

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – March 2024
Effective March 28, 2024

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

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Table of Contents

New Single Source Products.....	3
New Multi-Source Products.....	6
New Off-Formulary Interchangeable (OFI) Products.....	9
Manufacturer Name Changes	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: ETANERCEPT

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02530295	Rymti	50mg/mL	Inj Sol-Pref Syr	LUP	236.1800/Pref Syr
02530309	Rymti	50mg/mL	Inj Sol-Pref Autoinj Pen	LUP	236.1800/Autoinj Pen

The Limited Use (LU) codes 498, 499, 514, 563 and 591 and clinical criteria are the same as for the currently listed Brenzys (etanercept) DIN 02455323 & 02455331.

Generic Name: RANIBIZUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02542250	Ranopto	10mg/mL	Inj Sol-0.23mL Vial Pk (Preservative-Free)	TEI	900.0000/Vial

The Limited Use (LU) codes 651, 652, 653 and 654 clinical criteria are the same as for the currently listed Byooviz (ranibizumab) DIN 02525852.

Generic Name: BUDESONIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02498057	Uceris	2mg/Act	Rectal Foam-14 Act Canister	BHC	99.9600/Canister

New Single Source Products (Continued)

Generic Name: FINERENONE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531917	Kerendia	10mg	Tab	BAH	3.2565
02531925	Kerendia	20mg	Tab	BAH	3.2565

Reason For Use Code and Clinical Criteria

Code 700

For use as an adjunct to standard-of-care (SOC) therapy in adult patients diagnosed with BOTH chronic kidney disease (CKD) and type 2 diabetes (T2D) to reduce the risk of end-stage kidney disease and a sustained decrease in estimated glomerular filtration rate (eGFR), and cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure in patients who meet the following criteria:

1. 18 years of age or older; AND
2. Diagnosed with CKD with an eGFR level greater than or equal to 25mL/min/1.73 square metres AND an albuminuria level greater than or equal to 30mg/g (or 3mg/mmol); AND
3. Patient is also diagnosed with T2D; AND
4. Finerenone is prescribed in addition to standard-of-care (SOC)* therapy for patients diagnosed with CKD with comorbid T2D; AND

*SOC therapy is defined as maximally tolerated doses of angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy in combination with a sodium-glucose cotransporter-2 (SGLT2) inhibitor unless SGLT2 inhibitors are contraindicated or not tolerated.
5. Patient does not have a diagnosis of chronic heart failure (CHF) with reduced ejection fraction and persistent symptoms meeting New York Heart Association Class II to IV; AND
6. Patient is not using finerenone in combination with another mineralocorticoid receptor antagonist (MRA); AND
7. Finerenone is prescribed in consultation with a nephrologist or other clinician with experience in the diagnosis and management of patients with CKD and T2D.

New Single Source Products (Continued)

Discontinuation criteria:

Patients meeting the Initiation criteria and started on finerenone should be discontinued on treatment if the patient's eGFR is less than 15mL/min/1.73 square metres and/or if the urinary albumin-to-creatinine ratio (UACR) has increased from baseline level after starting treatment with finerenone.

Approved Dosage:

- 20mg once daily for patients with an eGFR of at least 60mL/min/1.73 square metres

OR

- 10mg once daily for patients with an eGFR of at least 25mL/min/1.73 square metres to less than 60mL/min/1.73 square metres

LU Authorization Period: 1 year

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
02497751	Auro-Cephalexin	50mg/mL	Pd for Oral Susp	AUR	0.2573/mL

(Interchangeable with Keflex – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02538490	Clonidine	0.1mg	Tab	SIV	0.0679
02538504	Clonidine	0.2mg	Tab	SIV	0.1212

(Interchangeable with Catapres – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02527502	Furosemide Injection USP	10mg/mL	Inj Sol (Preservative-Free)	JPC	0.6055/mL

(Interchangeable with Furosemide Injection USP – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02532379	Glycopyrrolate Injection USP	0.2mg/mL	Inj Sol (With Preservative)	JPC	2.7825/mL

(Interchangeable with Robinul – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02534525	Jamp Diclofenac	0.1% w/v	Oph Sol	JPC	1.2397/mL

(Interchangeable with Voltaren Ophtha – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02537850	Lupin-Tiotropium	18mcg	Inh Cap	LUP	1.3715

(Interchangeable with Spiriva – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02542226	M-Amoxi Clav	250mg/5mL & 62.5mg/5mL	Pd for Oral Susp	MAT	0.1824/mL

(Interchangeable with Clavulin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02534592	Metronidazole	500mg	Cap	SAI	0.2739

(Interchangeable with Flagyl – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02476932	Mint-Candesartan	32mg	Tab	MIN	0.2281

(Interchangeable with Atacand – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535939	Mint-Entacapone	200mg	Tab	MIN	0.4010

(Interchangeable with Comtan – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536854	Mint-Mexiletine	200mg	Cap	MIN	0.9837

(Interchangeable with Mexitil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02472201	NRA-Aripiprazole	2mg	Tab	NRA	0.8092
02472228	NRA-Aripiprazole	5mg	Tab	NRA	0.9046
02472244	NRA-Aripiprazole	10mg	Tab	NRA	1.0754
02472252	NRA-Aripiprazole	15mg	Tab	NRA	1.2692
02472260	NRA-Aripiprazole	20mg	Tab	NRA	1.0017
02472279	NRA-Aripiprazole	30mg	Tab	NRA	1.0017

(Interchangeable with Abilify – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02532042	PRZ-Amoxicillin	250mg	Cap	PRZ	0.0672
02532050	PRZ-Amoxicillin	500mg	Cap	PRZ	0.1308

(Interchangeable with Amoxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02522705	Teva-Sitagliptin Malate	25mg	Tab	TEV	0.8197
02522713	Teva-Sitagliptin Malate	50mg	Tab	TEV	0.8197
02522721	Teva-Sitagliptin Malate	100mg	Tab	TEV	0.8197

(Interchangeable with Januvia – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02528991	Apo-Dexlansoprazole	30mg	DR Cap	APX	2.0526
02529025	Apo-Dexlansoprazole	60mg	DR Cap	APX	2.0526

(Interchangeable with Dexilant)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02537753	Auro-Pirfenidone	267mg	Tab	AUR	6.7119
02537761	Auro-Pirfenidone	801mg	Tab	AUR	20.1361

(Interchangeable with Esbriet)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02540061	Clonidine	0.025mg	Tab	SIV	0.2713

(Interchangeable with Dixarit)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02536374	Meropenem for Injection	1g/Vial	Pd for Inj Sol	JPC	47.9900/Vial

(Interchangeable with Merrem)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02538202	Mint-Trimebutine	100mg	Tab	MIN	0.3265
02538210	Mint-Trimebutine	200mg	Tab	MIN	0.7677

(Interchangeable with Modulon)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02493160	Perichlor Without Alcohol	0.12%	Oral Rinse	PEN	0.0253/mL

(Interchangeable with Peridex)

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
01927698	Nozinan	25mg/mL	Inj Sol-1mL Pk	SAV	NEU

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02428911	Med-Solifenacin	GMP	Jamp Solifenacin Succinate	JPC	5mg	Tab
02428938	Med-Solifenacin	GMP	Jamp Solifenacin Succinate	JPC	10mg	Tab
02230359	Novo-Mexiletine	NOP	Teva-Mexiletine	TEV	100mg	Cap
02230360	Novo-Mexiletine	NOP	Teva-Mexiletine	TEV	200mg	Cap

Drug Benefit Price (DBP) Changes

To view the DBP changes by DIN/PIN, the ministry has posted an Excel file with the details of the listing changes for download and review (Edition 43: Summary of Changes–Drug Benefit Price Changes–March 2024). It is accessible from the ministry’s website:

<https://www.ontario.ca/document/ontario-drug-benefit-odb-formulary-comparative-drug-index-cdi-and-monthly-formulary-0>

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02250292	Ceftriaxone Sodium for Injection, BP	1g/Vial	Inj Pd-1 Vial Pk	MAY
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	TPA
09857567	Isosource 1.2	1.2kcal/mL	1500mL Ready to Hang	NES
02042304	Micro-K Extencaps	8meq	SR Cap	WAY
02501880	NRA-Omeprazole	20mg	DR Tab	NRA
02278634	Sandoz Famciclovir	125mg	Tab	SDZ
02278642	Sandoz Famciclovir	250mg	Tab	SDZ

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00755877	Apo-Pindol	5mg	Tab	APX
00755885	Apo-Pindol	10mg	Tab	APX
02250276	Ceftriaxone Sodium for Injection, BP	0.25g/Vial	Inj Pd-1 Vial Pk	MAY
02292866	Ceftriaxone for Injection USP	0.25g/Vial	Inj Pd-1 Vial Pk	ORC
02292882	Ceftriaxone for Injection USP	2g/Vial	Inj Pd-1 Vial Pk	ORC
02393751	Esbriet	267mg	Cap	INT
02497360	Mar-Oseltamivir	45mg	Cap	MAR
02443171	Mint-Solifenacin	5mg	Tab	MIN
02443198	Mint-Solifenacin	10mg	Tab	MIN
00632775	Ritalin SR	20mg	ER Tab	NOV
02346532	Riva-Clarithromycin	500mg	Tab	RIA

