

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – June 2019

Effective June 28, 2019

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 Product	3
New Multi-Source Products.....	5
New Off-Formulary Interchangeable (OFI) Products.....	7
Removal of Therapeutic Note.....	8
Manufacturer Name Changes	9
Product Brand Name Changes	10
Product Brand and Manufacturer Name Change	11
Drug Benefit Price (DBP) Changes	12
Discontinued Products	14
Delisted Products	15

New Single Source Product

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02468735	Akynzeo	300mg & 0.5mg	Cap	NETUPITANT & PALONOSETRON HYDROCHLORIDE	PFP	137.1500

Reason For Use Code and Clinical Criteria

Code 561

In combination with dexamethasone for once per-cycle treatment in adult patients for:

- Prevention of acute and delayed nausea and vomiting associated with highly emetogenic cancer chemotherapy (HEC)

Highly emetogenic chemotherapy (HEC) regimens:

- Cisplatin-based chemotherapy where a single daily dose is greater than or equal to 70mg per meter squared
- Cisplatin and cyclophosphamide combinations where the single daily dose of cisplatin is greater than or equal to 50mg per meter squared
- Non-cisplatin based highly emetogenic chemotherapy (such as those containing anthracycline greater than or equal to 60mg per meter squared plus cyclophosphamide)

Dosage: Recommend Netupitant/Palonosetron 300mg/0.5mg orally on Day 1 approximately 1 hour prior to the start of each HEC.

LU Authorization Period: 1 year

New Single-Source Product (Continued)

Code 562

In combination with dexamethasone for once per-cycle treatment in adult patients for:

- Prevention of acute nausea and vomiting associated with moderately emetogenic cancer therapy (MEC) that is uncontrolled by a 5-hydroxytryptamine-3 (5-HT₃) receptor antagonist (RA) alone in a previous cycle

Dosage: Recommend Netupitant/Palonosetron 300mg/0.5mg orally on Day 1 approximately 1 hour prior to the start of each MEC cycle.

LU Authorization Period: 1 year

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
---------	------------	----------	-------------	-----	-----

02231170	Enema	7g/19g (per 118mL dose)	Rect Sol (with Preservative)	HJS	0.0150/mL
----------	-------	----------------------------	---------------------------------	-----	-----------

(Interchangeable with Fleet Enema)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
---------	------------	----------	-------------	-----	-----

02459450	Mar-Enalapril	2.5mg	Tab	MAR	0.1863
02459469	Mar-Enalapril	5mg	Tab	MAR	0.2203
02444771	Mar-Enalapril	10mg	Tab	MAR	0.2647
02444798	Mar-Enalapril	20mg	Tab	MAR	0.3195

(Interchangeable with Vasotec)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
---------	------------	----------	-------------	-----	-----

02474824	Mar-Perindopril	2mg	Tab	MAR	0.1632
02474832	Mar-Perindopril	4mg	Tab	MAR	0.2042
02474840	Mar-Perindopril	8mg	Tab	MAR	0.2831

(Interchangeable with Coversyl)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02476762	Mint-Perindopril	2mg	Tab	MIN	0.1632
(Interchangeable with Coversyl)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02479494	Sandoz Fluoxetine	20mg	Cap	SDZ	0.3311
(Interchangeable with Prozac)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02426234	Teva-Varenicline	1mg	Tab	TEV	0.9235
(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
02479672	Auro-Tramadol	50mg	Tab	AUR	0.6386
(Interchangeable with Ultram)					

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02479486	Sandoz Fluoxetine	10mg	Cap	SDZ	1.1773
(Interchangeable with Prozac)					

Removal of Therapeutic Note

The following Therapeutic Note is removed from the Therapeutic Classification 56:12 for Cathartics.

Therapeutic Note

Cathartics (laxatives) should only be used after failure of simpler measures. A high fibre diet, adequate hydration and a review of potentially constipating drugs is often effective in relieving constipation.

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00271373	Winpred	1mg	Tab	VAL	AAP
02181479	Inhibace Plus	5mg & 12.5mg	Tab	HLR	CHE
00000868	Isopto Carpine	2%	Oph Sol	ALC	NOV
00778907	TobraDex	0.3% & 0.1%	Oph Susp	ALC	NOV

Product Brand Name Changes

DIN/PIN	Current Brand Name	New Brand Name	Strength	Dosage Form	Mfr
02364883	Novo-Mycophenolate	Teva-Mycophenolate	250mg	Cap	TEV
02348675	Novo-Mycophenolate	Teva-Mycophenolate	500mg	Tab	TEV

Product Brand and Manufacturer Name Change

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02443236	Apo-Dextroamphetamine	APX	Dextroamphetamine	AAP	5mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02284030	Desmopressin	0.1mg	Tab	AAP	0.6609
02419890	Apo-Varenicline	1mg	Tab	APX	0.9235
02242119	Aggrenox	200mg/25mg	Cap	BOE	0.9087
02247686	Atrovent HFA	20mcg/Metered Dose	Inh-200 Dose Pk	BOE	20.2459
02231675	Combivent UDV	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Pk	BOE	1.6131
02270102	Flomax CR Tab	0.4mg		BOE	0.6627
02415666*	Giotrif	20mg	Tab	BOE	76.6354
02415674*	Giotrif	30mg	Tab	BOE	76.6354
02415682*	Giotrif	40mg	Tab	BOE	76.6354
02441888	Inspiolto	2.5mcg & Respimat 2.5mcg/Actuation	Inh Sol-60 Actuation Pk	BOE	63.6712
02443937	Jardiance	10mg	Tab	BOE	2.7368
02443945	Jardiance	25mg	Tab	BOE	2.7368
02403250	Jentadueto	2.5mg & 500mg	Tab	BOE	1.3979
02403269	Jentadueto	2.5mg & 850mg	Tab	BOE	1.3979
02403277	Jentadueto	2.5mg & 1000mg	Tab	BOE	1.3979
02240769	Micardis	40mg	Tab	BOE	1.2474
02240770	Micardis	80mg	Tab	BOE	1.2474
02244344	Micardis Plus	80mg & 12.5mg	Tab	BOE	1.2474
02318709	Micardis Plus	80mg & 25mg	Tab	BOE	1.2474
02237145	Mirapex	0.25mg	Tab	BOE	1.1595
09857268	Mirapex	0.25mg	Tab	BOE	1.1595
02242785	Mobicox	7.5mg	Tab	BOE	0.8572
02242786	Mobicox	15mg	Tab	BOE	0.9891
02443066*	Ofev	100mg	Cap	BOE	28.4168
02443074*	Ofev	150mg	Cap	BOE	56.8336
02312441	Pradaxa	110mg	Cap	BOE	1.7121
02358808	Pradaxa	150mg	Cap	BOE	1.7121
02246793	Spiriva	18mcg	Inh Cap	BOE	1.8087
02435381	Spiriva Respimat	2.5mcg/Actuation	Inh Sol-60 Actuation Pk	BOE	54.2607
02370921	Trajenta	5mg	Tab	BOE	2.6661
02371022	Twynsta	40mg & 5mg	Tab	BOE	0.7296
02371030	Twynsta	40mg & 10mg	Tab	BOE	0.7296

* Exceptional Access Program

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02371049	Twynsta	80mg & 5mg	Tab	BOE	0.7296
02371057	Twynsta	80mg & 10mg	Tab	BOE	0.7296
02238748	Viramune	200mg	Tab	BOE	5.2845
02367289	Viramune XR	400mg	ER Tab	BOE	2.6420
02319977**	PMS-Oxycodone	5mg	Tab	PMS	0.2333
09857318***	PMS-Oxycodone	5mg	Tab	PMS	0.2333
02319985**	PMS-Oxycodone	10mg	Tab	PMS	0.3451
09857319***	PMS-Oxycodone	10mg	Tab	PMS	0.3451
02319993**	PMS-Oxycodone	20mg	Tab	PMS	0.6001
09857321***	PMS-Oxycodone	20mg	Tab	PMS	0.6001
02329204	Ran-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	RAN	12.3675
09857356	Ran-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	RAN	16.4900
02293579	Ran-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	RAN	24.7050
09857365	Ran-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	RAN	32.9400
02399253	Sandoz	200mg	Tab	SDZ	26.4807
	Voriconazole				
02123274	Coversyl	2mg	Tab	SEV	0.6824
02123282	Coversyl	4mg	Tab	SEV	0.8540
02246624	Coversyl	8mg	Tab	SEV	1.1841
02246569	Coversyl Plus	4mg/1.25mg	Tab	SEV	1.0691
02321653	Coversyl Plus HD	8mg/2.5mg	Tab	SEV	1.1956
02246568	Coversyl Plus LD	2mg/0.625mg	Tab	SEV	0.8838
00765996	Diamicron	80mg	Tab	SEV	0.3814
02242987	Diamicron MR	30mg	SR Tab	SEV	0.1438
02356422	Diamicron MR	60mg	ER Tab	SEV	0.2589
02459973	Lancora	5mg	Tab	SEV	0.8709
02459981	Lancora	7.5mg	Tab	SEV	1.5942
02179709	Lozide	1.25mg	Tab	SEV	0.3050
00564966	Lozide	2.5mg	Tab	SEV	0.4840
02396874	Teva-Voriconazole	200mg	Tab	TEV	26.4807

** Off-Formulary Interchangeable (OFI) Products

*** Facilitated Access Products

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02407825*	Apo-Imiquimod	5%	Top Cr 250mg-UD Pk	APX
02163675	Cefzil	125mg/5mL	Oral Susp-75mL Pk	BQU
09857358	Cefzil	125mg/5mL	Oral Susp-100mL Pk	BQU
02163683	Cefzil	250mg/5mL	Oral Susp-75mL Pk	BQU
09857359	Cefzil	250mg/5mL	Oral Susp-100mL Pk	BQU
02163659	Cefzil	250mg	Tab	BQU
02163667	Cefzil	500mg	Tab	BQU
00629340	Novo-Profen	400mg	Tab	NOP
09857422	BGStar Blood Glucose Strips 2.7IU		Strip	SAC

* Off-Formulary Interchangeable (OFI) Product

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02293943	Apo-Cefprozil	125mg/5mL	Oral Susp-75mL Pk	APX
09857360	Apo-Cefprozil	125mg/5mL	Oral Susp-100mL Pk	APX
02293951	Apo-Cefprozil	250mg/5mL	Oral Susp-75mL Pk	APX
09857361	Apo-Cefprozil	250mg/5mL	Oral Susp-100mL Pk	APX
02409682	Apo-Voriconazole	200mg	Tab	APX
00003867	Dulcolax	5mg	Sup	BOE
02139375**	Vancomycin	500mg/Vial	Inj-Vial Pk	FKC
02139383**	Vancomycin	1g/Vial	Inj-Vial Pk	FKC
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) Products

** As announced in the March 2019 Formulary Update, delisting is effective with the June 2019 Formulary Update. Pharmacists are encouraged to plan accordingly and to transition patients as necessary to ensure continuity in drug therapy for their patients, as well as counsel affected patients appropriately.

