

# **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/<br>Pref Autoinj |
| 02525267 | Bimzelx    | 160mg/mL | Inj Sol-1mL Pref Syr (Preservative-Free)     | UCB | 1625.0000/<br>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<br>(Junior KwikPen) | LIL | 66.0300 |
| 09858240 | Humalog<br>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](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 |



