

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – November 2023
Effective November 30, 2023

Drug Programs Policy and Strategy Branch
Health Programs and Delivery Division
Ministry of Health

[Visit Formulary Downloads: Edition 43](#)

Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	6
New Off-Formulary Interchangeable (OFI) Products.....	8
Temporary Benefits.....	9
Revision of Limited Use Criteria.....	10
Product Name and Manufacturer Name Changes.....	11
Drug Benefit Price (DBP) Changes.....	12
Discontinued Products.....	13
Delisted Products.....	14

New Single Source Products

Generic Name: ADALIMUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02533472	Hadlima	40mg/0.4mL	Inj Sol-0.4mL Pref Syr	SAM	471.2700/ Pref Syr
02533480	Hadlima Push Touch	40mg/0.4mL	Inj Sol-0.4mL Autoinj	SAM	471.2700/ Autoinj

The Limited Use (LU) codes 600-607, 609 and 611 and clinical criteria are the same as for the currently listed Hadlima 40mg/0.8mL products (DIN 02473097 and 02473100).

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535076	Yuflyma	80mg/0.8mL	Inj Sol-0.8mL Pref Syr	CEH	942.5400/ Pref Syr
02535084	Yuflyma	80mg/0.8mL	Inj Sol-0.8mL Pref Pen	CEH	942.5400/ Pref Pen

The Limited Use (LU) codes 600, 602-607, 609, 633 and 634 and clinical criteria are the same as for the currently listed Yuflyma 40mg/0.4mL products (DIN 02523760 and 02523779).

All formats are preservative-free

Generic Name: ESTRADIOL HEMIHYDRATE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02503689	Imvexxy	4mcg	Vag Insert	KNT	3.6288
02503697	Imvexxy	10mcg	Vag Insert	KNT	3.6288

New Single Source Products (Continued)

Generic Name: GUSELKUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02469758	Tremfya	100mg/mL	Inj Sol-1mL Pref Syr (Preservative-Free)	JAN	3059.7400/ Pref Syr

Reason For Use Code and Clinical Criteria

Code 658

For the treatment of severe* plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**.

Claims for the first 6 months must be written by a dermatologist.

Monitoring of patients is required to determine if continuation of therapy beyond 16 weeks is appropriate. Patients not responding adequately at 16 weeks should have treatment discontinued.

*Definition of severe plaque psoriasis:

Body Surface Area (BSA) involvement of at least 10 percent, or involvement of the face, hands, feet or genital regions, AND

Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

Dermatology Life Quality Index (DLQI) score of at least 10.

**Definition of failure, intolerance or contraindication to adequate trials of standard therapies:

6 month trial of at least 3 topical agents including vitamin D analogues and steroids, AND

12 week trial of phototherapy (unless not accessible), AND

New Single Source Products (Continued)

6 month trial of at least 2 systemic, oral agents used alone or in combination

- Methotrexate 15-30mg per week
- Acitretin (could have been used with phototherapy)
- Cyclosporine

Maintenance/Renewal:

After 16 weeks of therapy, patients who respond to therapy should have:

- at least a 50% reduction in PASI, AND
- at least a 50% reduction in BSA involvement, AND
- at least a 5 point reduction in DLQI score

Approvals will only allow for standard dosing for guselkumab.

The recommended dosing regimen is 100mg administered subcutaneously at week 0 and week 4, followed by maintenance dosing every 8 weeks thereafter, as approved by Health Canada.

If the patient has not responded adequately after 16 weeks of treatment at the Health Canada approved dose, higher doses are not recommended, and the physician should consider switching to an alternative biologic agent.

LU Authorization Period: 1 year

Generic Name: INSULIN ASPART

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529254	Trurapi	100U/mL	Inj Sol-10mL Vial Pk	SAC	22.6430/Vial

New Multi-Source Products

Where applicable, please consult the respective brand reference product's drug profile on the ODB e-Formulary for the details of the Limited Use (LU) code and criteria, and/or any associated Therapeutic Notes (TN).

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02454068	Ach-Tacrolimus	0.5mg	Cap	ACH	1.0146
02456095	Ach-Tacrolimus	1mg	Cap	ACH	1.2978
02456109	Ach-Tacrolimus	5mg	Cap	ACH	6.4993

(Interchangeable with Prograf – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02458594	Auro-Amoxicillin	50mg/mL	Pd for Oral Susp	AUR	0.0540/mL

(Interchangeable with Amoxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02522373	Dorzolamide	2%	Oph Sol (With Preservative)	JPC	1.4757/mL

(Interchangeable with Trusopt – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02522896	Jamp Tofacitinib	5mg	Tab	JPC	5.9897

(Interchangeable with Xeljanz – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02532441	Jamp Valproic Acid Oral Solution	50mg/mL	Oral Sol	JPC	0.0398/mL

(Interchangeable with Depakene – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02408880	Mint-Gabapentin	100mg	Cap	MIN	0.0416
02408899	Mint-Gabapentin	300mg	Cap	MIN	0.1012
02408902	Mint-Gabapentin	400mg	Cap	MIN	0.1206

(Interchangeable with Neurontin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02538334	NRA-Dapagliflozin	5mg	Tab	NRA	0.6825
02538342	NRA-Dapagliflozin	10mg	Tab	NRA	0.6825

(Interchangeable with Forxiga – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02524279	Ondansetron ODT	4mg	ODT	SAI	3.2720
02524287	Ondansetron ODT	8mg	ODT	SAI	4.9930

(Interchangeable with Zofran ODT – LU)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02542021	GLN-Posaconazole	100mg	DR Tab	GLP	42.6030

(Interchangeable with Posanol)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02520036	Jamp Tretinoin	10mg	Cap	JPC	13.9284

(Interchangeable with Vesanoid)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02526204	Teva-Sunitinib	12.5mg	Cap	TEV	55.3553
02526212	Teva-Sunitinib	25mg	Cap	TEV	110.7100
02526220	Teva-Sunitinib	50mg	Cap	TEV	221.4208

(Interchangeable with Sutent)

Temporary Benefits

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02404761	Ganciclovir for Injection	500mg/Vial	Inj Sol-10mL Vial Pk	GANCICLOVIR	FKC	44.5480/Pk
02475391	Ganciclovir for Injection USP	500mg/Vial	Inj Sol-10mL Vial Pk	GANCICLOVIR	STE	44.5480/Pk

These 2 products are not interchangeable with each other

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858317	Nitrolingual Pumpspray	0.4mg/Metered Dose	Sp-180 Dose Pk	NITROGLYCERIN	JUN	8.4200/Pk

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858318	Vigabatrin Tablets, USP	500mg	Tab	VIGABATRIN	DRR	5.0000

Revision of Limited Use Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02438070	Cosentyx	150mg/mL	Inj-Sol Pref Syr	NOV
09857548	Cosentyx	150mg/mL	Inj-Sol Pref Pen	NOV

Code 476

Only the section below has revisions. The rest of the criteria remains the same.

Section of Current LU Criteria:

Approvals will only allow for standard dosing for Cosentyx 300mg subcutaneously at weeks 0, 1, 2 and 3, and then monthly starting at week 4. If the patient has not responded adequately after 12 weeks of treatment at the Health Canada approved dose, higher doses are not recommended and the physician should consider switching to an alternative biologic agent.

Section of LU Criteria with Revisions:

The recommended dose for Cosentyx is 300mg subcutaneously at weeks 0, 1, 2 and 3, and then monthly starting at week 4. A maintenance dose of 300mg every 2 weeks may be considered for adult patients with a body weight of 90kg or higher. If the patient has not responded adequately after 12 weeks of treatment at the Health Canada approved doses, higher doses are not recommended and the physician should consider switching to an alternative biologic agent.

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02442191	Act Olmesartan	ACV	Teva-Olmesartan	TEV	20mg	Tab
02442205	Act Olmesartan	ACV	Teva-Olmesartan	TEV	40mg	Tab
02231799	Sab-Indomethacin	SDZ	Odan-Indomethacin	ODN	50mg	Sup
02231800	Sab-Indomethacin	SDZ	Odan-Indomethacin	ODN	100mg	Sup

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
00784400	AA-Amilzide	5mg & 50mg	Tab	AAP	0.0881
02292068	Apo-Famciclovir	500mg	Tab	APX	3.8719
02305704	Co Famciclovir	500mg	Tab	COB	3.8719
02527154	Entecavir	0.5mg	Tab	SAI	5.5000
02084090	Minocycline	50mg	Cap	AAP	0.5616
02084104	Minocycline	100mg	Cap	AAP	1.0836
01964054	Oracort		Oral Top Oint	TAR	1.5607/g
02416816	Sandoz Tacrolimus	0.5mg	Cap	SDZ	1.0146
02416824	Sandoz Tacrolimus	1mg	Cap	SDZ	1.2978
02416832	Sandoz Tacrolimus	5mg	Cap	SDZ	6.4993
02230838	Xylac	10mg	Tab	PEN	0.3233
02230839	Xylac	25mg	Tab	PEN	0.5012

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
01937219	Novamilor	5mg & 50mg	Tab	TEV
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
00591467	Statex	1mg/mL	O/L	PAL
00591475	Statex	5mg/mL	O/L	PAL

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02245972	Androderm	24.3mg	Transdermal Patch	WAT
02060884	Betnesol	5mg/100mL	Enema-100mL Pk	PAL
02386887	Co Fentanyl Matrix Patch	75mcg/hr	Trans Patch	COB
02386895	Co Fentanyl Matrix Patch	100mcg/hr	Trans Patch	COB
02231170	Enema	160mg & 60mg/mL	Rect Sol (with Preservative)	HJS
02190885	Glucobay	50mg	Tab	BAY
02190893	Glucobay	100mg	Tab	BAY
02278111	PMS-Famciclovir	500mg	Tab	PMS
02341379	PMS-Fentanyl MTX	12mcg/hr	Trans Patch	PMS
02341409	PMS-Fentanyl MTX	75mcg/hr	Trans Patch	PMS
02341417	PMS-Fentanyl MTX	100mcg/hr	Trans Patch	PMS
02330148	Ran-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	RAN
02330156	Ran-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	RAN
02361663	Rapaflo	4mg	Cap	WAT
02278650	Sandoz Famciclovir	500mg	Tab	SDZ
01926578	Sectral	400mg	Tab	SAV
00594636	Statex	25mg	Tab	PAL
00675962	Statex	50mg	Tab	PAL
02108143	Teva-Minocycline	50mg	Cap	TEV
02108151	Teva-Minocycline	100mg	Cap	TEV

