

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2022

Effective May 31, 2022

Drug Programs Policy and Strategy Branch
OHIP, Pharmaceuticals and Devices Division
Ministry of Health

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Table of Contents

New Single Source Products	3
New Multi-Source Products.....	6
New Off-Formulary Interchangeable (OFI) Products.....	9
Limited Use Code & Clinical Criteria Changes.....	11
Manufacturer Name Changes	12
Product Brand and Manufacturer Name Changes	13
Drug Benefit Price (DBP) Changes.....	14
Discontinued Products	16
Delisted Products.....	17

New Single Source Products

Generic Name: ADALIMUMAB

DIN/PIN	Brand Name	Strength	Dosage Form*	Mfr	DBP	LU Code
02502380	Hulio	20mg/0.4mL	Inj Sol-0.4mL Pref Syr	BGP	235.6350/ Pref Syr	600 to 607, 609, 611
02523779	Yuflyma	100mg/mL	Inj Sol-0.4mL Pref Autoinj Pen	CEH	471.2700/ Pref Autoinj Pen	600, 602 to 607, 609, 633, 634
02523760	Yuflyma	100mg/mL	Inj Sol-0.4mL Pref Syr	CEH	471.2700/ Pref Syr	600, 602 to 607, 609, 633, 634
02523949	Simlandi	40mg/0.4mL	Inj Sol-0.4mL Pref Syr	JPC	471.2700/ Pref Syr	600, 602 to 607, 609, 633, 634
02523957	Simlandi	40mg/0.4mL	Inj Sol-0.4mL Pref Syr with Autoinj	JPC	471.2700/ Pref Syr with Autoinj	600, 602 to 607, 609, 633, 634
02523965	Simlandi	80mg/0.8mL	Inj Sol-0.8mL Pref Syr	JPC	942.5400/ Pref Syr	600, 602 to 607, 609, 633, 634
02511045	Abrilada	40mg/0.8mL	Inj Sol-0.8mL Pref Pen	PFI	471.2700/ Pref Pen	600 to 607, 609, 611
02511053	Abrilada	40mg/0.8mL	Inj Sol-0.8mL Pref Syr	PFI	471.2700/ Pref Syr	600 to 607, 609, 611

*All formulations are preservative-free.

For the LU criteria text of LU codes 600 to 607, 609 and 611, please see the LU criteria of the currently listed adalimumab drugs with these LU codes on the e-Formulary.

Code 633

Polyarticular Juvenile Idiopathic Arthritis

For the treatment of polyarticular juvenile idiopathic arthritis (pJIA) in patients who have active disease (greater than or equal to 3 swollen joints and greater than or equal to 5 active joints) despite a trial of optimal doses of subcutaneously administered methotrexate (i.e. 15mg/m² per week) for at least 3 months. If the patient is unable to tolerate or has a contraindication to subcutaneous methotrexate, the nature of the intolerance or contraindication should be documented.

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20 percent reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year. For funding beyond the second year, the patient must demonstrate objective evidence of preservation of treatment effect.

Therapy must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

The recommended dosing regimen is for pediatric patients 2 years of age and older:

- 30kg and greater: 40mg every other week

Prescribers should be informed and stay current with a drug's official Health Canada approved product monograph including available dosage formats.

LU Authorization Period: 1 year

Code 634

For the treatment of severe uveitis in patients meeting the following criteria:

A. Has experienced failure or intolerance to an oral corticosteroid (or topical corticosteroid for anterior uveitis) or where the use of corticosteroids is contraindicated, and has experienced failure or intolerance to at least one immunosuppressive therapy;
AND

B. Treatment must be prescribed by an ophthalmologist specialized in uveitis or retinal disease, a uveitis specialist, or a retina specialist familiar with ocular inflammatory diseases.

Requests not meeting the above criteria may be considered on a case-by-case basis through the Exceptional Access Program.

The recommended adult dose is an initial 80mg administered subcutaneously at week 0, followed by 40mg subcutaneously given every other week starting at week 1, as approved by Health Canada.

Note: Higher doses up to 40mg weekly may be considered in patients who have failed to respond to lower doses.

The recommended dose for pediatric patients (2 years or older) with anterior uveitis is: 30kg or greater: 40mg every other week in combination with methotrexate

For patients 6 years of age or older and weighing 30kg or greater, an optional loading dose of 80mg at week 0 may be administered before starting maintenance therapy.

Prescribers should be informed and stay current with a drug's official Health Canada approved product monograph including available dosage formats.

Maintenance/Renewals:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria and who have experienced improvement and/or stability of vision and other treatment goals (e.g. reduction or control of ocular inflammation).

LU Authorization Period: 1 year

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
02522861	Accel-Duloxetine	30mg	DR Cap	ACC	0.3611
02522888	Accel-Duloxetine	60mg	DR Cap	ACC	0.7327

(Interchangeable with Cymbalta – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521342	Darunavir	600mg	Tab	JPC	4.2970
02521350	Darunavir	800mg	Tab	JPC	5.8295

(Interchangeable with Prezista – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02518805	Jamp Bisoprolol	5mg	Tab	JPC	0.0606
02518791	Jamp Bisoprolol	10mg	Tab	JPC	0.0885

(Interchangeable with Monacor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02514966	Mar-Ondansetron ODT	4mg	Orally Disintegrating Tab	MAR	3.2720
02514974	Mar-Ondansetron ODT	8mg	Orally Disintegrating Tab	MAR	4.9930

(Interchangeable with Zofran ODT – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519054	Mint-Buspirone	10mg	Tab	MIN	0.2713

(Interchangeable with Buspar – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02507234	PMSC-Atorvastatin	10mg	Tab	PMS	0.1743
02507242	PMSC-Atorvastatin	20mg	Tab	PMS	0.2179
02507250	PMSC-Atorvastatin	40mg	Tab	PMS	0.2342

(Interchangeable with Lipitor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519445	PMS-Ondansetron ODT	4mg	Orally Disintegrating Tab	PMS	3.2720
02519453	PMS-Ondansetron ODT	8mg	Orally Disintegrating Tab	PMS	4.9930

(Interchangeable with Zofran ODT – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02352974	Olanzapine ODT	5mg	Orally Disintegrating Tab	SAI	0.3574
02352990	Olanzapine ODT	15mg	Orally Disintegrating Tab	SAI	1.0711

(Interchangeable with Zyprexa Zydis – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521075	Sandoz Lurasidone	20mg	Tab	SDZ	3.6750
02521091	Sandoz Lurasidone	40mg	Tab	SDZ	3.6750
02521105	Sandoz Lurasidone	60mg	Tab	SDZ	3.6750
02521113	Sandoz Lurasidone	80mg	Tab	SDZ	3.6750

(Interchangeable with Latuda – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02492598	Taro-Ticagrelor	90mg	Tab	TAR	1.1880

(Interchangeable with Brilinta – LU)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02518015	Apo-Eletriptan Tablets	20mg	Tab	APX	10.0850
02518023	Apo-Eletriptan Tablets	40mg	Tab	APX	10.0850

(Interchangeable with Relpax)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02517353	Jamp Cetirizine Tablets	20mg	Tab	JPC	0.7535

(Interchangeable with Reactine)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02495139	Jamp Desvenlafaxine	50mg	ER Tab	JPC	2.3409
02495147	Jamp Desvenlafaxine	100mg	ER Tab	JPC	2.3409

(Interchangeable with Pristiq)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02519682	M-Betahistine	8mg	Tab	MAT	0.2259
02519690	M-Betahistine	16mg	Tab	MAT	0.3557
02519704	M-Betahistine	24mg	Tab	MAT	0.4983

(Interchangeable with Serc)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02520109	M-Esomeprazole	20mg	DR Tab	MAT	1.8690
02520117	M-Esomeprazole	40mg	DR Tab	MAT	1.8690

(Interchangeable with Nexium)

New Off-Formulary Interchangeable (OFI) Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02524198	Mar-Clonidine	0.025mg	Tab	MAR	0.2713

(Interchangeable with Dixarit)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02521806	NRA-Cetirizine	20mg	Tab	NRA	0.7535

(Interchangeable with Reactine)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02278030	Riva-Zopiclone	5mg	Tab	RIA	0.2231
02278049	Riva-Zopiclone	7.5mg	Tab	RIA	0.4685

(Interchangeable with Imovane)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02521172	Olopatadine	0.1% w/v	Oph Sol-5mL Pk (With Preservative)	SAI	26.1300

(Interchangeable with Patanol)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02492571	Taro-Ticagrelor	60mg	Tab	TAR	1.2844

(Interchangeable with Brilinta)

Limited Use Code & Clinical Criteria Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02505258	Hyrimoz	20mg/0.4mL	Inj Sol-0.4mL Pref Syr (Preservative-Free)	SDZ
02492156	Hyrimoz	40mg/0.8mL	Inj Sol-0.8mL Pref Autoinj (Preservative-Free)	SDZ
02492164	Hyrimoz	40mg/0.8mL	Inj Sol-0.8mL Pref Syr (Preservative-Free)	SDZ

Addition of Limited Use Codes & Clinical Criteria:

Codes 607 and 611

The LU criteria for LU codes 607 and 611 are the same as for the currently listed adalimumab biosimilars. Please refer to the e-Formulary for the full text.

Removal of Limited Use Codes & Clinical Criteria:

Codes 608 and 612

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02441934	Act Methylphenidate ER	18mg	SR Tab	ACV	TEV
02441942	Act Methylphenidate ER	27mg	SR Tab	ACV	TEV
02441950	Act Methylphenidate ER	36mg	SR Tab	ACV	TEV
02441969	Act Methylphenidate ER	54mg	SR Tab	ACV	TEV
02361701	Vimovo	375mg & 20mg	MR Tab	AZC	XED
02361728	Vimovo	500mg & 20mg	MR Tab	AZC	XED

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02423855	Act Esomeprazole	ACV	Teva- Esomeprazole	TEV	20mg	DR Tab
02423863	Act Esomeprazole	ACV	Teva- Esomeprazole	TEV	40mg	DR Tab
02246859	Apo-Feno- Super	APX	AA-Feno- Super	AAP	100mg	Tab
02246860	Apo-Feno- Super	APX	AA-Feno- Super	AAP	160mg	Tab
00646059	Apo- Hydroxyzine	APX	Hydroxyzine	AAP	10mg	Cap
00646024	Apo- Hydroxyzine	APX	Hydroxyzine	AAP	25mg	Cap
00646016	Apo- Hydroxyzine	APX	Hydroxyzine	AAP	50mg	Cap

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02420333	AA-Adefovir	10mg	Tab	AAP	20.9130
02243180	AA-Feno-Micro	67mg	Cap	AAP	0.5733
02246859	AA-Feno-Super	100mg	Tab	AAP	0.9883
02242504	Butorphanol Nasal Spray	10mg/mL	Nas Sp-2.5mL Pk	AAP	64.0200
02352923	Enalapril Maleate/HCTZ	5mg & 12.5mg	Tab	AAP	0.8762
02352931	Enalapril Maleate/HCTZ	10mg & 25mg	Tab	AAP	1.2284
02246084	Ipavent	0.06%	Nasal Spray	AAP	2.0720/mL
02266695	Lithmax	300mg	ER Tab	AAP	0.2880
02410745	Lorazepam Sublingual	0.5mg	SL Tab	AAP	0.1046
02410753	Lorazepam Sublingual	1mg	SL Tab	AAP	0.1318
02410761	Lorazepam Sublingual	2mg	SL Tab	AAP	0.2048
02238639	Nabumetone	500mg	Tab	AAP	0.7363
02469677	Pinaverium	50mg	Tab	AAP	0.3100
02469685	Pinaverium	100mg	Tab	AAP	0.5405
02259893	Tizanidine	4mg	Tab	AAP	0.8333
02245663	Trimebutine	100mg	Tab	AAP	0.3107
02245664	Trimebutine	200mg	Tab	AAP	0.7304
02474263	Humira	20mg/0.2mL	Inj Sol-Pref Syr Pk	ABV	397.0500
09857294	Humira	40mg/0.8mL	Inj Sol-Pref Pen Pk	ABV	794.1000
02258595	Humira	40mg/0.8mL	Inj Sol-Pref Syr Pk	ABV	794.1000
09854785	Humira (Pediatric)	40mg/0.8mL	Inj Sol-Vial Pk	ABV	794.1000
02458039	Venclexta	10mg	Tab	ABV	7.0800
02458047	Venclexta	50mg	Tab	ABV	35.4000
02458055	Venclexta	100mg	Tab	ABV	70.8000
02458063	Venclexta	10mg & 50mg & 100mg	Tabs (Starter Kit Pk)	ABV	1833.7200
02487241	Apo-Darunavir	600mg	Tab	APX	4.2970
02487268	Apo-Darunavir	800mg	Tab	APX	5.8295
02250055	Apo-Dexamethasone	4mg	Tab	APX	0.6112

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02486121	Auro-Darunavir	600mg	Tab	AUR	4.2970
02486148	Auro-Darunavir	800mg	Tab	AUR	5.8295
02239156	Polysporin Eye and Ear Drops Sterile	10000U & 0.025mg/mL	Oph/Ot Sol	JAJ	0.8619/mL
02275074	Odan Bupropion SR	100mg	Tab	ODN	0.3094
02275082	Odan Bupropion SR	150mg	Tab	ODN	0.5394
01964070	PMS-Dexamethasone	4mg	Tab	PMS	0.6112
02413140	Sandoz Tolterodine LA	2mg	SR Cap	SDZ	0.9822
02413159	Sandoz Tolterodine LA	4mg	SR Cap	SDZ	0.9822
00800430	Vancocin	125mg	Cap	SLP	5.1800
00788716	Vancocin	250mg	Cap	SLP	10.3600
02412195	Teva-Tolterodine LA	2mg	SR Cap	TEV	0.9822
02412209	Teva-Tolterodine LA	4mg	SR Cap	TEV	0.9822

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02400111	Jamp-Alprazolam	0.25mg	Tab	JPC
02400138	Jamp-Alprazolam	0.5mg	Tab	JPC
02400146	Jamp-Alprazolam	1mg	Tab	JPC
02400154	Jamp-Alprazolam	2mg	Tab	JPC
02063794	Emcyt	140mg	Cap	PFI

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02412691	Act Dutasteride	0.5mg	Cap	ACV
02035324	Rhinocort Turbuhaler	100mcg/Metered Dose	Nas Aero 200 Dose	AZC
02049961	Tenoretic 50/25	50 & 25mg	Tab	AZC
02049988	Tenoretic 100/25	100 & 25mg	Tab	AZC
02112736	Cortenema	100mg/60mL	Enema-60mL Pk	BFI
02258110	Co Alendronate	70mg	Tab	COB
02255545	Co Atenolol	50mg	Tab	COB
02255553	Co Atenolol	100mg	Tab	COB
02354462	Co Finasteride	5mg	Tab	COB
02282585	Co Risperidone	0.25mg	Tab	COB
02282593	Co Risperidone	0.5mg	Tab	COB
02282607	Co Risperidone	1mg	Tab	COB
02282615	Co Risperidone	2mg	Tab	COB
02282623	Co Risperidone	3mg	Tab	COB
02282631	Co Risperidone	4mg	Tab	COB
02404184	Mylan-Tolterodine ER	2mg	SR Cap	MYL
02404192	Mylan-Tolterodine ER	4mg	SR Cap	MYL
02325373	PMS-Bupropion SR	100mg	Tab	PMS
02313421	PMS-Bupropion SR	150mg	Tab	PMS
02285657	Ratio-Bupropion SR	100mg	Tab	RPH
02285665	Ratio Bupropion SR	150mg	Tab	RPH
02179709	Lozide	1.25mg	Tab	SEV
02249294	Taro-Fluconazole	50mg	Tab	TAR
02249308	Taro-Fluconazole	100mg	Tab	TAR
02433680	Van-Mycophenolate	250mg	Cap	VAN
02432625	Van-Mycophenolate	500mg	Tab	VAN
02428008	Van-Olanzapine	2.5mg	Tab	VAN
02428016	Van-Olanzapine	5mg	Tab	VAN
02428024	Van-Olanzapine	7.5mg	Tab	VAN
02428032	Van-Olanzapine	10mg	Tab	VAN
02428040	Van-Olanzapine	15mg	Tab	VAN
02432404	Van-Omeprazole	20mg	DR Tab	VAN
09857530	Van-Omeprazole	20mg	DR Tab	VAN

Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02448440	Van-Ondansetron	4mg	Tab	VAN
02448467	Van-Ondansetron	8mg	Tab	VAN
02428164	Van-Pantoprazole	40mg	Ent Tab	VAN
02434024	Van-Quetiapine	25mg	Tab	VAN
02434032	Van-Quetiapine	100mg	Tab	VAN
02434040	Van-Quetiapine	200mg	Tab	VAN
02434059	Van-Quetiapine	300mg	Tab	VAN
02438860	Van-Ramipril	1.25mg	Cap	VAN
02438879	Van-Ramipril	2.5mg	Cap	VAN
02438887	Van-Ramipril	5mg	Cap	VAN
02438895	Van-Ramipril	10mg	Cap	VAN
02427761	Van-Sertraline	25mg	Cap	VAN
02427788	Van-Sertraline	50mg	Cap	VAN
02427796	Van-Sertraline	100mg	Cap	VAN
02434164	Van-Telmisartan	40mg	Tab	VAN
02434172	Van-Telmisartan	80mg	Tab	VAN

