Ontario

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – March 2026
Effective March 31, 2026

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

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Ontario

Table of Contents

Ontario

New Single Source Products

Generic Name: SEMAGLUTIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02551012	Rybelsus	1.5mg	Tab	NOO	7.5303
02551020	Rybelsus	4mg	Tab	NOO	7.5303
02551039	Rybelsus	9mg	Tab	NOO	7.5303

Reason For Use Code and Clinical Criteria

Rybelsus 1.5mg (DIN: 02551012)

LU Code: 738

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 1.5mg once daily.

LU Authorization Period: Indefinite

Rybelsus 4mg (DIN: 02551020)

LU Code: 739

New Single Source Products (Continued)

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 4mg once daily.

LU Authorization Period: Indefinite

Rybelsus 9mg (DIN: 02551039)

LU Code: 740

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 9mg once daily.

LU Authorization Period: Indefinite

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
02435772	Apo-Sitagliptin-Metformin	50mg & 500mg	Tab	APX	0.4446
02435780	Apo-Sitagliptin-Metformin	50mg & 850mg	Tab	APX	0.4446
02435799	Apo-Sitagliptin-Metformin	50mg & 1000mg	Tab	APX	0.4446

(Interchangeable with Janumet – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02545462	Atorvastatin	10mg	Tab	TEV	0.1743
02545470	Atorvastatin	20mg	Tab	TEV	0.2179
02545489	Atorvastatin	40mg	Tab	TEV	0.2342

(Interchangeable with Lipitor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02543184	Accel-Dapagliflozin	5mg	Tab	ACC	0.5220
02543192	Accel-Dapagliflozin	10mg	Tab	ACC	0.5220

(Interchangeable with Forxiga – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02553910	Mint-Sitagliptin	25mg	Tab	MIN	0.8197
02553929	Mint-Sitagliptin	50mg	Tab	MIN	0.8197
02553937	Mint-Sitagliptin	100mg	Tab	MIN	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02558505	NRA-Doxycycline	100mg	Tab	NRA	0.4560

(Interchangeable with Vibra-Tabs – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02564432	PMS-Sacubitril-Valsartan	24mg & 26mg	Tab	PMS	1.8530
02549018	Sandoz Sacubitril-Valsartan	24mg & 26mg	Tab	SDZ	1.8530
02564440	PMS-Sacubitril-Valsartan	49mg & 51mg	Tab	PMS	1.8530
02549026	Sandoz Sacubitril-Valsartan	49mg & 51mg	Tab	SDZ	1.8530
02564459	PMS-Sacubitril-Valsartan	97mg & 103mg	Tab	PMS	1.8530
02549034	Sandoz Sacubitril-Valsartan	97mg & 103mg	Tab	SDZ	1.8530

(Interchangeable with Entresto – LU)

Ontario

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02540819	Eptifibatide Injection	0.75mg/mL	100mL Vial Pk	JUN	124.3300/Vial Pk
02540827	Eptifibatide Injection	2mg/mL	10mL Vial Pk	JUN	42.4600/Vial Pk

(Interchangeable with Integrilin)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02448262	Jamp Bilastine Oral Solution	2.5mg/mL	Oral Sol	JPC	0.1626/mL

(Interchangeable with Blexten)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02559285	Jamp Doxepin	75mg	Cap	JPC	1.1363
02559293	Jamp Doxepin	100mg	Cap	JPC	1.4944

(Interchangeable with Sinequan)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02515229	Jamp Enzalutamide	40mg	Cap	JPC	21.8966

(Interchangeable with Xtandi)

Ontario

Additional Limited Use Code and Revision of Existing Criteria

DIN	Product Name	Strength	Dosage Form
02446057	Repatha	140mg/mL	Inj Sol-Pref Syr Autoinj

Reason For Use Code and Clinical Criteria

LU Code 737

To reduce elevated low-density lipoprotein cholesterol (LDL-C) in adult patients with atherosclerotic cardiovascular disease (ASCVD) when all of the following criteria apply:

1. Patient is aged 18 years or older; AND

2. Patient has experienced a recent acute coronary syndrome (ACS) event, defined as those who have been hospitalized for a heart attack or unstable angina in the past 52 weeks; AND

3. Patient is unable to meet cholesterol targets, defined as having an LDL-C level 1.8mmol/L or greater, OR a non-HDL-C level 2.6mmol/L or greater, OR an Apo-B level 0.7g/L or greater, despite taking maximally tolerated dose of statins*; AND

*Maximally tolerated dose of statins includes one moderate-to-high intensity statin (i.e., at least atorvastatin 20mg daily or equivalent) for at least 4 weeks before treatment OR documented intolerance to at least 2 statins OR contraindication to statin therapy.

4. Patient has received an adequate trial (i.e., at least 4 weeks) of ezetimibe** if only modest reductions in cholesterol targets are required (i.e., those with an LDL-C level of 1.8mmol/L to less than or equal to 2.2mmol/L, OR a non-HDL-C level of 2.6mmol/L to less than or equal to 2.9mmol/L, OR an Apo-B level of 0.7g/L to less than or equal to 0.8g/L) despite taking a maximally tolerated statin dose; AND

**For clarity, an adequate trial of ezetimibe is not required for patients with an LDL-C level greater than 2.2mmol/L, a non-HDL-C level greater than 2.9mmol/L, or an Apo-B level greater than 0.8g/L, despite taking a maximally tolerated statin dose.

Additional Limited Use Code and Revision of Existing Criteria (Continued)

5. Prescribed by a healthcare practitioner with expertise managing patients in the post-ACS setting; AND

6. Is not being used in combination with other proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors.

Treatment with Repatha 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 cholesterol parameters (i.e., LDL-C, and/or non-HDL-C and/or Apo-B) from baseline deemed clinically appropriate by the treating prescriber.

Approved dose: 140mg every 2 weeks. Patients prescribed Repatha 140mg every two weeks are limited to 26 prefilled syringes (PFS) per year.

LU Authorization: Indefinite

Revised Clinical Criteria

LU Code 527

The sentence “Patients prescribed Repatha 420mg every month must use the automated mini doser (AMD) and are limited to 12 AMD per year” is removed. The rest of the criteria remains the same.

Drug Benefit Price (DBP) Changes

To view the DBP changes by DIN/PIN, the ministry has posted an Excel file with the details of the listing changes for download and review (Edition 43: Summary of Changes–Drug Benefit Price Changes–March 2026). It is accessible from the ministry's website:
https://www.ontario.ca/document/ontario-drug-benefit-odb-formulary-comparative-drug-index-cdi-and-monthly-formulary-0