk	PMS
02192268	Cyclocort	0.1%	Oint	STI
02192276	Cyclocort	0.1%	Lot	STI
00595799	Emo-Cort	2.5%	Cr	STI

\* Exceptional Access Program (EAP) Product

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

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



