

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2023
Effective May 31, 2023

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

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Single Source Products

Generic Name: KETOROLAC TROMETHAMINE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02369362*	Acuvail	0.45% w/v	Oph Sol-0.4mL Vial Pk (Preservative-Free)	ABV	0.2593/Pk

* This product is relisted.

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
02439344	Ach-Solifenacin Succinate	5mg	Tab	ACH	0.3041
02439352	Ach-Solifenacin Succinate	10mg	Tab	ACH	0.3041

(Interchangeable with Vesicare – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02528258	Candesartan	4mg	Tab	SIV	0.1700
02528266	Candesartan	32mg	Tab	SIV	0.2281

(Interchangeable with Atacand – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519836	Jamp Alendronate/Vitamin D3	70mg/5600IU	Tab	JPC	2.4348

(Interchangeable with Fosavance – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531844	Jamp Amiodarone	200mg	Tab	JPC	0.3706

(Interchangeable with Cordarone – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02449226	Jamp-Brimonidine	0.2% w/v	Oph Sol (With Preservative)	JPC	1.1550/mL

(Interchangeable with Alphagan – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02527928	M-Quetiapine Fumarate XR	50mg	ER Tab	MAT	0.2501
02527936	M-Quetiapine Fumarate XR	150mg	ER Tab	MAT	0.4926
02527944	M-Quetiapine Fumarate XR	200mg	ER Tab	MAT	0.6661
02527952	M-Quetiapine Fumarate XR	300mg	ER Tab	MAT	0.9776
02527960	M-Quetiapine Fumarate XR	400mg	ER Tab	MAT	1.3270

(Interchangeable with Seroquel XR – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02533316	Sandoz Alfacalcidol	0.25mcg	Cap	SDZ	0.4313
02533324	Sandoz Alfacalcidol	1mcg	Cap	SDZ	1.2911

(Interchangeable with One-Alpha – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02515989	Ach-Tadalafil	5mg	Tab	ACH	3.6470
02515997	Ach-Tadalafil	10mg	Tab	ACH	11.9250
02516004	Ach-Tadalafil	20mg	Tab	ACH	12.3575

(Interchangeable with Cialis)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02524120	Auro-Apremilast	10mg & 20mg & 30mg	Tab-27 Blister Starter Pk	AUR	505.5426/Pk

(Interchangeable with Otezla Starter Pk DIN 02434318)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02533243	Auro-Febuxostat	80mg	Tab	AUR	1.3515

(Interchangeable with Uloric)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02535106	Desvenlafaxine	50mg	ER Tab	SAI	2.3409
02535114	Desvenlafaxine	100mg	ER Tab	SAI	2.3409

(Interchangeable with Pristiq)

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02530090	Nat-Everolimus	2.5mg	Tab	NAT	172.2559
02530104	Nat-Everolimus	5mg	Tab	NAT	172.2559
02530120	Nat-Everolimus	10mg	Tab	NAT	172.2559

(Interchangeable with Afinitor)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02530236	NRA-Cetirizine Tablets	20mg	Tab	NRA	0.7535

(Interchangeable with Reactine)

Transition from Exceptional Access Program to Limited Use

Generic Name: TERIFLUNOMIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02416328	Aubagio	14mg	Tab	SAG	60.2464
02502933	Ach-Teriflunomide	14mg	Tab	ACH	14.9300
02500639	Apo-Teriflunomide	14mg	Tab	APX	14.9300
02504170	Jamp Teriflunomide	14mg	Tab	JPC	14.9300
02523833	M-Teriflunomide	14mg	Tab	MAT	14.9300
02500469	Mar-Teriflunomide	14mg	Tab	MAR	14.9300
02500310	Nat-Teriflunomide	14mg	Tab	NAT	14.9300
02500434	PMS-Teriflunomide	14mg	Tab	PMS	14.9300
02505843	Sandoz Teriflunomide	14mg	Tab	SDZ	14.9300
02501090	Teva-Teriflunomide	14mg	Tab	TEV	14.9300

Reason For Use Code and Clinical Criteria

Code 647

For the treatment of Relapsing Remitting Multiple Sclerosis (RRMS) in adult patients with active disease meeting ALL the following criteria:

1. 18 years of age or older; AND
2. Diagnosis of RRMS is in accordance with the McDonald 2017 criteria demonstrating dissemination of lesions in the central nervous system in space and time meeting the following:
 - 2 or more attacks (Note 1) and clinical evidence of 2 or more lesions (Note 2); OR
 - 2 or more attacks and clinical evidence of 1 lesion with clear historical evidence of a prior attack involving a lesion in a different location;

Transition from Exceptional Access Program to Limited Use (Continued)

Note 1: If the patient has experienced only one attack, the patient must meet ONE of the additional criteria of dissemination in time in the list below:

- Additional clinical attack
- Simultaneous presence of both enhancing and non-enhancing, symptomatic or asymptomatic MS-typical MRI lesions; OR a new T2 or enhancing MRI lesion compared to a baseline scan (without regard to timing of baseline scan)
- Presence of cerebrospinal fluid (CSF)-specific oligoclonal bands

Note 2: If the patient has evidence of only one lesion the patient must meet ONE of the additional criteria of dissemination in space in the list below:

- additional clinical attack implicating different CNS site
- 1 or more MS-typical T2 lesions in 2 or more areas of the Central Nervous System (CNS): periventricular, cortical, juxtacortical, infratentorial or spinal cord

AND

3. Patient has experienced a clinical relapse and/or new MS lesions in the last 2 years; AND
4. Patient has an Expanded Disability Status Scale (EDSS) score less than 6.0 before start of therapy; AND
5. Teriflunomide is used as monotherapy; AND
6. The drug request is from a neurologist experienced in the management of RRMS.

Exclusion Criteria:

1. Combination therapy with another disease modifying therapy for RRMS will not be reimbursed.
2. Patients with an EDSS score equal to or greater than 7.0.

LU Authorization Period: 1 year

Transition from Exceptional Access Program to Limited Use (Continued)

Renewal Criteria:

Teriflunomide may be continued for the treatment of RRMS for patients who have not experienced a suboptimal response with teriflunomide monotherapy and who have an EDSS score less than 7.0.

Patients who continue to experience clinical attacks or increased lesions or worsening EDSS should be evaluated for appropriateness of therapy and consideration of other treatment options available on the ODB formulary or through the Exceptional Access Program.

Renewal duration: 1 year

Recommended Dose: 14mg once daily

Refer to the product monograph for prescribing information.

Additional Limited Use Code & Clinical Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02496976	Beovu	6mg/0.05mL	Inj Sol-0.05mL Pref Syr (Preservative-Free)	NOV

Reason For Use Code and Clinical Criteria

Code 648

For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and who have a hemoglobin A1c of less than 12 percent.

Treatment should be initiated with an intravitreal injection every 6 weeks for the first 5 consecutive doses, followed by one injection every 8 to 12 weeks. An interval of 8 weeks may be considered for those with disease activity, whereas an interval of up to 12 weeks may be considered for those without disease activity.

After the first 5 initiation doses, the interval between two doses should not be shorter than 8 weeks.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

For clarity, coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Beovu. Coverage will NOT be provided for patients who have failed to respond to another anti-VEGF agent.

LU Authorization Period: 1 year

Therapeutic Note Revision

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02355337	Apo-Imatinib	100mg	Tab	APX
02397285	Nat-Imatinib	100mg	Tab	NAT
02355345	Apo-Imatinib	400mg	Tab	APX
02397293	Nat-Imatinib	400mg	Tab	NAT

Revised Therapeutic Note (Replacing Current TN)

Pharmacists and prescribers should be informed of a drug product's official indications as set out in Health Canada's approved product monograph.

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02416328	Aubagio	14mg	Tab	GZM	SAG

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
00441643	Apo-Ibuprofen	200mg	Tab	APX	0.0309
00506052	Apo-Ibuprofen	400mg	Tab	APX	0.0468
02305062	Apo-Metformin ER	500mg	ER Tab	APX	0.5867
02460653	Apo-Metformin ER	1000mg	ER Tab	APX	1.1790
02391805	Aranesp	200mcg/0.4mL	Pref Syr-0.4mL Pk	AMG	701.0200
02391821	Aranesp	300mcg/0.6mL	Pref Syr-0.6mL Pk	AMG	1082.9500
02392364	Aranesp	500mcg/1.0mL	Pref Syr-1.0mL Pk	AMG	1804.9400
00015229	Aventyl	10mg	Cap	AAP	0.2995
00015237	Aventyl	25mg	Cap	AAP	0.6054
02243158	Clindoxyl	1% & 5%	Gel	STI	0.7500/g
02249510	Midamor	5mg	Tab	AAP	0.3297
00511528	Mogadon	5mg	Tab	AAP	0.1826
00511536	Mogadon	10mg	Tab	AAP	0.2732
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG	419.1500
02459779	Repatha	120mg/mL	Inj Sol-Pref Cart of 3.5mL Pk	AMG	587.7500
02446057	Repatha	140mg/mL	Inj Sol-Pref Syr Autoinj	AMG	271.2700
00604453	Restoril	15mg	Cap	AAP	0.2461
00604461	Restoril	30mg	Cap	AAP	0.2980
02327155	Sandoz Fentanyl Patch	75mcg/hr	Trans Patch	SDZ	22.6500
02327163	Sandoz Fentanyl Patch	100mcg/hr	Trans Patch	SDZ	28.1950
00024325	Sinequan	10mg	Cap	AAP	0.4075
00024333	Sinequan	25mg	Cap	AAP	0.5000
00024341	Sinequan	50mg	Cap	AAP	0.9274

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02282976	Teva-Fentanyl	75mcg/hr	Trans Patch	TEV	22.6500
02282984	Teva-Fentanyl	100mcg/hr	Trans Patch	TEV	28.1950
00271373	Winpred	1mg	Tab	AAP	0.1276

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02245972	Androderm	24.3mg	Transdermal Patch	WAT
02060884	Betnesol	5mg/100mL	Enema-100mL Pk	PAL
02386887	Co Fentanyl Matrix Patch	75mcg/hr	Trans Patch	COB
02386895	Co Fentanyl Matrix Patch	100mcg/hr	Trans Patch	COB
02190885	Glucobay	50mg	Tab	BAY
02190893	Glucobay	100mg	Tab	BAY
02341379	PMS-Fentanyl MTX	12mcg/hr	Trans Patch	PMS
02341409	PMS-Fentanyl MTX	75mcg/hr	Trans Patch	PMS
02341417	PMS-Fentanyl MTX	100mcg/hr	Trans Patch	PMS
02330148	Ran-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	RAN
02330156	Ran-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	RAN
02361663	Rapaflo	4mg	Cap	WAT
00594636	Statex	25mg	Tab	PAL
00675962	Statex	50mg	Tab	PAL

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02238645	292	30mg	Tab	PEN
00765996	Diamicron	80mg	Tab	SEV
02439212	Ibavyr	200mg	Tab	PEN
02425890	Ibavyr	400mg	Tab	PEN
02425904	Ibavyr	600mg	Tab	PEN
00890960*	Olestyr 4g/5g Pk		Oral Pd-Pouch Pk	PMS
02210320*	Olestyr 4g/9g Pk		Oral Pd-Pouch Pk	PMS
02361671	Rapaflo	8mg	Cap	WAT
02303418	Sandoz Metoprolol SR	200mg	LA Tab	SDZ
02403641	Teva-Alendronate/Cholecalciferol	70mg & 140mcg	Tab	TEV
02238984	Urso	250mg	Tab	BFI

* Delisting will be effective in the August 2023 update.