Ontario

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2025
Effective May 30, 2025

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

Visit Formulary Downloads: Edition 43

Ontario

Table of Contents

New Single Source Products

Generic Name: CENOBAMATE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02538652	Xcopri	12.5mg	Tab	EVL	8.8000
02538660	Xcopri	25mg	Tab	EVL	8.8000
02538725	Xcopri	50mg	Tab	EVL	8.8000
02538733	Xcopri	100mg	Tab	EVL	8.8000
02538741	Xcopri	150mg	Tab	EVL	8.8000
02538768	Xcopri	200mg	Tab	EVL	8.8000
02538776	Xcopri	12.5mg & 25mg	Tab - (Starter Kit)	EVL	8.8000
02538784	Xcopri	50mg & 100mg	Tab - (Starter Kit)	EVL	8.8000
02538792	Xcopri	150mg & 200mg	Tab - (Starter Kit)	EVL	8.8000

Reason For Use Code and Clinical Criteria

Code 719

As adjunctive therapy in the treatment of patients with partial onset seizures (POS) who have had an inadequate response or have significant intolerance to at least 2 other less costly anticonvulsant therapies (prior or current use); AND

Patients are under the care of a physician experienced in the treatment of epilepsy.

Note: Less costly anticonvulsant therapies may include the following: Phenytoin, Carbamazepine, Gabapentin, Lamotrigine, Vigabatrin, Topiramate, etc.

LU Authorization Period: Indefinite

New Single Source Products (Continued)

Generic Name: REMDESIVIR

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02502143	Veklury	100mg/Vial	Pd for Sol-100mg Vial Pk	GIL	660.5300

Reason For Use Code and Clinical Criteria

Code 722

For treatment of coronavirus disease 2019 (COVID-19) in non-hospitalized individuals who:

- have a diagnosis of COVID-19 based on a positive Rapid Antigen Test or PCR test; AND
- are at high-risk for progression to severe COVID-19 due to:
    - being moderately or severely immunocompromised (see below), or
    - being 65 years of age or older, or
    - having one or more risk factors (see below); AND
- will not be using remdesivir in combination with any other antiviral medication for COVID-19 (e.g. Paxlovid).

Remdesivir is an alternative option for patients who cannot receive nirmatrelvir-ritonavir (Paxlovid) due to contraindications, intolerance, potential drug-drug interactions, and/or greater than 5 days since symptom onset.

Remdesivir should be initiated as soon as possible after a diagnosis of COVID-19 based on a positive Rapid Antigen Test or PCR test, and within 7 days of symptom onset.

The funded treatment duration is up to 3 days, unless the prescriber has prescribed treatment for up to 5 days in consultation with an infectious disease specialist and this is documented by the pharmacy, in which case the funded treatment duration is up to 5 days.

New Single Source Products (Continued)

Pharmacists and prescribers should be informed of and stay current with a drug product's official indications in accordance with Health Canada's approved product monograph. Some aspects of the above criteria may differ from the official indications as described in the product monograph for remdesivir. The Executive Officer's funding of drug products is informed by advice from expert committees that consider evidence regarding the safety, clinical efficacy, and cost-effectiveness of drug products.

Examples of moderately or severely immunocompromised individuals include those with:

- Advanced untreated human immunodeficiency virus (HIV) or treated HIV with a CD4 count equal or less than 200 per mm^3 or CD4 fraction equal or less than 15%
- Bone marrow or stem cell transplant
- Solid organ transplant
- Active hematological malignancy or recently received treatment for hematological malignancy E.g., have received treatment with any anti-CD20 agents or B-cell depleting agents in the last 2 years
- Chimeric antigen receptor (CAR) T-cell therapy in the last 6 months
- Treatment for cancer (including solid tumors), limited to: systemic therapy in the last 6 months (e.g., chemotherapy, molecular therapy, immunotherapy, targeted therapies, monoclonal antibodies, excluding those receiving adjunctive hormonal therapy only) or radiation therapy in the last 3 months
- Prednisone use equal to or greater than 20mg/day (or corticosteroid equivalent) for 14 days or more, or other moderately or severely immunosuppressive therapies (e.g., alkylating agents)
- Primary immunodeficiencies. For example:
    - Hypogammaglobulinemia
    - Combined immune deficiencies affecting T-cells
    - Immune dysregulation (e.g., familial hemophagocytic lymphohistiocytosis)
    - Type 1 interferon defects caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies
    - Diagnosed by an immunologist and requires ongoing immunoglobulin replacement therapy (IVIg or SCIg)
    - Primary immunodeficiency with a confirmed genetic cause (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)

New Single Source Products (Continued)

The risk of progression to severe COVID-19 depends on the quantity of underlying chronic comorbidities and how controlled the conditions are. When assessing risk factors, prescribers may want to consult the most recent Ontario Health COVID-19 clinical guidance. Examples of risk factors include:

- Has never received a COVID-19 vaccine
- Active tuberculosis (treated or untreated)
- Cerebrovascular disease
- Chronic kidney disease (CKD), especially CKD stage 4 or 5 and dialysis
- Chronic lung diseases (asthma, bronchiectasis, chronic obstructive pulmonary disease, interstitial lung disease, pulmonary embolism, pulmonary hypertension)
- Chronic liver diseases (cirrhosis, non-alcoholic fatty liver disease, alcoholic liver disease, autoimmune hepatitis)
- Cystic fibrosis
- Diabetes mellitus type 1 or type 2
- Disabilities and developmental delay, including Down syndrome
- Heart conditions, e.g., heart failure, coronary artery disease, cardiomyopathies)
- Mental health conditions, e.g., mood disorders (including depression), schizophrenia spectrum disorders
- Neurologic conditions that cause an inability to control respiratory secretions or communicate disease progression (e.g., cognitive disorders such as Alzheimer-type dementia)
- Obesity (body mass index above 30kg per metre squared)
- Pregnancy or recent pregnancy (42 days post-partum/end of pregnancy)

LU Authorization Period: Length of funded treatment duration (see above)

New Single Source Products (Continued)

Generic Name: TOCILIZUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02552485*	Tyenne	162mg/0.9mL	Inj Sol-Pref Autoinj	FKC	242.2875/Pref Autoinj
02552493*	Tyenne	162mg/0.9mL	Inj Sol-Pref Syr	FKC	244.9525/Pref Syr
02552450	Tyenne	80mg/4mL	Inj Sol-4mL Vial Pk	FKC	124.7610/Vial
02552469	Tyenne	200mg/10mL	Inj Sol-10mL Vial Pk	FKC	311.9025/Vial
02552477	Tyenne	400mg/20mL	Inj Sol-20mL Vial Pk	FKC	623.8050/Vial

Reason For Use Code and Clinical Criteria

Code 697

For the treatment of rheumatoid arthritis (RA) in patients who have severe active disease (greater than or equal to 5 swollen joints and rheumatoid factor positive and/or, anti-CCP positive, and/or radiographic evidence of rheumatoid arthritis) and have experienced failure, intolerance, or have a contraindication to adequate trials of disease-modifying anti-rheumatic drugs (DMARDs) treatment regimens, such as one of the following combinations of treatments:

A. i) Methotrexate (20mg/week) for at least 3 months, AND

ii) leflunomide (20mg/day) for at least 3 months, in addition to

iii) an adequate trial of at least one combination of DMARDs for 3 months; OR

B. i) Methotrexate (20mg/week) for at least 3 months, AND

ii) leflunomide in combination with methotrexate for at least 3 months; OR

C. i) Methotrexate (20mg/week), sulfasalazine (2g/day) and hydroxychloroquine (400mg/day) for at least 3 months. (Hydroxychloroquine is based by weight up to 400mg per day.); AND

Tocilizumab is not being used in combination with another biologic drug used for the treatment of RA; AND

New Single Source Products (Continued)

Therapy must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

Maintenance/Renewal:

After 12 months of treatment, ongoing maintenance therapy is funded for patients with objective evidence of at least a 20 percent reduction in swollen joint count and a minimum of improvement in 2 swollen joints compared to baseline prior to the use of tocilizumab.

For second and subsequent renewals (i.e., beyond 2 years of ongoing use of tocilizumab) the patient must demonstrate objective evidence of preservation of treatment effect.

For renewal of funding, tocilizumab must not be used in combination with another biologic for the treatment of RA and must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

Recommended Dose:

The recommended intravenous dose of tocilizumab for adult patients is 4mg/kg followed by an increase to 8mg/kg (up to 800mg per dose as per product monograph) based on clinical response, given once every 4 weeks.

The recommended subcutaneous dose of tocilizumab for adult patients weighing less than 100kg is a starting dose of 162mg sc every other week, followed by an increase to every week based on clinical response; AND

For patients weighing 100kg or more, a dosage of 162mg sc every week is recommended.

LU Authorization Period: 1 Year

New Single Source Products (Continued)

Code: 698

For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) in patients who have active disease (greater than or equal to 3 swollen joints and greater than or equal to 5 active joints) despite a trial of optimal doses of subcutaneously administered methotrexate (i.e. 15 mg/m2 per week) for at least 3 months. If the patient is unable to tolerate or has a contraindication to subcutaneous methotrexate, the nature of the intolerance or contraindication must be documented.

Therapy must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

Tocilizumab is not being used in combination with another biologic drug used for the treatment of pJIA.

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20 percent reduction in swollen joint count and a minimum of improvement in 2 swollen joints compared to baseline prior to the start of tocilizumab therapy.

For second and subsequent renewals (i.e., beyond 2 years of ongoing use of tocilizumab) the patient must demonstrate objective evidence of preservation of treatment effect.

For renewal of funding, tocilizumab must not be used in combination with another biologic for the treatment of pJIA and must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

Recommended Dose:

The recommended intravenous (IV) dose of tocilizumab for patients 2 years of age and older:

- 10mg/kg IV every 4 weeks for patients weighing less than 30kg
- 8mg/kg IV every 4 weeks for patients weighing 30kg or greater (up to 800mg per dose as per product monograph)

The recommended subcutaneous (sc) dose of tocilizumab for patients 2 years of age and older:

- 162mg sc once every 3 weeks for patients weighing less than 30kg.
- 162mg sc once every 2 weeks for patients weighing 30kg or greater.

LU Authorization Period: 1 Year

New Single Source Products (Continued)

Code: 720

For the treatment of systemic juvenile idiopathic arthritis (sJIA) in patients who meet all the following:

1. Patient is at least 2 years of age; AND
2. Diagnosed with sJIA with fever (temperature greater than 38 degrees Celsius) for at least two weeks; AND
3. Patient has at least one of the following:
    - rash of systemic JIA; OR
    - serositis (e.g. pericarditis, pleuritis, or peritonitis); OR
    - lymphadenopathy (e.g. cervical, axillary, inguinal); OR
    - hepatomegaly; OR
    - splenomegaly
4. Other potential etiologies such as malignancies, serious clinical infections, other inflammatory or connective tissue diseases, have been ruled out by the prescriber; AND
5. Patient was less than 16 years of age at the onset of sJIA; AND
6. Systemic glucocorticoids cannot be used for one or more of the following reasons:
    - The patient is unresponsive and/or refractory to systemic glucocorticoids; OR
    - The patient is glucocorticoid dependent (i.e., the patient has experienced a systemic reaction such as fever, rash of sJIA, serositis, lymphadenopathy, hepatomegaly or splenomegaly while on tapering doses of systemic glucocorticoids); OR
    - The patient has experienced an adverse drug reaction to a systemic glucocorticoid; OR
    - The use of systemic glucocorticoids is contraindicated; AND
7. Tocilizumab is not being used in combination with another biologic drug used for the treatment of sJIA; AND
8. Therapy must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology

New Single Source Products (Continued)

Maintenance/Renewals:

Renewal will be considered for patients who have at least a 50% reduction in glucocorticoid dose (unless contraindicated, not tolerated, unresponsive or refractory at the time of initial request) and no evidence of active systemic disease (e.g., fever, rash of sJIA, serositis, lymphadenopathy, hepatomegaly or splenomegaly).

For funding beyond the second year, the patient must demonstrate objective evidence of preservation of treatment effect.

For renewal of funding, tocilizumab must not be used in combination with another biologic for the treatment of sJIA and must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

Recommended Dose:

The recommended intravenous (IV) dose of tocilizumab for patients 2 years of age and older:

- 12mg/kg IV every 2 weeks for patients less than 30kg
- 8mg/kg IV every 2 weeks for patients weighing 30kg or more (up to 800mg per dose as per product monograph).

The recommended subcutaneous (sc) dose of tocilizumab for patients 2 years of age and older:

- 162mg sc once every 2 weeks for patients less than 30kg.
- 162mg sc once every week for patients weighing 30kg or more

LU Authorization Period: 1 Year

New Single Source Products (Continued)

Code: 721 – This code is for *DIN 02552493 and 02552485

For the treatment of giant cell arteritis (GCA) in symptomatic adult patients who meet the following:

1. A confirmed diagnosis of GCA by temporal artery biopsy and/or imaging tests (i.e., ultrasonography, magnetic resonance angiography, computed tomography angiography or positron emission scanning); AND
2. Tocilizumab is initiated as combination therapy with 20mg to 60mg of prednisone (or an equivalent glucocorticoid) with subsequent glucocorticoid tapering as symptoms stabilize; AND
3. Therapy must be prescribed by a rheumatologist or a prescriber with expertise in the diagnosis and management of GCA; AND
4. The patient is using tocilizumab for up to 52 weeks.

Note: Patients with other sight-threatening ocular diseases must have their prescribers apply for case-by-case funding consideration through the ministry's Compassionate Review Policy.

Limited Renewal:

Renewal after an initial treatment period of 52 weeks can occur in limited circumstances when directed by a prescriber based on the patient's clinical remission status, disease activity and relevant bloodwork, imaging results, severity of disease manifestations, and risk of relapse.

Recommended Dose:

The recommended dose of tocilizumab for adult patients is 162mg subcutaneously once every week in combination with a tapering dose of glucocorticoids.

A dose of 162mg subcutaneously once every other week, in combination with a tapering dose of glucocorticoids, may be considered based on clinical considerations.

LU Authorization Period: 1 Year

Ontario

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
02552744	Apo-Vortioxetine	5mg	Tab	APX	2.1618
02552752	Apo-Vortioxetine	10mg	Tab	APX	2.2644
02552779	Apo-Vortioxetine	20mg	Tab	APX	2.4584

(Interchangeable with Trintellix– GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02546167	Jamp Dutasteride Capsules	0.5mg	Cap	JPC	0.2565

(Interchangeable with Avodart– LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495503	Jamp Nitrofurantoin	50mg	Cap	JPC	0.2927
02495511	Jamp Nitrofurantoin	100mg	Cap	JPC	0.5499

(Interchangeable with Macrodantin– GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504006	Sandoz Oseltamivir	30mg	Cap	SDZ	0.5243
02504014	Sandoz Oseltamivir	45mg	Cap	SDZ	1.6135
02504022	Sandoz Oseltamivir	75mg	Cap	SDZ	1.0393

(Interchangeable with Tamiflu – LU)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02554690	Apo-Butalbital-Acetylsalicylic Acid-Caffeine	50mg & 330mg & 40mg	Cap	APX	1.7939

(Interchangeable with Fiorinal)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02554968	Desvenlafaxine	50mg	ER Tab	SIV	2.3409
02554976	Desvenlafaxine	100mg	ER Tab	SIV	2.3409

(Interchangeable with Pristiq)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02549271	Jamp Zopiclone	3.75mg	Tab	JPC	0.2343

(Interchangeable with Imovane)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02532123	M-Citalopram	10mg	Tab	MAT	0.4464

(Interchangeable with Celexa)

New Nutrition Products

D. CHEMICALLY DEFINED FORMULA MAXIMUM = 35.26

Product Name	Strength, Dosage Form, Package Size	PIN/NPN	Mfr	Cost ($) Per 1000 Kcal	Cost ($) Per Pkg	Amt ($) MOH Pays	Amt ($) Patient Pays
Peptamen 1.5 with Prebio	1.5kcal/mL Liq - 250mL Pk	09858355	NES	35.26	13.22	13.22	0.00
Peptamen 1.5 with Prebio	1.5kcal/mL Liq- 1500mL Ready-to-Hang	09858356	NES	35.26	79.34	79.34	0.00

Additional Limited Use Code & Clinical Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02550245	Steqeyma	45mg/0.5mL	Inj Sol-0.5mL Pref Syr Pk (Preservative-Free)	CEH
02550253	Steqeyma	90mg/1.0mL	Inj Sol-1.0mL Pref Syr Pk (Preservative-Free)	CEH
02550261	Steqeyma IV	5mg/mL	Inj Sol-26mL Vial Pk (Preservative-Free)	CEH

Code 671

The criteria remain the same as Wezlana (ustekinumab) for treatment of ulcerative colitis.

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02311054	Mycamine	100mg/Vial	Inj Pd-10mL Vial Pk	ASE	SDZ
02294222	Mycamine	50mg/Vial	Inj Pd-10mL Vial Pk	ASE	SDZ
02419475	Remdantry	100mg/Vial	Inj Pd-Vial Pk	CEH	CEI
02484153	Fulphila	10mg/mL	Inj Sol-Pref Syr	BGP	BCL
02057778	Plendil	2.5mg	ER Tab	AZC	GPE
00851779	Plendil	5mg	ER Tab	AZC	GPE
00851787	Plendil	10mg	ER Tab	AZC	GPE
02419580	Pomalyst	1mg	Cap	CEL	BQU
02419599	Pomalyst	2mg	Cap	CEL	BQU
02419602	Pomalyst	3mg	Cap	CEL	BQU
02419610	Pomalyst	4mg	Cap	CEL	BQU

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02428946	Actikerall	0.5% w/w & 10% w/w	Top Sol	CIP	2.0878
02091194	Apo-Diclo SR	100mg	LA Tab	APX	1.1053
02213265	Dermovate	0.05%	Cr	TPH	0.9964
02213273	Dermovate	0.05%	Oint	TPH	0.9964
02213281	Dermovate	0.05%	Scalp Lot	TPH	0.7992
02396971	Epuris	10mg	Cap	CIP	1.5134
02396998	Epuris	20mg	Cap	CIP	2.0941
02397005	Epuris	30mg	Cap	CIP	2.6337
02397013	Epuris	40mg	Cap	CIP	3.0877
02484153	Fulphila	10mg/mL	Inj Sol-Pref Syr	BGP	492.0000
02528568	Jamp Doxycycline	20mg	Cap	JPC	1.3538
02474565	Lapelga	10mg/mL	Inj Sol-Pref Syr - 0.6mL Pk (Preservative Free)	APX	492.0000
02461536	Mint-Indomethacin	50mg	Cap	MIN	0.2469
02231799	Odan-Indomethacin	50mg	Sup	ODN	1.2500
02231800	Odan-Indomethacin	100mg	Sup	ODN	1.6500
02549794	PMS-Morphine Sulfate	5mg	Tab	PMS	0.0709
02549808	PMS-Morphine Sulfate	10mg	Tab	PMS	0.1096
09858140	Renastart	1976kcal/400g	Pd-400g Can	VIT	42.2750
02261774	Sandoz Diclofenac Rapide	50mg	Tab	SDZ	0.4165
02242810	Scopolamine Hydrobromide Injection	0.4mg/mL	Inj Sol (Preservative Free)	OMG	6.5100
02242811	Scopolamine Hydrobromide Injection	0.6mg/mL	Inj Sol (Preservative Free)	OMG	7.0400
00337439	Teva-Indomethacin	50mg	Cap	TEV	0.2469
02314290	Teva-Naratriptan	1mg	Tab	TEV	12.4990
02231015	Teva-Nitrofurantoin	50mg	Cap	TEV	0.2927
02231016	Teva-Nitrofurantoin	100mg	Cap	TEV	0.5499

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02387786	Latuda	120mg	Tab	SUO
00893757	Pravachol	20mg	Tab	BQU
02222051	Pravachol	40mg	Tab	BQU
02275066	Trosec	20mg	Tab	SUO
02244596	Videx EC	125mg	Enteric Coated Cap	BQU
02244597	Videx EC	200mg	Enteric Coated Cap	BQU
02244598	Videx EC	250mg	Enteric Coated Cap	BQU
02244599	Videx EC	400mg	Enteric Coated Cap	BQU
02216086	Zerit	15mg	Cap	BQU
02216094	Zerit	20mg	Cap	BQU
02216108	Zerit	30mg	Cap	BQU
02216116	Zerit	40mg	Cap	BQU

Ontario

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02416328	Aubagio	14mg	Tab	SAG
02499223	Auro-Indomethacin	50mg	Cap	AUR
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
02261944	Sandoz Diclofenac SR	100mg	LA Tab	SDZ