

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2026
Effective May 29, 2026

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

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New Single Source Products

Generic Name: OMALIZUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02561018	Omlyclo	75mg/0.5mL	Inj Sol-0.5mL Pref Pen Pk	CEI	168.7440
02561026	Omlyclo	150mg/mL	Inj Sol-1mL Pref Pen Pk	CEI	384.9600

The LU codes 726, 727, 728 and clinical criteria are the same as the currently listed omalizumab (Omlyclo) products.

Generic Name: USTEKINUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02562081	Yesintek	45mg/0.5mL	Inj Sol-0.5mL Pref Syr Pk (Preservative-Free)	BCL	2755.8840/ Pref Syr Pk
02562103	Yesintek	90mg/1.0mL	Inj Sol-1.0mL Pref Syr Pk (Preservative-Free)	BCL	2755.8840/ Pref Syr Pk

The LU codes 669, 671, 672 and clinical criteria are the same as the currently listed ustekinumab products.

Limited Use Code and Clinical Criteria

LU Code: 742

For the treatment of severe* plaque psoriasis in patients who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**.

Claims for the first 6 months must be written by a dermatologist.

Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required.

New Single Source Products (Continued)

Patients not responding adequately at 12 weeks should have treatment discontinued.

* Definition of severe plaque psoriasis:

Body Surface Area (BSA) involvement of at least 10%, or involvement of the face, hands, feet or genital regions, AND

Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND

Dermatology Life Quality Index (DLQI) score of at least 10.

** Definition of failure, intolerance or contraindication to adequate trials of standard therapies:

6 month trial of at least 3 topical agents including vitamin D analogues and steroids;
AND

12 week trial of phototherapy (unless not accessible); AND

6 month trial of at least 2 systemic, oral agents used alone or in combination

-Methotrexate 15-30mg per week

-Acitretin (could have been used with phototherapy)

-Cyclosporine

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

-At least a 50% reduction in PASI, AND

-at least a 50% reduction in BSA involvement, AND

-at least a 5 point reduction in DLQI score

New Single Source Products (Continued)

Recommended dose:

The recommended dose of ustekinumab is 45mg administered subcutaneously at weeks 0 and 4, then every 12 weeks thereafter.

Alternatively, 90mg may be used in patients with a body weight of over 100kg. In patients weighing over 100kg, both the 45mg and 90mg doses were shown to be efficacious. However, 90mg was efficacious in a higher percentage of these patients.

For patients who inadequately respond to dosing every 12 weeks, consideration may be given to treating as often as every 8 weeks.

If the patient has not responded after 12 weeks of treatment, the prescriber should consider switching to an alternative biologic agent.

LU authorization period: 1 year

Generic Name: USTEKINUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02562111	Yesintek I.V.	130mg/26mL	Inj Sol-26mL Vial Pk (Preservative-Free)	BCL	1248.0000/ Vial Pk

The LU codes 671, 672 and clinical criteria are the same as the currently listed ustekinumab products.

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
02564963	Apo-Mirabegron	25mg	ER Tab	APX	1.0950
02564971	Apo-Mirabegron	50mg	ER Tab	APX	1.0950

(Interchangeable with Myrbetriq – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529580	Bimatoprost RC	0.01% w/v	Oph Sol-5mL Pk (with preservative)	JUN	30.0945/Pk
02565773	Jamp Bimatoprost Solution RC	0.01% w/v	Oph Sol-5mL Pk (with preservative)	JPC	30.0945/Pk
09858395	Bimatoprost RC	0.01% w/v	Oph Sol-7.5mL Pk (with preservative)	JUN	45.1418/Pk
09858396	Jamp Bimatoprost Solution RC	0.01% w/v	Oph Sol-7.5mL Pk (with preservative)	JPC	45.1418/Pk

(Interchangeable with Lumigan RC – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02547147	Ciprofloxacin	500mg	Tab	DAC	0.5025

(Interchangeable with Cipro – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02547368	Pantoprazole	40mg	DR Tab	DAC	0.2016

(Interchangeable with Pantoloc – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02545837	PRZ-Sitagliptin	25mg	Tab	PRZ	0.8197
02545845	PRZ-Sitagliptin	50mg	Tab	PRZ	0.8197
02545853	PRZ-Sitagliptin	100mg	Tab	PRZ	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02563185	Sandoz Guanfacine XR	1mg	ER Tab	SDZ	0.7688
02563193	Sandoz Guanfacine XR	2mg	ER Tab	SDZ	0.9353
02563207	Sandoz Guanfacine XR	3mg	ER Tab	SDZ	1.1019
02563215	Sandoz Guanfacine XR	4mg	ER Tab	SDZ	1.2685

(Interchangeable with Intuniv XR – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02528592	Sandoz Tacrolimus XR	0.5mg	ER Cap	SDZ	1.6649

(Interchangeable with Advagraf – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02560445	Sitagliptin/Metformin	50mg & 500mg	Tab	SAI	0.4446
02560453	Sitagliptin/Metformin	50mg & 850mg	Tab	SAI	0.4446
02560461	Sitagliptin/Metformin	50mg & 1000mg	Tab	SAI	0.4446

(Interchangeable with Janumet – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02562367	ZDS–Mesalamine Suppositories	1000mg	Sup	ZDS	1.9097

(Interchangeable with Salofalk – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02559897	ZDS-Varenicline	0.5mg	Tab	ZDS	0.4618
02559900	ZDS-Varenicline	1mg	Tab	ZDS	0.4618

(Interchangeable with Champix – LU)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02564424	AMB-Cyproterone Acetate/Ethinyl Estradiol	2mg & 0.035mg	Tab-21 Pk	AMB	23.3394

(Interchangeable with Diane-35)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02562677	Apo-Enzalutamide	40mg	Cap	APX	7.2989
02494736	Auro-Enzalutamide	40mg	Cap	AUR	7.2989

(Interchangeable with Xtandi)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02548704	PRZ-Nebivolol	2.5mg	Tab	PRZ	1.2719
02548712	PRZ-Nebivolol	5mg	Tab	PRZ	0.7482
02548720	PRZ-Nebivolol	10mg	Tab	PRZ	1.2719
02548739	PRZ-Nebivolol	20mg	Tab	PRZ	1.2719

(Interchangeable with Bystolic)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02558424	Reddy-Enzalutamide	40mg	Cap	DRR	7.2989

(Interchangeable with Xtandi)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02558777	Taro-Lisdexamfetamine	70mg	Cap	TAR	4.6968

(Interchangeable with Vyvanse)

Limited Use Code & Clinical Criteria Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02505355	Eylea	40mg/mL	Inj Sol-0.05mL Pref Syr (Preservative-Free)	BAH
02415992	Eylea	40mg/mL	Sol for Intravitreal Inj-0.05mL Vial Pk	BAH

Codes 463, 464, 465: LU codes and criteria ended as of the May 2026 formulary update.

Products delisted from the formulary effective May 2026 formulary update.

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02245828	Clasteon	400mg	Cap	SUO	KNT
01997602	Dantrium Capsules	25mg	Cap	EDO	KNT
01947958	Duvoid	10mg	Tab	PPI	KNT
01947931	Duvoid	25mg	Tab	PPI	KNT
01947923	Duvoid	50mg	Tab	PPI	KNT
00074454	Locacorten Vioform Eardrops	0.02% & 1%	Ot Sol	PPI	KNT
02453207	Lunesta	1mg	Tab	SMT	KNT
02453215	Lunesta	2mg	Tab	SMT	KNT
02453223	Lunesta	3mg	Tab	SMT	KNT
02542137	Orgovyx	120mg	Tab	SMT	KNT
00511552	Sandomigran DS	1mg	Tab	PPI	KNT
00015741	Tapazole	5mg	Tab	PAL	KNT
02296039	Tapazole	10mg	Tab	PAL	KNT
02280248	Testim	1%	Top Gel-5g Pk	PPI	KNT
02106272	Trandate	100mg	Tab	PPI	KNT
02106280	Trandate	200mg	Tab	PPI	KNT
02538652	Xcopri	12.5mg	Tab	EVL	KNT
02538660	Xcopri	25mg	Tab	EVL	KNT
02538725	Xcopri	50mg	Tab	EVL	KNT
02538733	Xcopri	100mg	Tab	EVL	KNT
02538741	Xcopri	150mg	Tab	EVL	KNT
02538768	Xcopri	200mg	Tab	EVL	KNT
02538776	Xcopri	12.5mg & 25mg	Tab - (Starter Kit)	EVL	KNT
02538784	Xcopri	50mg & 100mg	Tab - (Starter Kit)	EVL	KNT
02538792	Xcopri	150mg & 200mg	Tab - (Starter Kit)	EVL	KNT

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02324067	Co Memantine	COB	Act Memantine	TEV	10mg	Tab
02358840	Co Raloxifene	COB	Act Raloxifene	TEV	60mg	Tab
02230733	Trinipatch	PPI	Trinipatch 0.4	KNT	0.4mg/Hr/14 Sq Cm	Patch
02230734	Trinipatch	PPI	Trinipatch 0.6	KNT	0.6mg/Hr/21 Sq Cm	Patch

Product Name Changes

DIN/PIN	Current Product Name	New Product Name	Mfr	Strength	Dosage Form
02388987	Losartan HCT	Losartan HCT DS	SIV	100mg & 25mg	Tab

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	2.1304
02523728	Apo-Guanfacine XR	1mg	ER Tab	APX	0.7688
02523736	Apo-Guanfacine XR	2mg	ER Tab	APX	0.9353
02523744	Apo-Guanfacine XR	3mg	ER Tab	APX	1.1019
02523752	Apo-Guanfacine XR	4mg	ER Tab	APX	1.2685
02540819	Eptifibatide Injection	0.75mg/mL	100mL Vial Pk	JUN	130.5465
02540827	Eptifibatide Injection	2mg/mL	10mL Vial Pk	JUN	44.5830
02396971	Epuris	10mg	Cap	CIP	1.5441
02396998	Epuris	20mg	Cap	CIP	2.1365
02397005	Epuris	30mg	Cap	CIP	2.6871
02397013	Epuris	40mg	Cap	CIP	3.1503
02523558	Jamp Guanfacine XR	1mg	ER Tab	JPC	0.7688
02523566	Jamp Guanfacine XR	2mg	ER Tab	JPC	0.9353
02523574	Jamp Guanfacine XR	3mg	ER Tab	JPC	1.1019
02523582	Jamp Guanfacine XR	4mg	ER Tab	JPC	1.2685
00178799	Phenobarb	15mg	Tab	PEN	0.0829
00178802	Phenobarb	30mg	Tab	PEN	0.0987
00178810	Phenobarb	60mg	Tab	PEN	0.1338
00178829	Phenobarb	100mg	Tab	PEN	0.1831
02453819	Praluent	75mg/mL	Inj Sol-Pref Pen	SAC	273.4500
02453835	Praluent	150mg/mL	Inj Sol-Pref Pen	SAC	273.4500
02547732	Praluent	300mg/2mL	Inj Sol-Pref Pen 2mL Pk (Preservative-Free)	SAC	546.9000
02242810	Scopolamine Hydrobromide Injection	0.4mg/mL	Inj Sol (Preservative Free)	OMG	6.6467
02242811	Scopolamine Hydrobromide Injection	0.6mg/mL	Inj Sol (Preservative Free)	OMG	7.1878
02421186	Taro-Testosterone	40mg	Cap	TAR	0.5649

Drug Benefit Price (DBP) Changes (Continued)



PIN/NPN	Product Name	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000 Kcal	Cost (\$) Per Pkg	Amt (\$) MOH Pays	Amt (\$) Patient Pays
09857634	Beneprotein	25Kcal/7g Pd-7g Pk Sachet (Unflavoured)	NES	27.07	0.68	0.40	0.28
09857635	Beneprotein	810.7143Kcal/227g Pd-227g Pk Canister (Unflavoured)	NES	27.07	21.95	12.89	9.06

Discontinued Product

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02338327	Adcirca	20mg	Tab	LIL
00000817	Isopto Tears	1%	Oph-Sol	ALC
02458640	Lixiana	15mg	Tab	SEV
02458659	Lixiana	30mg	Tab	SEV
02458667	Lixiana	60mg	Tab	SEV
02527804	Paxlovid	150mg & 100mg	Tab-20 Pk	PFI
00708917	Provera	2.5mg	Tab	PFI
00030937	Provera	5mg	Tab	PFI
00729973	Provera	10mg	Tab	PFI
02487454	Skyrizi	75mg/0.83mL	Inj Sol-0.83mL Pref Syr (Preservative-Free)	ABV

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02237923	Avapro	75mg	Tab	SAV
01916858	Clavulin	500mg & 125mg	Tab	GSK
02238829	Clavulin (BID)	875mg & 125mg	Tab	GSK
02438070	Cosentyx	150mg/mL	Inj Sol-Pref Syr	NOV
02018144	Cyclomen	50mg	Cap	SAV
02301482	Cymbalta	30mg	DR Cap	LIL
02301490	Cymbalta	60mg	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
02322498	PMS-Testosterone	40mg	Cap	PMS
00636622	Prozac	20mg	Cap	LIL
02261936	Sandoz Diclofenac	100mg	Sup	SDZ
00578576	Stieva-A	0.025%	Cr	STI
00518182	Stieva-A	0.05%	Cr	STI
00657204	Stieva-A	0.01%	Cr	STI
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
00886157	Zovirax	200mg/5mL	Oral Susp	GLW