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Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – June 2023
Effective June 30, 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: FARICIMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02527618	Vabysmo	6mg/0.05mL	Inj Sol-0.24mL Vial Pk (Preservative-Free)	HLR	1350.0000/Vial Pk

Reason For Use Code and Clinical Criteria

Code 649

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a treatment-naive eye.

Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in intravitreal injections.

Patients receiving concurrent administration of verteporfin PDT (Visudyne), ranibizumab (Lucentis), aflibercept (Eylea) or brolucizumab (Beovu) are not eligible for reimbursement.

Treatment should be initiated with an intravitreal injection every 4 weeks for the first 4 doses, followed by one injection every 8 to 16 weeks based upon disease activity.

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 Vabysmo. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Code 650

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.

Vabysmo is to be administered using one of the following dosing regimens:

Treatment should be initiated with an intravitreal injection every 4 weeks for the first 6 doses, followed by an intravitreal injection at a dosing interval of every 8 weeks.

OR

Treatment should be initiated with an intravitreal injection every 4 weeks for the first 4 doses or until macular edema is resolved. Thereafter, the dosing interval may be extended up to every 16 weeks (4 months) in up to 4-week increments. If anatomic and/or visual outcomes deteriorate, then the treatment interval should be shortened accordingly.

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 Vabysmo. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 year

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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
02524465	Auro-Hydrocortisone	10mg	Tab	AUR	0.1639
02524473	Auro-Hydrocortisone	20mg	Tab	AUR	0.2958

(Interchangeable with Cortef – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531593	Auro-Levocarb	100mg & 10mg	Tab	AUR	0.1479
02531607	Auro-Levocarb	100mg & 25mg	Tab	AUR	0.2209
02531615	Auro-Levocarb	250mg & 25mg	Tab	AUR	0.2466

(Interchangeable with Sinemet – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02523817	Jamp Chlorthalidone	50mg	Tab	JPC	0.1277

(Interchangeable with Hygroton – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02345250	Jamp Topiramate Tablets	25mg	Tab	JPC	0.2433

(Interchangeable with Topamax – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02412268	Lactulose	667mg/mL	Oral Sol	SAI	0.0145/mL

(Interchangeable with Cephulac – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529394	M-Alendronate	70mg	Tab	MAT	1.7804

(Interchangeable with Fosamax – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02476908	Mint-Candesartan	4mg	Tab	MIN	0.1700

(Interchangeable with Atacand – GB)

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New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02432072	Gabapentin	600mg	Tab	JPC	1.3045
02432080	Gabapentin	800mg	Tab	JPC	1.7393

(Interchangeable with Neurontin)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02529629	Jamp Abiraterone	500mg	Tab	JPC	52.0625
02533251	Reddy-Abiraterone	500mg	Tab	DRR	52.0625

(Interchangeable with Zytiga)

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New Nutrition Products

H. PEDIATRIC FORMULA, OTHERS MAXIMUM = N/A

Product Name	Strength, Dosage Form, Package Size	PIN/NPN	Mfr	Cost ($) Per 1000 Kcal	Cost ($) Per Pkg	Amt ($) MOH Pays	Amt ($) Patient Pays
KetoVie 4:1 Plant Based Protein (Vanilla)	1.50kcal/mL, Liq-250mL Carton	09858245	CAM	24.65	9.24	9.24	0.00

Transition of Product Identification Number (PIN) to Drug Identification Number (DIN)

Product Name	Strength	Dosage Form	Mfr	Current PIN	New DIN
Botox	50U/Vial	Pd Inj-50U Vial Pk	ABV	09857386*	02531577

* This PIN will be labelled as a discontinued drug

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Therapeutic Note Revision

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02253275	Gleevec	100mg	Tab	NOV
02490986	Ach-Imatinib	100mg	Tab	ACH
02504596	Imatinib	100mg	Tab	SAI
02495066	Jamp Imatinib	100mg	Tab	JPC
02492334	Mint-Imatinib	100mg	Tab	MIN
02431114	PMS-Imatinib	100mg	Tab	PMS
02399806	Teva-Imatinib	100mg	Tab	TEV
02253283	Gleevec	400mg	Tab	NOV
02490994	Ach-Imatinib	400mg	Tab	ACH
02504618	Imatinib	400mg	Tab	SAI
02495074	Jamp Imatinib	400mg	Tab	JPC
02492342	Mint-Imatinib	400mg	Tab	MIN
02431122	PMS-Imatinib	400mg	Tab	PMS
02399814	Teva-Imatinib	400mg	Tab	TEV

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.

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Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02257726	Act Metformin	500mg	Tab	ACV	TEV
02257734	Act Metformin	850mg	Tab	ACV	TEV

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Product Name Changes

DIN/PIN	Current Product Name	New Product Name	Strength	Dosage Form	Mfr
02378574	Mycophenolate Mofetil Tablets	Ach-Mycophenolate	500mg	Tab	ACH
02395738	Topiramate Tablets	Ach-Topiramate	25mg	Tab	ACH
02395746	Topiramate Tablets	Ach-Topiramate	100mg	Tab	ACH
02395754	Topiramate Tablets	Ach-Topiramate	200mg	Tab	ACH

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02454467	Apo-Alendronate/Vitamin D3	70mg & 70mcg	Tab	APX	3.6522
02460947	Caspofungin for Injection	50mg/Vial	Inj-Vial Pk	MDI	222.0000
02460955	Caspofungin for Injection	70mg/Vial	Inj Pd-Vial Pk	MDI	222.0000
00360279	Chlorthalidone	50mg	Tab	AAP	0.1277
02491893	Lupin-Propranolol LA	60mg	LA Cap	LUP	0.8813
02491907	Lupin-Propranolol LA	80mg	LA Cap	LUP	0.9950
02491915	Lupin-Propranolol LA	120mg	LA Cap	LUP	1.5313
02491923	Lupin-Propranolol LA	160mg	LA Cap	LUP	1.8113
02261839	Sandoz Carbamazepine CR	200mg	LA Tab	SDZ	0.3845
02261847	Sandoz Carbamazepine CR	400mg	LA Tab	SDZ	0.7689
02389622	Teva-Tobramycin	300mg/5mL	Inh Sol-5mL Pk	TEV	41.0985

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Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02435632	Accel-Celecoxib	100mg	Cap	ACC
02435640	Accel-Celecoxib	200mg	Cap	ACC
02337630	Toctino	10mg	Cap	GSK
02337649	Toctino	30mg	Cap	GSK

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Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02437945	Pantoprazole	40mg	Ent Tab	PMS
02231543	PMS-Carbamazepine CR	200mg	LA Tab	PMS
02231544	PMS-Carbamazepine CR	400mg	LA Tab	PMS
02379171	PMS-Esomeprazole DR	40mg	DR Cap	PMS
02403633	Teva-Alendronate/Cholecalciferol	70mg & 70mcg	Tab	TEV
02443368	Tobramycin Inhalation Solution	300mg/5mL	Inh Sol-5mL Pk	SDZ