

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – July 2023
Effective July 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: RANIBIZUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02525852	Byooviz	10mg/mL	Inj Sol-0.23mL Vial Pk (Preservative-Free)	SAM	995.0000/Vial

Reason For Use Code and Clinical Criteria

Code 651

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a verteporfin PDT (Visudyne)-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 with another anti-VEGF agent are not eligible for reimbursement.

Treatment should be initiated with a loading phase of one injection per month for three consecutive months, followed by a maintenance phase.

During the maintenance phase, patients should be monitored for best corrected visual acuity or continued disease activity. If there is clinical or diagnostic evidence of disease activity such as a loss of greater than 5 letters in visual acuity (Early Treatment Diabetic Retinopathy Score (ETDRS) chart or one Snellen line equivalent), Byooviz may be administered.

The interval between two doses should not be shorter than one month.

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 Byooviz. 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 652

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 11 percent.

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Byooviz treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to DME and continued until stable visual acuity is reached again for three consecutive monthly assessments.

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

LU Authorization Period: 1 year

Code 653

For the treatment of patients with clinically significant macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).

Treatment to be given monthly and continued until maximum visual acuity is achieved, confirmed by stable visual acuity for three consecutive monthly assessments performed while on Byooviz treatment. Thereafter patients should be monitored monthly for visual acuity.

Treatment is resumed with monthly injections when monitoring indicates a loss of visual acuity due to macular edema secondary to retinal vein occlusion and continued until stable visual acuity is reached again for three consecutive monthly assessments.

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 Byooviz. 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 654

For the treatment of patients with visual impairment due to choroidal neovascularization secondary to pathologic myopia.

Treatment is initiated with a single intravitreal injection. Monitoring is recommended monthly for the first 2 months and at least every 3 months thereafter during the first year. If monitoring reveals signs of disease activity (e.g. reduced visual acuity and/or signs of lesion activity), further treatment is recommended at a frequency of 1 injection per month until no disease activity is seen.

LU Authorization Period: 1 year

Generic Name: INSULIN DEGLUDEC

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02467860	Tresiba	100U/mL	Inj Sol-3x5mL Cart Pk	NOO	111.5000/Pk

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
02512475	Ach-Sitagliptin	25mg	Tab	ACH	0.8197
02512483	Ach-Sitagliptin	50mg	Tab	ACH	0.8197
02512491	Ach-Sitagliptin	100mg	Tab	ACH	0.8197

(Interchangeable with Januvia – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02527189	Apo-Dapagliflozin	5mg	Tab	APX	0.6825
02527197	Apo-Dapagliflozin	10mg	Tab	APX	0.6825
02531402	Auro-Dapagliflozin	5mg	Tab	AUR	0.6825
02531410	Auro-Dapagliflozin	10mg	Tab	AUR	0.6825
02519852	GLN-Dapagliflozin	5mg	Tab	GLP	0.6825
02519860	GLN-Dapagliflozin	10mg	Tab	GLP	0.6825
02531364	Jamp Dapagliflozin	5mg	Tab	JPC	0.6825
02531372	Jamp Dapagliflozin	10mg	Tab	JPC	0.6825
02535297	M-Dapagliflozin	5mg	Tab	MAT	0.6825
02535300	M-Dapagliflozin	10mg	Tab	MAT	0.6825
02531550	PMS-Dapagliflozin	5mg	Tab	PMS	0.6825
02531569	PMS-Dapagliflozin	10mg	Tab	PMS	0.6825
02518732	Sandoz Dapagliflozin	5mg	Tab	SDZ	0.6825
02518740	Sandoz Dapagliflozin	10mg	Tab	SDZ	0.6825

(Interchangeable with Forxiga – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
01938088	Jamp Acetaminophen 325	325mg	Caplet	JPC	0.0114

(Interchangeable with Atasol – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
01939122	Jamp Acetaminophen 500	500mg	Caplet	JPC	0.0149

(Interchangeable with Atasol Forte – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02519828	Jamp Alendronate/Vitamin D3	70mg/2800IU	Tab	JPC	2.4348

(Interchangeable with Fosavance – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535793	Jamp-Amoxicillin	25mg/mL	Pd for Oral Susp	JPC	0.0247/mL

(Interchangeable with Amoxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02533200	Midodrine	2.5mg	Tab	SAI	0.1153
02533219	Midodrine	5mg	Tab	SAI	0.1921

(Interchangeable with Amatine – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495430	Mint-Apixaban	2.5mg	Tab	MIN	0.4084

(Interchangeable with Eliquis DIN 02377233 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09858249	Mint-Apixaban	2.5mg	Tab	MIN	0.4084

(Interchangeable with Eliquis PIN 09857463 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02527006	NRA-Candesartan	4mg	Tab	NRA	0.1700

(Interchangeable with Atacand – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02530066	NRA-Flecainide	50mg	Tab	NRA	0.1389
02530074	NRA-Flecainide	100mg	Tab	NRA	0.2779

(Interchangeable with Tambocor – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531895	PRZ-Metformin	500mg	Tab	PRZ	0.0247

(Interchangeable with Glucophage – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521121	Sandoz Lurasidone	120mg	Tab	SDZ	1.2250

(Interchangeable with Latuda – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02537788	Apo-Bromfenac	0.07% w/v	Oph Sol (With Preservative)	APX	7.2307/mL

(Interchangeable with Prolensa)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02506742	Apo-Eltrombopag	25mg	Tab	APX	55.2500
02506769	Apo-Eltrombopag	50mg	Tab	APX	110.5000

(Interchangeable with Revolade)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02534738	Mint-Clonidine	0.025mg	Tab	MIN	0.2713

(Interchangeable with Dixarit)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02531909	PRZ-Metformin	850mg	Tab	PRZ	0.2090

(Interchangeable with Glucophage)

Limited Use Code & Clinical Criteria Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02425629	Lucentis	10mg/mL	Inj Sol-Pref Syr 0.165mL Pk	NOV
02296810	Lucentis	10mg/mL	Inj Sol-0.23mL Vial Pk	NOV

Addition of Limited Use Code & Clinical Criteria:

Code 655

For the treatment of age-related macular degeneration (AMD), diabetic macular edema (DME), branch retinal vein occlusion (BRVO), central retinal vein occlusion (CRVO) or choroidal neovascularization, but only for patients established on Lucentis (ranibizumab) therapy prior to July 31, 2023.

LU Authorization Period: 1 year

Current LU Codes 422, 439, 445 and 462 will be replaced by LU Code 655.

Please note the transition LU Code (LU 279) is active for these DINs for 3 months.

Please see the Executive Officer (EO) Notice and FAQ documents for details.

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02460947	Caspofungin for Injection	50mg/Vial	Inj-Vial Pk	MDI	JUN
02460955	Caspofungin for Injection	70mg/Vial	Inj Pd-Vial Pk	MDI	JUN
02239372	Zofran ODT	4mg	Tab	NOV	SDZ
02239373	Zofran ODT	8mg	Tab	NOV	SDZ

Product Name Changes

DIN/PIN	Current Product Name	New Product Name	Strength	Dosage Form	Mfr
02399776	Levetiracetam Tablets	Ach-Levetiracetam	250mg	Tab	ACH
02399784	Levetiracetam Tablets	Ach-Levetiracetam	500mg	Tab	ACH
02399792	Levetiracetam Tablets	Ach-Levetiracetam	750mg	Tab	ACH
02407485	Telmisartan Tablets	Ach-Telmisartan	40mg	Tab	ACH
02407493	Telmisartan Tablets	Ach-Telmisartan	80mg	Tab	ACH

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02495899	Calcitriol Capsules	STR	PMS- Calcitriol	PMS	0.25mcg	Cap
02495902	Calcitriol Capsules	STR	PMS- Calcitriol	PMS	0.5mcg	Cap
02335700	Toloxin	PEN	PMS-Digoxin	PMS	0.0625mg	Tab
02335719	Toloxin	PEN	PMS-Digoxin	PMS	0.125mg	Tab
02335727	Toloxin	PEN	PMS-Digoxin	PMS	0.25mg	Tab

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	2.4348
00628131	Apo-Amoxi	25mg/mL	O/L	APX	0.0247/mL
02229873	Apo-Acetaminophen Caplets	325mg	Caplet	APX	0.0114
02229977	Apo-Acetaminophen Caplets	500mg	Caplet	APX	0.0149
00544981	Apo-Acetaminophen	325mg	Tab	APX	0.0114
00545007	Apo-Acetaminophen	500mg	Tab	APX	0.0149
00389218	Novo-Gesic	325mg	Tab	NOP	0.0114
00482323	Novo-Gesic Forte	500mg	Tab	NOP	0.0149

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02386844	Co Fentanyl Matrix Patch	12mcg/hr	Trans Patch	COB
02243297	Glucagon	1mg/Vial	Inj Pd-Vial Pk	LIL
02330105	Ran-Fentanyl Matrix Patch	12mcg/hr	Trans Patch	RAN

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00585092	Depo-Provera	150mg/mL	Inj	PFI
01931563	Gastrolyte		Oral Pd-1 Sach Pk	SAV
09858001	InspiraChamber			INS
09858002	InspiraChamber + Mask Small			INS
09858003	InspiraChamber + Mask Medium			INS
09858004	InspiraChamber + Mask Large			INS
02513447	Riabni	10mg/mL	Inj Sol-Vial (Preservative-Free)	AMG
02353040	Ropinirole	0.25mg	Tab	SAI
02353059	Ropinirole	1mg	Tab	SAI

