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Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – November 2025
Effective November 28, 2025

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

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New Single Source Products

Generic Name: DENOSUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02560895	Osenvelt	120mg/1.7mL	Inj Sol-Vial Pk (Preservative-Free)	CEI	312.0000/Vial Pk

LU code 686 and clinical criteria are the same as the currently listed denosumab (Wyost) product.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02560917	Stoboclo	60mg/mL	Inj Sol-1.0mL Pref Syr Pk (Preservative-Free)	CEI	194.7000/ Pref Syr

LU codes 687 & 688 and clinical criteria are the same as the currently listed denosumab (Jubbonti) product.

Generic Name: USTEKINUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02554305	Otulfi	5mg/mL	Inj Sol-Vial Pk (Preservative-Free)	FKC	1,248.0000/Vial Pk
02554283	Otulfi	45mg/0.5mL	Inj Sol-0.5mL Pref Syr Pk (Preservative-Free)	FKC	2,755.8840/Pref Syr
02554291	Otulfi	90mg/mL	Inj Sol-1.0mL Pref Syr Pk (Preservative-Free)	FKC	2,755.8840/Pref Syr

LU codes 669, 671 & 672 and their clinical criteria are the same as the currently listed ustekinumab products. For the new LU code 733 for Otulfi, the text of the clinical criteria is the same as the existing LU code 668, except the line “Refer to the appropriate product monograph for dosing in pediatric patients weighing less than 60kg.” is removed.

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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
02554399	Auro-Digoxin	0.0625mg	Tab	AUR	0.1089
02554402	Auro-Digoxin	0.125mg	Tab	AUR	0.1030

(Interchangeable with PMS-Digoxin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02558971	Fulvestrant Injection	50mg/mL	Inj Sol	STE	40.8027/mL

(Interchangeable with Faslodex – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02424282	Laylaa 21	0.1mg & 0.02mg	Tab-21 Pk	LUP	3.9425
02424290	Laylaa 28	0.1mg & 0.02mg	Tab-28 Pk	LUP	3.9425

(Interchangeable with Alesse 21 and Alesse 28 – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02554909	Natco-Escitalopram	10mg	Tab	NAT	0.3109
02554933	Natco-Escitalopram	20mg	Tab	NAT	0.3310

(Interchangeable with Cipralex – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02050021	Apo-Doxepin	75mg	Cap	APX	1.1363
02050048	Apo-Doxepin	100mg	Cap	APX	1.4944

(Interchangeable with Sinequan)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02549999	Auro-Liothyronine	5mcg	Tab	AUR	1.1587
02550008	Auro-Liothyronine	25mcg	Tab	AUR	1.2595

(Interchangeable with Cytomel)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02554461	Jamp Finasteride Tablets	1mg	Tab	JPC	1.1453

(Interchangeable with Propecia)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02552892	Nat-Sunitinib	12.5mg	Cap	NAT	55.3553
02552906	Nat-Sunitinib	25mg	Cap	NAT	110.7100
02539284	Nat-Sunitinib	50mg	Cap	NAT	221.4208

(Interchangeable with Sutent)

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Continuous Glucose Monitoring System

GLUCOSE MONITORING SYSTEM

DIN/PIN	Product Name	Dosage Form	Mfr	DBP
09858385	FreeStyle Libre 3 Plus Sensor	Continuous Glucose Monitoring System - Sensor	ABD	97.5000
09858386	FreeStyle Libre 3 Reader	Continuous Glucose Monitoring System - Reader	ABD	60.0000

Reimbursement Criteria and Maximum Reimbursed Quantity:

All ODB eligible recipients on insulin therapy for diabetes who have a valid prescription from a physician or nurse practitioner for CGM sensors and/or a CGM reader/receiver designated on the Formulary are eligible to receive the prescribed ODB-funded CGM sensors and/or reader/receiver.

Patients who meet the reimbursement criteria are eligible for a maximum reimbursed quantity of 31 sensors over the course of a 365-day period.

Please refer to the Ontario Drug Programs Reference Manual for more information related to CGM systems (e.g., pharmacy billing procedure, HNS response codes and messages).

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Temporary Benefits

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858359	Gleostine	10mg	Cap	Lomustine	SET	211.2400
09858382	Lomustine	40mg	Cap	Lomustine	SET	336.9200

Transition of Dosage Format and Package Size

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09858383	Jevity 1.2 Cal	1.2kcal/mL	Liq-237mL Reclosable Carton Pk	ABB	2.1842
09858387	Nutramigen A+	5kcal/g	Pd-561g Pk	MJN	35.9900
09858384	Osmolite 1.2 CAL	1.2kcal/mL	Liq-237mL Reclosable Carton Pk	ABB	1.4533

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Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
00704431	Androcur	50mg	Tab	BAY	AMD

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02244726	AA-Medroxy	2.5mg	Tab	AAP	0.1301
02284987	Apo-Cilazapril/HCTZ	5mg/12.5mg	Tab	APX	0.6306
00592277	Apo-Naproxen	500mg	Tab	APX	0.4522
00716634	Betaderm	0.1%	Scalp Lot	TAR	0.1271
00441686	ISDN	10mg	Tab	AAP	0.0485
00441694	ISDN	30mg	Tab	AAP	0.1135
02498502	Jamp Digoxin	0.0625mg	Tab	JPC	0.1089
02498510	Jamp Digoxin	0.125mg	Tab	JPC	0.1030
02496844	Jamp Tolterodine	2mg	Tab	JPC	0.4910
02525771	Jamp Voriconazole	50mg	Tab	JPC	6.7818
02525798	Jamp Voriconazole	200mg	Tab	JPC	26.4807
97904473	MCT Oil	7.7kcal/mL	Liq-946mL Pk	NES	39.2833
02423316	Mint-Tolterodine	2mg	Tab	MIN	0.4910
09857393	Modulen	1kcal/mL	Pd-400g Pk	NES	34.7964
02399245	Sandoz Voriconazole	50mg	Tab	SDZ	6.7818
02399253	Sandoz Voriconazole	200mg	Tab	SDZ	26.4807
00593435	Teva-Codeine	15mg	Tab	TEV	0.0596
00589861	Teva-Naproxen	500mg	Tab	TEV	0.4522
97982750	Tolerex		Pd-80g Pk	NES	7.0643
97982830	Vivonex Plus		Pd-79.5g Pk	NES	9.8345

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00642975	Colestid Regular		Gran-5g Pk	PFI

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02292904	Ceftriaxone for Injection USP	10g/Vial	Inj Pd-Vial Pk	APX
02387786	Latuda	120mg	Tab	SUO
01927876	Multipax	10mg	Cap	RPP
01938835	Multipax	25mg	Cap	RPP
01927884	Multipax	50mg	Cap	RPP
00738832	Novo-Hydroxyzin	25mg	Cap	NOP
00893757	Pravachol	20mg	Tab	BQU
02222051	Pravachol	40mg	Tab	BQU
00653217	Ratio-Ectosone	0.1%	Scalp Lot	RPH
02269007	Tarceva	25mg	Tab	HLR
02269015	Tarceva	100mg	Tab	HLR
02269023	Tarceva	150mg	Tab	HLR
02313731	Teva-Cilazapril/HCTZ	5mg/12.5mg	Tab	TEV
02221284	Teva-Medroxyprogesterone	2.5mg	Tab	TEV
02299607	Teva-Tolterodine	2mg	Tab	TEV
02396866	Teva-Voriconazole	50mg	Tab	TEV
02396874	Teva-Voriconazole	200mg	Tab	TEV
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