

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – March 2023
Effective March 31, 2023

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

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New Single Source Products

Generic Name: BIMEKIZUMAB

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02525275	Bimzelx	160mg/mL	Inj Sol-1mL Pref Autoinj (Preservative-Free)	UCB	1625.0000/ Pref Autoinj
02525267	Bimzelx	160mg/mL	Inj Sol-1mL Pref Syr (Preservative-Free)	UCB	1625.0000/ Pref Syr

Reason For Use Code and Clinical Criteria

Code 641

For the treatment of severe (see Note 1 below) plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies (see Note 2 below).

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

Note 1: 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.

New Single Source Products (Continued)

Note 2: 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

Approvals will only allow for standard dosing for Bimzelx 320mg subcutaneously every 4 weeks for the first 16 weeks, and every 8 weeks thereafter. If the patient has not responded adequately after 16 weeks of treatment at the Health Canada approved dose, higher doses are not recommended and the physician should consider switching to an alternative biologic agent.

LU Authorization Period: 1 year

Temporary Product Identification Numbers (PINs)

Generic Name: INSULIN LISPRO

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
09858243	Humalog	100U/mL	Inj Sol-10mL Pk	LIL	31.4400
09858242	Humalog	100U/mL	Inj Sol-5x3mL Pk	LIL	62.4600
09858241	Humalog	100U/mL	Inj Sol-Pref Pen 5x3mL Pk (Junior KwikPen)	LIL	66.0300
09858240	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL	62.0200

For the use of these temporary PINs, please refer to the Executive Officer Notice on this subject.

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
02524023	Auro-Methotrexate	2.5mg	Tab	AUR	0.2513

(Interchangeable with PMS-Methotrexate – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529866	Auro-Sitagliptin	25mg	Tab	AUR	0.8197
02529874	Auro-Sitagliptin	50mg	Tab	AUR	0.8197
02529882	Auro-Sitagliptin	100mg	Tab	AUR	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02513102	Jamp Atazanavir	150mg	Cap	JPC	2.8386
02513110	Jamp Atazanavir	200mg	Cap	JPC	2.8552

(Interchangeable with Reyataz – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02415283	Jamp Rabeprazole	10mg	DR Tab	JPC	0.0669

(Interchangeable with Pariet – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02534134	Jamp Sitagliptin	25mg	Tab	JPC	0.8197
02534142	Jamp Sitagliptin	50mg	Tab	JPC	0.8197
02534150	Jamp Sitagliptin	100mg	Tab	JPC	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02503115	PMS-Fluticasone HFA	50mcg/Actuation	Inh-120 Dose Pk	PMS	21.3150

(Interchangeable with Flovent HFA – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02504049	Sandoz Sitagliptin	25mg	Tab	SDZ	0.8197
02504057	Sandoz Sitagliptin	50mg	Tab	SDZ	0.8197
02504065	Sandoz Sitagliptin	100mg	Tab	SDZ	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02503956	Sandoz Sitagliptin-Metformin	50mg/500mg	Tab	SDZ	0.8893
02503964	Sandoz Sitagliptin-Metformin	50mg/850mg	Tab	SDZ	0.8893
02503972	Sandoz Sitagliptin-Metformin	50mg/1000mg	Tab	SDZ	0.8893

(Interchangeable with Janumet – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529041	Sitagliptin	50mg	Tab	SIV	0.8197
02529068	Sitagliptin	100mg	Tab	SIV	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531631	Taro-Sitagliptin Fumarate	25mg	Tab	TAR	0.8197
02531658	Taro-Sitagliptin Fumarate	50mg	Tab	TAR	0.8197
02531666	Taro-Sitagliptin Fumarate	100mg	Tab	TAR	0.8197

(Interchangeable with Januvia – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02524104	Auro-Apremilast	30mg	Tab	AUR	18.7237

(Interchangeable with Otezla DIN 02434334)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02528959	Jamp Apremilast	30mg	Tab	JPC	18.7238

(Interchangeable with Otezla DIN 02434334)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02528967	Jamp Apremilast	10mg & 20mg & 30mg	Tab-27 Blister Starter Pk	JPC	505.5426/Pk

(Interchangeable with Otezla Starter Pk DIN 02434318)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02530333	Jamp Posaconazole	40mg/mL	Oral Susp (Cherry Flavour)	JPC	8.2765/mL

(Interchangeable with Posanol)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02518759	Jamp Tramadol HCl	50mg	Tab	JPC	0.6386

(Interchangeable with Ultram)

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02529432	M-Fluoxetine	10mg	Cap	MAT	1.1773

(Interchangeable with Prozac)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02532840	Sandoz Sunitinib	12.5mg	Cap	SDZ	55.3553
02532867	Sandoz Sunitinib	25mg	Cap	SDZ	110.7100
02532883	Sandoz Sunitinib	50mg	Cap	SDZ	221.4208

(Interchangeable with Sutent)

Additional Limited Use Codes & Clinical Criteria

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	LU Codes Added
02251930	Lantus-(Cartridge)	100U/mL	Inj Sol-5x3mL Pk	SAV	642, 643
02294338	Lantus Solostar	100U/mL	Inj Sol-5x3mL Pk	SAV	642, 643
02245689	Lantus-(Vial)	100U/mL	Inj Sol-10mL Vial Pk	SAV	642, 643, 644
02245397	NovoRapid	100U/mL	Inj Sol-10mL Pk	NOO	642, 643, 644, 646
02377209	NovoRapid FlexTouch	100U/mL	Inj Sol-Prefil 5X3mL Pk Disposable Pen	NOO	642, 643
02244353	NovoRapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO	642, 643
09853715	Humalog	100U/mL	Inj Sol-5x3mL Pk	LIL	642, 643
02229704	Humalog	100U/mL	Inj Sol-10mL Pk	LIL	642, 643, 646
02470152	Humalog	100U/mL	Inj Sol-Pref Pen 5x3mL Pk (Junior KwikPen)	LIL	642, 643
02403412	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL	642, 643

Limited Use Code & Clinical Criteria Changes (Continued)

Limited Use Codes & Clinical Criteria

Code 642

Patient established on therapy prior to March 31, 2023 who is or has become pregnant during the biosimilar transition period between March 31, 2023 to December 28, 2023.

LU Authorization Period: One period of up to 12 months

Code 643

Patient established on therapy prior to March 31, 2023 who is or becomes palliative requiring end-of life care during the biosimilar transition period between March 31, 2023 to December 28, 2023.

LU Authorization Period: One period of up to 12 months

Code 644

Patient requires insulin therapy and is unable to use the insulin pen.

LU Authorization Period: 1 year

Code 646

Patient uses an insulin pump that has not been declared compatible with a funded biosimilar version by the insulin pump manufacturer's product labeling.

LU Authorization Period: 1 year

The currently existing LU codes and criteria of these drugs (i.e., LU Codes 388, 389, 390, 599, 614, 628) remain unchanged.

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02242115	Exelon	1.5mg	Cap	NOV	KNT
02242116	Exelon	3mg	Cap	NOV	KNT
02242117	Exelon	4.5mg	Cap	NOV	KNT
02242118	Exelon	6mg	Cap	NOV	KNT
02302845	Exelon Patch 5	9mg/5 Sq Cm	Trans Patch	NOV	KNT
02302853	Exelon Patch 10	18mg/10 Sq Cm	Trans Patch	NOV	KNT
02432803	Exelon Patch 15	13.3mg/24hr	Trans Patch	NOV	KNT

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 31, 2023). It is accessible from the ministry’s website:

http://www.health.gov.on.ca/en/pro/programs/drugs/edition_43.aspx.

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02287145	Fosrenol	250mg	Chew Tab	TAK
02146959	Lipidil Micro	200mg	Cap	SPH
00513997	Sinemet	100mg & 25mg	Tab	OCI
00328219	Sinemet	250mg & 25mg	Tab	OCI

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02369362	Acuvail	0.45%	Oph Sol-0.4mL Vial Pk	ALL
02239653	Androderm	12.2mg	Transdermal Patch	WAT
00299405	Pred Mild	0.12%	Oph Susp	ALL
02407515	Taro-Carbamazepine	200mg	Tab	TAR

