Ontario

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – October 2025
Effective October 31, 2025

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

Visit Formulary Downloads: Edition 43

Ontario

# Table of Contents

Ontario

# New Single Source Products

Generic Name: INCLISIRAN

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | DBP |
|---|---|---|---|---|---|
| 02518376 | Leqvio | 284mg/1.5mL | Inj Sol-1.5mL Pref Syr | NOV | 2,839.2800/Pref Syr |

## Reason For Use Code and Clinical Criteria

## LU Code: 732

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; AND

(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; AND

# 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.

Inclisiran will not be funded when used in combination with proprotein convertase subtilisin/kexin type 9 (PCSK9) monoclonal antibodies.

Treatment with inclisiran 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 inclisiran).

3. Patient continues to have a significant reduction in LDL-C (with continuation of inclisiran) 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).

Dosing: 284mg administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months

LU Authorization Period: 1 year

# New Single Source Products (Continued)

Generic Name: CAPTOPRIL

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | DBP |
|---|---|---|---|---|---|
| 02543907 | Noyada | 5mg/5mL | Oral Sol | ETH | 0.6000/mL |
| 02543915 | Noyada | 25mg/5mL | Oral Sol | ETH | 0.6500/mL |

## Reason For Use Code and Clinical Criteria

## LU Code: 707

For pediatric patients (less than 18 years of age) where the appropriate dose cannot be achieved using a listed solid oral dosage form of captopril.

LU Authorization Period: 1 year

Note: 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 this drug product. The Executive Officer's funding of drug products is informed by advice from experts that consider evidence regarding the safety, clinical efficacy, and cost-effectiveness of drug products.

## LU Code: 723

For patients unable to swallow or tolerate solid oral dosage forms of captopril.

LU Authorization Period: 1 year

Generic Name: FARICIMAB

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | DBP |
|---|---|---|---|---|---|
| 02554003 | Vabysmo | 6mg/0.05mL | Inj Sol-0.05mL Pref Syr (Preservative-free) | HLR | 1350.0000/ Pref Syr |

The LU codes 649, 650, 725 and clinical criteria are the same as the currently listed Vabysmo vial product.

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 |
|---|---|---|---|---|---|
| 02556553 | Miley 21 | 0.15mg & 0.03mg | Tab-21 Pk | AMB | 5.2773 |
| 02556561 | Miley 28 | 0.15mg & 0.03mg | Tab-28 Pk | AMB | 5.2780 |

(Interchangeable with Marvelon 21 and Marvelon 28 – GB)

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | DBP |
|---|---|---|---|---|---|
| 02558416 | Mint-Levetiracetam Solution | 100mg/mL | Oral Sol | MIN | 0.6107/mL |

(Interchangeable with PDP-Levetiracetam – LU)

# New Off-Formulary Interchangeable (OFI) Products

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | Unit Cost |
|---|---|---|---|---|---|
| 02560038 | Reddy-Bosutinib | 100mg | Tab | DRR | 29.2340 |
| 02560046 | Reddy-Bosutinib | 500mg | Tab | DRR | 114.1802 |

(Interchangeable with Bosulif)

# Product Name and Manufacturer Name Changes

| DIN/PIN | Current Product Name | Current Mfr | New Product Name | New Mfr | Strength | Dosage Form |
|---|---|---|---|---|---|---|
| 00360201 | Imipramine | AAP | Apo-Imipramine Tablets | APX | 10mg | Tab |
| 00312797 | Imipramine | AAP | Apo-Imipramine Tablets | APX | 25mg | Tab |
| 00326852 | Imipramine | AAP | Apo-Imipramine Tablets | APX | 50mg | Tab |

# Drug Benefit Price (DBP) Changes

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr | DBP/Unit Price |
|---|---|---|---|---|---|
| 02317192 | Apri 21 | 0.15mg & 0.03mg | Tab-21 Pk | BAR | 5.2773 |
| 02317206 | Apri 28 | 0.15mg & 0.03mg | Tab-28 Pk | BAR | 5.2780 |
| 97984558 | Alimentum | | Liq-4x237mL Pk | ABB | 6.7152 |
| 02492415 | Baqsimi | 3mg | Nas Pd Device | AMP | 160.5200 |
| 02396491 | Freya 21 | 0.15mg & 0.03mg | Tab-21 Pk | FAM | 5.2773 |
| 02396610 | Freya 28 | 0.15mg & 0.03mg | Tab-28 Pk | FAM | 5.2780 |
| 02552248 | Jamp Fludrocortisone | 0.1mg | Tab | JPC | 0.3131 |
| 02494086 | Mar-Acarbose | 100mg | Tab | MAR | 0.2053 |
| 02410249 | Mirvala 21 | 0.15mg & 0.03mg | Tab-21 Pk | APX | 5.2773 |
| 02410257 | Mirvala 28 | 0.15mg & 0.03mg | Tab-28 Pk | APX | 5.2780 |
| 02216213 | Mylan-Clobetasol Scalp Application | 0.05% | Scalp Lot | MYL | 0.3996 |
| 02245522 | Taro-Clobetasol Topical Solution USP | 0.05% | Scalp Lot | TAR | 0.3996 |

# Discontinued Products

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

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr |
|---|---|---|---|---|
| 02237923 | Avapro | 75mg | Tab | SAV |
| 02018144 | Cyclomen | 50mg | Cap | SAV |
| 02301490 | Cymbalta | 60mg | DR Cap | LIL |
| 02301482 | Cymbalta | 30mg | DR Cap | LIL |
| 02417634 | Nat-Alprazolam | 0.25mg | Tab | NAT |
| 02417642 | Nat-Alprazolam | 0.5mg | Tab | NAT |
| 02417650 | Nat-Alprazolam | 1mg | Tab | NAT |
| 02417669 | Nat-Alprazolam | 2mg | Tab | NAT |
| 02409011 | Nat-Citalopram | 20mg | Tab | NAT |
| 02409038 | Nat-Citalopram | 40mg | Tab | NAT |
| 09857594 | Neocate Junior (Tropical Flavour) | 1kcal/mL | Pd-400g Pk | NUT |
| 02350238 | Oxybutynin | 5mg | Tab | SAI |
| 00636622 | Prozac | 20mg | Cap | LIL |
| 02223716 | Zithromax | 100mg/5mL | O/L-15mL Pk | PFI |
| 02223724 | Zithromax | 200mg/5mL | O/L-15mL Pk | PFI |
| 09857315 | Zithromax | 200mg/5mL | O/L-22.5mL Pk | PFI |
| 02212021 | Zithromax | 250mg | Tab | PFI |

# Delisted Products

| DIN/PIN | Product Name | Strength | Dosage Form | Mfr |
|---|---|---|---|---|
| 02404761 | Ganciclovir for Injection | 500mg/Vial | Pd for Sol-10mL Vial Pk | FKC |
| 02537168 | Ganciclovir for Injection | 500mg/Vial | Pd for Sol-10mL Vial Pk | FOM |
| 02475391 | Ganciclovir for Injection USP | 500mg/Vial | Pd for Sol-10mL Vial Pk | STE |
| 02420813 | Reclipsen 21 | 0.15mg & 0.03mg | Tab-21 Pk | ACV |
| 02417464 | Reclipsen 28 | 0.15mg & 0.03mg | Tab-28 Pk | ACV |
| 01910299 | Teva-Clobetasol | 0.05% | Scalp Lot | TEV |