

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – January 2024  
Effective January 31, 2024

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.....	5
New Off-Formulary Interchangeable (OFI) Products.....	8
Temporary Benefits.....	10
Transition from General Benefit to Limited Use.....	11
Changes in Product Strength Displayed.....	13
Drug Benefit Price (DBP) Changes.....	14
Discontinued Products .....	16
Delisted Products .....	17

# New Single Source Products

Generic Name: MESALAZINE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02524481	Mezera	500mg	DR Tab	AVP	0.6378

Generic Name: FILGRASTIM

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02520990	Nypozi	300mcg/0.5mL	Inj Sol-0.5mL Pref Syr (Preservative-Free)	TAV	138.5376/Pref Syr
02521008	Nypozi	480mcg/0.8mL	Inj Sol-0.8mL Pref Syr (Preservative-Free)	TAV	221.6640/Pref Syr

## New Single Source Products (Continued)

Generic Name: SEMAGLUTIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02540258	Ozempic	0.68mg/mL	Inj Sol – Pref Pen 3mL Pk	NOO	210.8700/Pref Pen

### Reason For Use Code and Clinical Criteria

#### Code 667

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Injectable semaglutide is not funded in combination with oral semaglutide. Coverage is only provided for one dosage format.

Reimbursed dose: As per the product monograph

LU Authorization Period: Indefinite

Generic Name: GUSELKUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02487314	Tremfya One-Press	100mg/mL	Inj Sol-1mL Autoinj (Preservative-Free)	JAN	3059.7400/ Autoinj

The Limited Use (LU) code 658 and clinical criteria are the same as for the currently listed Tremfya DIN 02469758.

## 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
02536153	Apo-Dapagliflozin-Metformin	5mg & 850mg	Tab	APX	0.6432

(Interchangeable with Xigduo – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02512505	Jamp Duloxetine Capsules	30mg	DR Cap	JPC	0.4814
02512513	Jamp Duloxetine Capsules	60mg	DR Cap	JPC	0.9769

(Interchangeable with Cymbalta – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02517450	Jamp Quinapril	10mg	Tab	JPC	0.2321
02517469	Jamp Quinapril	20mg	Tab	JPC	0.2321
02517477	Jamp Quinapril	40mg	Tab	JPC	0.2321

(Interchangeable with Accupril – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02352419	Jamp Tamsulosin	0.4mg	ER Cap	JPC	0.4750

(Interchangeable with Flomax – GB)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02345277	Jamp Topiramate Tablets	200mg	Tab	JPC	0.6748

(Interchangeable with Topamax – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535386	NRA-Donepezil	5mg	Tab	NRA	0.4586
02535394	NRA-Donepezil	10mg	Tab	NRA	0.4586

(Interchangeable with Aricept – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536595	NRA-Rosuvastatin Tablets	5mg	Tab	NRA	0.1284
02536609	NRA-Rosuvastatin Tablets	10mg	Tab	NRA	0.1354
02536625	NRA-Rosuvastatin Tablets	20mg	Tab	NRA	0.1692
02536633	NRA-Rosuvastatin Tablets	40mg	Tab	NRA	0.1990

(Interchangeable with Crestor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02533804	Risperidone	0.25mg	Tab	SIV	0.0878
02533928	Risperidone	0.5mg	Tab	SIV	0.1470
02533936	Risperidone	1mg	Tab	SIV	0.2031
02533944	Risperidone	2mg	Tab	SIV	0.4062
02533952	Risperidone	3mg	Tab	SIV	0.6083
02533960	Risperidone	4mg	Tab	SIV	0.8111

(Interchangeable with Risperdal – GB)

**New Multi-Source Products (Continued)**

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02541467	Rivaroxaban	2.5mg	Tab	SIV	0.3550
02541475	Rivaroxaban	10mg	Tab	SIV	0.7175
02541483	Rivaroxaban	15mg	Tab	SIV	0.7175
02541491	Rivaroxaban	20mg	Tab	SIV	0.7175

(Interchangeable with Xarelto – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02522632	Taro-Perampanel	2mg	Tab	TAR	7.7902
02522640	Taro-Perampanel	4mg	Tab	TAR	7.7902
02522659	Taro-Perampanel	6mg	Tab	TAR	7.7902
02522667	Taro-Perampanel	8mg	Tab	TAR	7.7902
02522675	Taro-Perampanel	10mg	Tab	TAR	7.7902
02522683	Taro-Perampanel	12mg	Tab	TAR	7.7902

(Interchangeable with Fycompa – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02484994	Teva-Apixaban	2.5mg	Tab	TEV	0.4084

(Interchangeable with Eliquis DIN 02377233 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09858316	Teva-Apixaban	2.5mg	Tab	TEV	0.4084

(Interchangeable with Eliquis PIN 09857463 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02485001	Teva-Apixaban	5mg	Tab	TEV	0.4084

(Interchangeable with Eliquis – LU)

# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02536390	Dexlansoprazole	30mg	DR Cap	ALH	2.4148
02536404	Dexlansoprazole	60mg	DR Cap	ALH	2.4148

(Interchangeable with Dexilant)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02539837	Febuxostat	80mg	Tab	SAI	1.3515

(Interchangeable with Uloric)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02534665	Jamp Clobetasol Spray	0.05% w/w	Top Sp	JPC	1.9259/mL

(Interchangeable with Clobex Spray)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02538121	Mint-Betahistine	8mg	Tab	MIN	0.2259
02538148	Mint-Betahistine	16mg	Tab	MIN	0.3557
02538156	Mint-Betahistine	24mg	Tab	MIN	0.4983

(Interchangeable with Serc)



## New Off-Formulary Interchangeable (OFI) Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02536137	Pantoprazole	20mg	DR Tab	SAI	1.2750

(Interchangeable with Pantoloc)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02534533	Reddy-Sapropterin	100mg	Pd for Sol (Sachet)	DRR	24.7500/Sachet
02535610	Reddy-Sapropterin	500mg	Pd for Sol (Sachet)	DRR	123.7500/Sachet

(Interchangeable with Kuvan Sachets)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02529092	Sandoz Apremilast	10mg & 20mg & 30mg	Tab-27 Blister Starter Pk	SDZ	505.5426/Pk

(Interchangeable with Otezla)

# Temporary Benefits

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02537168	Ganciclovir for Injection	500mg/Vial	Pd for Sol-10mL Vial Pk	GANCICLOVIR SODIUM	FOM	44.5480/Pk
09858327	Nitrolingual Pumpspray	0.4mg/Metered Dose	Sp-75 Dose Pk	NITROGLYCERIN	SAC	8.7900/Pk

# Transition from General Benefit to Limited Use

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02471477	Ozempic	1.34mg/mL	Inj Sol-Pref Pen 1.5mL Pk	NOO

## Reason For Use Code and Clinical Criteria

### Code 666

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Injectable semaglutide is not funded in combination with oral semaglutide. Coverage is only provided for one dosage format.

Reimbursed dose: As per the product monograph

LU Authorization Period: Indefinite

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02471469	Ozempic	1.34mg/mL	Inj Sol-Pref Pen 3mL Pk	NOO

## Reason For Use Code and Clinical Criteria

### Code 665

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Injectable semaglutide is not funded in combination with oral semaglutide. Coverage is only provided for one dosage format.

Reimbursed dose: As per the product monograph

LU Authorization Period: Indefinite

# Transition from General Benefit to Limited Use (Continued)

Please note that the current Therapeutic Notes (TNs) for these DINs will be removed.

# Changes in Product Strength Displayed

DIN/PIN	Product Name	Dosage Form	MFR	Current Strength	New Strength
02518058	Breztri Aerosphere	Metered Dose Inh-120 Dose Pk	AZC	182mcg & 5.8mcg & 8.2mcg/Act	170mcg & 5.3mcg & 7.7mcg/Act

# Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02248500	Apo-Quinapril	10mg	Tab	APX	0.2321
02248501	Apo-Quinapril	20mg	Tab	APX	0.2321
02248502	Apo-Quinapril	40mg	Tab	APX	0.2321
02533073	Auro-Dapagliflozin / Metformin	5mg & 850mg	Tab	AUR	0.6432
02301334	Brimonidine P	0.15%	Oph Sol	AAP	2.0305/mL
00263818	Cotazym	8000 & 30000 & 30000 USP Units	Cap	ORG	0.2621
00502790	Cotazym ECS 8	8000 & 30000 & 30000 USP Units	Ent Microsph Cap	ORG	0.4731
00821373	Cotazym ECS 20	20000 & 55000 & 55000 USP Units	Ent Microsph Cap	ORG	1.2405
02182815	Cozaar	25mg	Tab	OCI	1.9924
02182874	Cozaar	50mg	Tab	OCI	1.9924
02182882	Cozaar	100mg	Tab	OCI	1.9924
02298813	Emend Tri-Pack	125mg & 80mg	Cap	MEK	106.9839
02247521	Ezetrol	10mg	Tab	OCI	2.0415
02230047	Hyzaar	50mg & 12.5mg	Tab	OCI	1.9924
02297841	Hyzaar	100mg & 12.5mg	Tab	OCI	1.9508
02241007	Hyzaar DS	100mg & 25mg	Tab	OCI	1.9924
02425491	Invokana	300mg	Tab	JAN	3.0060
02499509	Nexplanon	68mg/Implant	ER Subdermal Implant	OCI	299.2500
02340569	PMS-Quinapril	10mg	Tab	PMS	0.2321
02340577	PMS-Quinapril	20mg	Tab	PMS	0.2321
02340585	PMS-Quinapril	40mg	Tab	PMS	0.2321
02293404	Posanol	40mg/mL	O/L	SCP	10.1801/mL
02424622	Posanol	100mg	DR Tab	MEK	53.7642

# Drug Benefit Price (DBP) Changes (Continued)



DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG	440.1000
02446057	Repatha	140mg/mL	Inj Sol-Pref Syr Autoinj	AMG	284.8300
02319217	Sandoz Tamsulosin	0.4mg	Cap	SDZ	0.4750
02243602	Singulair	4mg	Chew Tab	OCI	1.6783
02246793	Spiriva	18mcg	Inh Cap	BOE	1.3715
02047454	Sporanox	100mg	Cap	JAN	6.5190
02311925	Teva-Fentanyl	12mcg/hr	Trans Patch	TEV	3.3200
02298384	Teva-Risedronate	30mg	Tab	TEV	11.3807
02244981	Tracleer	62.5mg	Tab	JAN	85.5100
02244982	Tracleer	125mg	Tab	JAN	85.5100
02361752	Zenhale	100mcg & 5mcg Metered Dose	Inh-120 Dose Pk	OCI	114.6360
02361760	Zenhale	200mcg & 5mcg Metered Dose	Inh-120 Dose Pk	OCI	138.9120

# Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02258102	Co Alendronate	40mg	Tab	COB
02440407	PMS-Amphetamines XR	25mg	ER Cap	PMS



# Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02455609	Cholestyramine-Odan 4g/sachet		Oral Pd-Pouch Pk	ODN
02386844	Co Fentanyl Matrix Patch	12mcg/hr	Trans Patch	COB
02242903	Enbrel	25mg/Vial	Inj Pd-Vial Pk	IMU
02274728	Enbrel	50mg/mL	Inj Pref Syr	IMU
09857394	Enbrel SureClick	50mg/mL	Pref AutoInj	IMU
02243297	Glucagon	1mg/Vial	Inj Pd-Vial Pk	LIL
09857294	Humira	40mg/0.8mL	Inj Sol-Pref Pen Pk	ABV
02258595	Humira	40mg/0.8mL	Inj Sol-Pref Syr Pk	ABV
02281392	Novo-Tamsulosin SR	0.4mg	Cap	NOP
02330105	Ran-Fentanyl Matrix Patch	12mcg/hr	Trans Patch	RAN
02294265	Ratio-Tamsulosin	0.4mg	Cap	RPH
09857334	Ratio-Tamsulosin Cap	0.4mg		RPH

