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Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – November 2024
Effective November 29, 2024

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

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New Single Source Products

Generic Name: ALIROCUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02547732	Praluent*	300mg/2mL	Inj Sol-Pref Pen 2mL Pk (Preservative-Free)	SAC	535.6600 /Pref Pen

Reason For Use Code and Clinical Criteria

Code 555

For the treatment of Heterozygous Familial Hypercholesterolemia (HeFH) in patients 18 years of age or older who meet the following criteria:

1. Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing;

   AND

2. Unable to reach Low Density Lipoprotein Cholesterol (LDL-C) target (i.e., LDL-C less than 2.0 mmol/L for secondary prevention) or at least a 50% reduction in LDL-C from untreated baseline for primary prevention despite:

   A. Confirmed adherence to ezetimibe for at least a total of 3 months in combination with high dose statin (e.g., atorvastatin 80mg or rosuvastatin 40mg);

      OR

   B. Confirmed adherence to ezetimibe for at least a total of 3 months and inability to tolerate high dose statin defined as:

      (i) Inability to tolerate at least 2 statins with at least one started at the lowest starting dose;

      (ii) For each statin (two statins in total), dose reduction is attempted for intolerable symptom (myopathy) or biomarker abnormality (creatine kinase (CK) greater than 5 times the upper limit of normal) resolution rather than discontinuation of statin altogether;

New Single Source Products (Continued)

(iii) For each statin (two statins in total), intolerable symptoms (myopathy) or abnormal biomarker (creatine kinase (CK) greater than 5 times the upper limit of normal) changes are reversible upon statin discontinuation but reproducible by re-challenge of statins where clinically appropriate; and

(iv) One of the following:

(I.) Other known determinants of intolerable symptoms or abnormal biomarkers have been ruled out;

(II.) Patient developed confirmed and documented rhabdomyolysis;

(III.) Patient is statin contraindicated i.e. active liver disease, unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal.

Treatment with alirocumab should be discontinued if the patient does not meet all of the following:

1. Patient is adherent to therapy.

2. Patient has achieved a reduction in LDL-C of at least 40% from baseline (4-8 weeks after initiation of alirocumab).

3. Patient continues to have a significant reduction in LDL-C (with continuation of alirocumab) of at least 40% from baseline since initiation of PCSK9 inhibitor. LDL-C should be checked periodically with continued treatment with PCSK9 inhibitors (e.g., every 6 months).

Patients prescribed alirocumab 75mg every two weeks must use the 75mg/mL dosage strength and are limited to 26 pre-filled pens (PFP) per year.

Patients prescribed alirocumab 150mg every two weeks must use the 150mg/mL dosage strength and are limited to 26 PFP per year.

Patients prescribed alirocumab 300mg every four weeks may use either the 150mg/mL dosage strength (limited to 26 PFP per year) or the 300mg/2mL dosage strength (limited to 13 PFP per year).

LU Authorization Period: 1 year

*The LU criterion of the currently listed Praluent products for LU code 555 is revised to the above text as well.

New Single Source Products (Continued)

Generic Name: DROSPIRENONE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02522802	Slynd	4mg	Tab-28 Tab Pk	DUI	12.6600/Pk

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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
02538679	Apo-Brivaracetam	10mg	Tab	APX	3.2400
02538687	Apo-Brivaracetam	25mg	Tab	APX	3.2400
02538695	Apo-Brivaracetam	50mg	Tab	APX	2.1600
02538709	Apo-Brivaracetam	75mg	Tab	APX	3.2400
02538717	Apo-Brivaracetam	100mg	Tab	APX	2.1600

(Interchangeable with Brivlera– LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02539292	Auro-Brivaracetam	50mg	Tab	AUR	2.1600
02539306	Auro-Brivaracetam	100mg	Tab	AUR	2.1600

(Interchangeable with Brivlera– LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02547198	Jamp Cefuroxime	250mg	Tab	JPC	0.4194
02547201	Jamp Cefuroxime	500mg	Tab	JPC	0.8308

(Interchangeable with Ceftin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02543087	Jamp Pentoxifylline SR	400mg	ER Tab	JPC	0.7238

(Interchangeable with Trental – LU

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02489678	Venlafaxine XR	37.5mg	ER Cap	RIA	0.0913
02489686	Venlafaxine XR	75mg	ER Cap	RIA	0.1825
02489694	Venlafaxine XR	150mg	ER Cap	RIA	0.1927

(Interchangeable with Effexor XR – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02544377	Jamp-Topiramate Tablets	50mg	Tab	JPC	1.2434

(Interchangeable with Topamax)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02550504	Mar-Metformin XR	500mg	ER Tab	MAR	0.6584
02550512	Mar-Metformin XR	1000mg	ER Tab	MAR	1.3233

(Interchangeable with Glumetza)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02552124	PMS-Palbociclib	75mg	Tab	PMS	126.9562
02552132	PMS-Palbociclib	100mg	Tab	PMS	126.9562
02552140	PMS-Palbociclib	125mg	Tab	PMS	126.9562

(Interchangeable with Ibrance)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02547635	Taro-Palbociclib	75mg	Tab	TAR	126.9562
02547643	Taro-Palbociclib	100mg	Tab	TAR	126.9562
02547651	Taro-Palbociclib	125mg	Tab	TAR	126.9562

(Interchangeable with Ibrance)

Additional Limited Use Code & Clinical Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG

Reason For Use Code and Clinical Criteria

Code 690

For the treatment of increase bone mass in postmenopausal women with osteoporosis at high risk for fracture; increase bone mass in men with osteoporosis at high risk for fracture.

Patients must meet the following criteria:

- Patients who require palliative care during the transition period of November 29, 2024, to August 29, 2025.

LU Authorization Period: 12 months from date of authorization

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02316846	Co Ropinirole	COB	Teva-Ropinirole	TEV	0.25mg	Tab
02316854	Co Ropinirole	COB	Teva-Ropinirole	TEV	1mg	Tab
02316862	Co Ropinirole	COB	Teva-Ropinirole	TEV	2mg	Tab
02316870	Co Ropinirole	COB	Teva-Ropinirole	TEV	5mg	Tab

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Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02244393	Apo-Cefuroxime	250mg	Tab	APX	0.4194
02244394	Apo-Cefuroxime	500mg	Tab	APX	0.8308
02344823	Auro-Cefuroxime	250mg	Tab	AUR	0.4194
02344831	Auro-Cefuroxime	500mg	Tab	AUR	0.8308
02220172	Lovastatin	20mg	Tab	AAP	1.1931
02220180	Lovastatin	40mg	Tab	AAP	2.1793
02498731	Nat-Lanthanum	250mg	Chew Tab	NAT	1.2034
02498758	Nat-Lanthanum	500mg	Chew Tab	NAT	2.4069
02498766	Nat-Lanthanum	750mg	Chew Tab	NAT	3.6219
02498774	Nat-Lanthanum	1000mg	Chew Tab	NAT	4.8018
02230090	Pentoxifylline SR	400mg	SR Tab	AAP	0.7238
00445274	Sulfatrim	400mg & 80mg	Tab	AAP	0.2184

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02416328	Aubagio	14mg	Tab	SAG
00029246	Delatestryl	1000mg/5mL	Oily Inj Sol-5mL Pk	VAL
02497352	Mar-Oseltamivir	30mg	Cap	MAR
02497379	Mar-Oseltamivir	75mg	Cap	MAR
00024449	Navane	5mg	Cap	ERF

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Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
01947664	Accupril	5mg	Tab	PFI
01947672	Accupril	10mg	Tab	PFI
01947680	Accupril	20mg	Tab	PFI
01947699	Accupril	40mg	Tab	PFI
02237367	Accuretic	10mg & 12.5mg	Tab	PFI
02237368	Accuretic	20mg & 12.5mg	Tab	PFI
02237369	Accuretic	20mg & 25mg	Tab	PFI
02248572	Co Lovastatin	20mg	Tab	COB
02248573	Co Lovastatin	40mg	Tab	COB
00502200	Cortate	1%	Cr	SCH
00192597	Emo-Cort	1%	Cr	STI
00192600	Emo-Cort	1%	Lot	STI
02214415	Eumovate	0.05%	Cr	GSK
01926853	Flagyl	500mg	Cap	SAC
02239193	Heptovir	100mg	Tab	GSK
02350750	Naproxen	250mg	Tab	SAI
02350769	Naproxen	375mg	Tab	SAI
02350777	Naproxen	500mg	Tab	SAI
02350785	Naproxen EC	250mg	Ent Tab	SAI
02350793	Naproxen EC	375mg	Ent Tab	SAI
02350807	Naproxen EC	500mg	Ent Tab	SAI
02351021	Naproxen Sodium DS	550mg	Tab	SAI
00587826	Nerisone	0.1%	Cr	STI
00587818	Nerisone	0.1%	Oily Cr	STI
00263699	Panoxyl	10%	Gel	STI
00373036	Panoxyl	20%	Gel	STI
02242919	Rosasol	1%	Cr	STI
00510637	Teva-Trimel	400mg & 80mg	Tab	TEV
02213419	Ventolin Nebules P.F.	1mg/mL	Inh Sol- 2.5mL Pk	GSK
02213427	Ventolin Nebules P.F.	2mg/mL	Inh Sol- 2.5mL Pk	GSK