Ontario

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – December 2025
Effective December 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

Ontario

New Single Source Products

Generic Name: ARIPIPRAZOLE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02554569	Abilify Asimtufii	720mg/2.4mL	Inj Sol-Pref Syr	OTS	912.3600/Pref Syr
02554577	Abilify Asimtufii	960mg/3.2mL	Inj Sol-Pref Syr	OTS	912.3600/Pref Syr

Therapeutic Notes:

For the maintenance treatment of schizophrenia in patients who are stabilized on oral aripiprazole who have:

A history of non-adherence; AND one of the following:

- Inadequate control or significant side-effects from two or more formulary oral antipsychotic medications, including at least one atypical agent; OR
- Inadequate control or significant side-effects from one or more conventional depot antipsychotic agents

New Single Source Products (Continued)

Generic Name: (IRON) FERRIC CARBOXYMALTOSE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02546078	Ferinject	50mg/mL	Inj Sol	VIR	22.5000/mL

Reason For Use Code and Clinical Criteria

LU Code: 735

For the treatment of patients with iron deficiency anemia (IDA) who meets ALL the following criteria:

- Patient has documented diagnosis of IDA confirmed by laboratory testing results (e.g. hemoglobin, ferritin); AND
- Patient has experienced a failure to respond, documented intolerance, or contraindication to an adequate trial (i.e. at least 4 weeks) of at least one oral iron therapy; AND
- Patient does not have hemochromatosis or other iron storage disorders; AND
- The iron formulation is administered in a setting where appropriate monitoring and management of hypersensitivity reactions can be provided to the patient.

LU Authorization Period: 1 year

LU Code: 736

For the treatment of iron deficiency in patients with heart failure where ALL the following criteria apply:

1. Patient is 18 years of age or older; AND
2. Patient has heart failure with New York Heart Association (NYHA) class II or III; AND
3. Patient has a left ventricular ejection fraction (LVEF) less than or equal to 40% determined by echocardiography; AND
4. Patient has a ferritin level less than or equal to 300mcg/L with a transferrin saturation (TSAT) less than 15%; AND
5. The iron formulation is prescribed by a cardiologist or prescriber with expertise in the management of chronic heart failure.

LU Authorization Period: 6 months

New Single Source Products (Continued)

Generic Name: BARICITINIB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02544768	Olumiant	4mg	Tab	LIL	59.4367

Reason For Use Code and Clinical Criteria

LU Code: 734

Initiation criteria:

For the treatment of adult patients with severe alopecia areata (AA) who meet the following criteria:

1. Have a Severity of Alopecia Tool (SALT) score of 50 or above, and
2. Have experienced the current episode of AA for more than 6 months but less than 8 years.

The maximum duration of initial authorization is 36 weeks.

Renewal criteria:

For continuation of reimbursement, the patient must demonstrate beneficial clinical effect, defined as achieving a SALT score of 20 or less at 36 weeks after treatment initiation. Maintenance of a SALT score of 20 or less every 12 months thereafter is required for reimbursement renewal.

Dosing and prescribing:

The recommended dose is 2mg once daily. The maximum funded dose is 4mg once daily.

Baricitinib should be prescribed by a dermatologist with expertise managing patients with severe AA.

Baricitinib should not be used in combination with other JAK inhibitors, biologic immunomodulators, or systemic immunosuppressants.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Generic Name: TOCILIZUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02562022	Avtozma	80mg/4mL	Inj Sol-4mL Vial Pk (Preservative-Free)	CEI	124.7610/Vial
02562030	Avtozma	200mg/10mL	Inj Sol-10mL Vial Pk (Preservative-Free)	CEI	311.9025/Vial
02562049	Avtozma	400mg/20mL	Inj Sol-20mL Vial Pk (Preservative-Free)	CEI	623.8050/Vial

The Limited Use (LU) codes 697, 698, 720 and clinical criteria are the same as for the currently listed Tyenne (tocilizumab) DIN 02552469.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02562065	Avtozma	162mg/0.9mL	Inj Sol-Pref Autoinj (Preservative-Free)	CEI	242.2875/Pref Autoinj
02562057	Avtozma	162mg/0.9mL	Inj Sol-Pref Syr (Preservative-Free)	CEI	244.9525/Pref Syr

The Limited Use (LU) codes 697, 698, 720, 721 and clinical criteria are the same as for the currently listed Tyenne (tocilizumab) DIN 02552485.

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
02050005	Apo-Doxepin	25mg	Cap	APX	0.2500
02050013	Apo-Doxepin	50mg	Cap	APX	0.4637

(Interchangeable with Sinequan – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02457679	Jamp-Amitriptyline	10mg	Tab	JPC	0.0305
02457695	Jamp-Amitriptyline	25mg	Tab	JPC	0.0580
02457687	Jamp-Amitriptyline	50mg	Tab	JPC	0.1078

(Interchangeable with Elavil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02313405	Jamp-Citalopram	20mg	Tab	JPC	0.1332
02313413	Jamp-Citalopram	40mg	Tab	JPC	0.1332

(Interchangeable with Celexa – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02471140	Lupin-Cephalexin	250mg	Tab	LUP	0.0866
02471159	Lupin-Cephalexin	500mg	Tab	LUP	0.1731

(Interchangeable with Keflex – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02491281	Methotrexate Subcutaneous	10mg/0.2mL	Inj Sol-Pref Syr	ACH	14.8200/Pref Syr
02491303	Methotrexate Subcutaneous	12.5mg/0.25mL	Inj Sol-Pref Syr	ACH	15.6000/Pref Syr

(Interchangeable with Metoject Subcutaneous – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02515318	Pharma-Levetiracetam	100mg/mL	Oral Sol	PMS	0.4071/mL

(Interchangeable with PDP-Levetiracetam – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02550202	PMSC-Ramipril	1.25mg	Cap	PMS	0.0708
02550210	PMSC-Ramipril	2.5mg	Cap	PMS	0.0817
02550229	PMSC-Ramipril	5mg	Cap	PMS	0.0817
02550237	PMSC-Ramipril	10mg	Cap	PMS	0.1034

(Interchangeable with Altace Cap – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02540452	PRZ-Abiraterone	250mg	Tab	PRZ	7.6563
02540460	PRZ-Abiraterone	500mg	Tab	PRZ	15.3125

(Interchangeable with Zytiga – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02559854	Riva-Telmisartan /Amlodipine	40mg & 5mg	Tab	RIA	0.6096
02559862	Riva-Telmisartan /Amlodipine	40mg & 10mg	Tab	RIA	0.6096
02559870	Riva-Telmisartan /Amlodipine	80mg & 5mg	Tab	RIA	0.3648
02559889	Riva-Telmisartan /Amlodipine	80mg & 10mg	Tab	RIA	0.3648

(Interchangeable with Twynsta – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02528606	Sandoz Tacrolimus XR	1mg	ER Cap	SDZ	2.1297
02528622	Sandoz Tacrolimus XR	3mg	ER Cap	SDZ	6.3891
02528630	Sandoz Tacrolimus XR	5mg	ER Cap	SDZ	10.6654

(Interchangeable with Advagraf – LU)

Ontario

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02548275	M-Metformin	1000mg	Tab	MAT	0.0399

(Interchangeable with Glucophage)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02547228	Micafungin Sodium for Injection	50mg/Vial	Inj Sol-10mL Vial Pk (Preservative-Free)	OMG	93.1000/Vial Pk
02547236	Micafungin Sodium for Injection	100mg/Vial	Inj Sol-10mL Vial Pk (Preservative-Free)	OMG	186.2000/Vial Pk

(Interchangeable with Mycamine)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02560119	Riva-Rupatadine	10mg	Tab	RIA	0.9993

(Interchangeable with Rupall)

Manufacturer Name, Product Name, DIN/PIN and Strength Displayed Changes

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02238162	Diastat	5mg/mL	Rect Gel-2x 5mg Pk	VAL	BHC

DIN/PIN, Strength Displayed and Manufacturer Name Changes

Current DIN/PIN	New DIN/PIN	Product Name	Current Strength Displayed	New Strength Displayed	Dosage Form	Current Mfr	New Mfr
09853340	02519070	Diastat	5mg/mL	10mg/2mL	Rect Gel-2x10mg Pk	VAL	BHC
09853430	02519089	Diastat	5mg/mL	15mg/3mL	Rect Gel-2x15mg Pk	VAL	BHC

Manufacturer Name, Product Name, DIN/PIN and Strength Displayed Changes (Continued)

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
00782483	Apo-Verap	APX	AA-Verap	AAP	80mg	Tab
00782491	Apo-Verap	APX	AA-Verap	AAP	120mg	Tab
02316080	Co Quetiapine	COB	Act Quetiapine	TEV	25mg	Tab
02316099	Co Quetiapine	COB	Act Quetiapine	TEV	100mg	Tab
02316110	Co Quetiapine	COB	Act Quetiapine	TEV	200mg	Tab
02316129	Co Quetiapine	COB	Act Quetiapine	TEV	300mg	Tab
02487802	Mar-Lacosamide	MAR	ZDS-Lacosamide	ZDS	50mg	Tab
02487810	Mar-Lacosamide	MAR	ZDS-Lacosamide	ZDS	100mg	Tab
02487829	Mar-Lacosamide	MAR	ZDS-Lacosamide	ZDS	150mg	Tab
02487837	Mar-Lacosamide	MAR	ZDS-Lacosamide	ZDS	200mg	Tab
00608181	Ratio-Tecnal C1/2	RPH	Teva-Tecnal C1/2	TEV	330mg & 50mg & 40mg & 30mg	Cap
00608203	Ratio-Tecnal C1/4	RPH	Teva-Tecnal C1/4	TEV	330mg & 50mg & 40mg & 15mg	Cap
00608238	Ratio-Tecnal	RPH	Teva-Tecnal	TEV	330mg & 50mg & 40mg	Cap

Ontario

Additional Limited Use Code & Clinical Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02480018	Olumiant	2mg	Tab	LIL

Reason For Use Code and Clinical Criteria

LU Code: 734

The clinical criteria are the same as Olumiant 4mg Tab DIN 02544768.

Ontario

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	2.1918
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	2.1867
01976133	Dovonex	50mcg/g	Oint	LEO	1.2489
02270811	Finacea	15%	Top Gel	LEO	0.8763
00586668	Fucidin	2%	Cr	LEO	1.1202
00586676	Fucidin	2%	Oint	LEO	1.1202
02167840	Innohep	10000IU/mL	Inj-2mL Pk	LEO	55.1469
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	117.6245
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	7.3042
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	10.2157
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	13.1374
02429462	Innohep	8000IU/0.4mL	Inj Pref Syr	LEO	22.7208
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	29.7939
02429470	Innohep	12000IU/0.6mL	Inj Pref Syr	LEO	35.7866
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	41.7497
02429489	Innohep	16000IU/0.8mL	Inj Pref Syr	LEO	47.7158
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	53.6727
02429888	Mar-Amitriptyline	25mg	Tab	MAR	0.0580
02429896	Mar-Amitriptyline	50mg	Tab	MAR	0.1078
02559099	Mar-Doxepin	25mg	Cap	MAR	0.2500
02559102	Mar-Doxepin	50mg	Cap	MAR	0.4637
02558416	Mint-Levetiracetam Solution	100mg/mL	Oral Sol	MIN	0.4071/mL
00816027	PMS-Acetaminophen with Codeine	160mg & 8mg/5mL	O/L	PMS	0.1370
00654515	PMS-Amitriptyline	25mg	Tab	PMS	0.0580
00654507	PMS-Amitriptyline	50mg	Tab	PMS	0.1078
02335700	PMS-Digoxin	0.0625mg	Tab	PMS	0.1089
02335719	PMS-Digoxin	0.125mg	Tab	PMS	0.1030

Drug Benefit Price (DBP) Changes (Continued)

Ontario

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
01916386	PMS-HYDROmorphone	1mg/mL	Oral Sol	PMS	0.0931
02239627	PMS-Ipratropium Nasal	0.03%	Nasal Spray	PMS	0.9127
02539608	PMS-Methotrexate Injection	10mg/0.2mL	Inj Sol-Pref Syr	PMS	14.8200
02539616	PMS-Methotrexate Injection	12.5mg/0.25mL	Inj Sol-Pref Syr	PMS	15.6000
02223376	PMS-Oxybutynin	1mg/mL	O/L	PMS	0.1249
02245532	PMS-Prednisolone	6.7mg/5mL	O/L	PMS	0.1259
02244148	Protopic	0.1%	Oint	LEO	3.6691
02244149	Protopic	0.03%	Oint	LEO	3.4301
00653241	Teva-Lenoltec No. 2	300mg & 15mg & 15mg	Tab	TEV	0.0933
00653276	Teva-Lenoltec No. 3	300mg & 15mg & 30mg	Tab	TEV	0.0980
00496480	Teva-Propranolol	10mg	Tab	TEV	0.0813
02298376	Teva-Risedronate	5mg	Tab	TEV	1.8445

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
09857102	Peptamen with Prebio	1kcal/mL	Liq-1500mL Pk	NES

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02184478	Casodex	50mg	Tab	AZC
02526883	Sandoz Ambrisentan Tablets	10mg	Tab	SDZ
02326051	Teva-Amitriptyline	25mg	Tab	TEV
02326078	Teva-Amitriptyline	50mg	Tab	TEV