

DDD Notice No. 19019 posted January 23, 2019 ODB FORMULARY – EDITION NO. 43, Summary of Changes – January 2019

We are pleased to provide you with the Summary of Changes – January 2019 to Edition No. 43 of the Ontario Drug Benefit (ODB) Formulary / Comparative Drug Index (Formulary), which becomes effective **January 31, 2019**. The Edition No. 43 document will be posted on the Ministry's website [HERE](#) by January 31, 2019.

The information in this Summary of Changes – January 2019 is based on the decisions made by the Executive Officer, taking into consideration recommendations from the Ministry's expert advisory committee, the Committee to Evaluate Drugs (CED).

Listing Changes

- 5 multiple source drug molecules (8 DINs)
- 5 Off-Formulary Interchangeable (OFI) drug molecules (11 DINs)
- 2 drug molecules (2 DINs) funded through the Exceptional Access Program, 1 existing drug molecule (38 DINs) has criteria changes and 1 existing drug molecule (1 DIN) has a product with a new formulation
- 4 nutrition products (4 PINs)
- 1 drug molecule (1 DIN) with a funding status change

Multiple Source Products

Amlodipine Besylate Tablets USP 5mg, 10mg Tab	ACH
Mar-Ranitidine 150mg, 300mg Tab	MAR
Mint-Candesartan 8mg, 16mg Tab	MIN
PMS-Lactulose-Pharma 667mg/mL O/L	PMS
Taro-Dipyridamole/ASA 200mg & 25mg Cap	TAR

Exceptional Access Program (EAP) Products

Cubicin RF (daptomycin) 500mg/10mL Vial Pd Inj (SUO) – Effective Date: December 12, 2018

A new DIN (02465493) for the currently reimbursed drug. No changes to the clinical criteria or pricing.

Maviret (glecaprevir/pibrentasvir) 100mg/40mg Tab (ABV) – Effective Date: January 9, 2019

For the treatment of hepatitis C in patients with severe renal impairment according to clinical criteria.

Revestive (teduglutide) 5mg/vial Pd for Inj (NPS) – Effective Date: December 12, 2018

For the treatment of Short Bowel Syndrome according to clinical criteria.

Zofran (ondansetron) & Generics 4mg, 8mg Tab (GSK, APX, CCP, COB, JPC, MAR, MIN, MYL, NAT, PMS, RAN, SDZ, SET, TEV, VAN); 4mg, 8mg ODT/Film (GSK, SDZ, TAK); 4mg/5mL O/L (GSK, AAP) – Effective Date: January 31, 2019

For the treatment of nausea and vomiting associated with low-emetogenic chemotherapy and methotrexate-associated nausea/vomiting in pediatric patients according to clinical criteria.

The reimbursement criteria for the above products will be included on the list of Frequently Requested Drugs, which can be found on the Ministry's website: [HERE](#)

Nutrition Products

Neocate Splash (4 flavours) - 1kcal/mL Liq-237mL Pk

NUT

Funding Status Change

HIV/Facilitated Access Mechanism to Limited Use

PMS-Azithromycin 600mg Tab (PMS)

LU Code 549

For the prevention of disseminated *Mycobacterium avium* complex (MAC) disease in persons with advanced HIV infections.

Authorization Period: 1 year

The Ministry has posted a new file with the listing changes for download and review (Edition No. 43, Summary of Changes – January 2019). It is accessible from the Ministry's website: [HERE](#).

In addition, the Formulary, Summaries of Changes and Bulletins, including a searchable electronic version of the Formulary (e-Formulary), are also accessible from the ministry's website: [HERE](#) - The e-Formulary will be updated on the effective date – January 31, 2019.

We appreciate your continued cooperation in making these benefit adjustments.