

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – May 2024
Effective May 31, 2024

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

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New Single Source Products

Generic Name: BUPRENORPHINE HCL & NALOXONE HCL

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02502313	Suboxone	2mg & 0.5mg	Soluble Film	IND	2.6700/Film
02502348	Suboxone	8mg & 2mg	Soluble Film	IND	4.7300/Film
02502356	Suboxone	12mg & 3mg	Soluble Film	IND	7.0950/Film

Generic Name: DALBAVANCIN HYDROCHLORIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02480522	Xydalba	500mg/Vial	Pd for Sol (Preservative-Free)	EVL	957.1679/ Vial

Reason For Use Code and Clinical Criteria

Code 677

For the treatment of adults with methicillin resistant Staphylococcus aureus (MRSA) infection meeting all the following criteria;

1. Patient is 18 years of age or older; AND
2. Diagnosed with an acute bacterial skin and skin structure infection (ABSSSI) (e.g. cellulitis/erysipelas, major cutaneous abscess, wound infection) that is known (i.e. confirmed by culture and sensitivity test) or suspected to be caused by MRSA; AND
3. Treatment with standard orally administered antibiotics is inappropriate or inadequate; AND
4. Patient is deemed to be at high risk of nonadherence to a standard antibiotic treatment for MRSA ABSSI or treatment with standard antibiotic treatment for MRSA ABSSSI will avoid the need for hospitalization OR will limit the need for prolonged hospitalization; AND
5. Patient's ABSSSI is not caused by non-MRSA or methicillin-sensitive Staphylococcus aureus (MSSA); AND

New Single Source Products (Continued)

6. Patient does not have ABSSSI associated with any of the following types of infections:

- Known or suspected osteomyelitis or septic arthritis
- Infections complicated by the presence of prosthetic materials that would not be removed such as permanent cardiac pacemaker battery packs, or those involving joint replacement prosthesis
- Self-limited infections such as isolated folliculitis and isolated furuncles or other infections that have a high cure rate after surgical incision alone
- Patients who have had more than 2 surgical interventions or are expected to need more than 2 surgical interventions (defined as surgery that cannot be performed at the bedside) for the ABSSSI
- Skin and skin structure infection with arterial insufficiency, such as deep diabetic foot ulcers, decubitus ulcers, and ischemic ulcers
- Necrotizing fasciitis, gas gangrene
- Burns greater than 20% of total body surface

Approved dose: Up to 1500mg intravenously (IV), administered either as a single dose OR A two dose regimen of 1000mg IV followed one week later by 500mg IV.

Duration: One treatment course using a single dose or a two dose regimen.

Retreatment within 30 days from the initial dose may be considered on a case-by-case basis through the Exceptional Access Program (EAP). Please submit the culture and sensitivity report and other relevant clinical details regarding the patient's infection presentation including the dose, duration, and approximate date of treatment of all anti-infectives used to manage the infection.

LU Authorization Period: 7 days

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
02521202	Imatinib	100mg	Tab	SIV	5.2079
02521210	Imatinib	400mg	Tab	SIV	20.8314

(Interchangeable with Gleevec – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531801	Jamp Ticagrelor	90mg	Tab	JPC	0.3960

(Interchangeable with Brilinta – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02541963	M-Pregabalin	300mg	Cap	MAT	0.4145

(Interchangeable with Lyrica – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536846	Mint-Mexiletine	100mg	Cap	MIN	0.7346

(Interchangeable with Mexitil – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02541424	Ondansetron	4mg	Tab	SIV	3.3495
02541432	Ondansetron	8mg	Tab	SIV	5.1110

(Interchangeable with Zofran – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02539608	PMS-Methotrexate Injection	10mg/0.2mL	Inj Sol-Pref Syr	PMS	22.2300
02539616	PMS-Methotrexate Injection	12.5mg/0.25mL	Inj Sol-Pref Syr	PMS	23.4000
02539624	PMS-Methotrexate Injection	15mg/0.3mL	Inj Sol-Pref Syr	PMS	16.3800
02539632	PMS-Methotrexate Injection	17.5mg/0.35mL	Inj Sol-Pref Syr	PMS	16.0000
02539640	PMS-Methotrexate Injection	20mg/0.4mL	Inj Sol-Pref Syr	PMS	17.5000
02539659	PMS-Methotrexate Injection	22.5mg/0.45mL	Inj Sol-Pref Syr	PMS	17.5000
02539667	PMS-Methotrexate Injection	25mg/0.5mL	Inj Sol-Pref Syr	PMS	19.5000

(Interchangeable with Metoject Subcutaneous – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02541440	Glatiramer Acetate Injection	20mg/mL	Inj Sol Pref Syr-1mL Pk	MYL	37.9892/Pref Syr

(Interchangeable with Copaxone)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02541653	Olopatadine 0.2%	0.2% w/v	Oph Sol-2.5mL Pk (With Preservative)	SAI	26.1300/Pk

(Interchangeable with Pataday)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02546035	Sumatriptan	50mg	Tab	SIV	9.0650
02546043	Sumatriptan	100mg	Tab	SIV	9.9867

(Interchangeable with Imitrex)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02543311	Taro-Posaconazole	100mg	DR Tab	TAR	42.6030

(Interchangeable with Posanol)

Temporary Benefits

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858336	Santyl	250Unit/g	Oint-30g Pk	COLLAGENASE	SNE	87.5000/Pk

Transition from Exceptional Access Program to Limited Use

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09857535	Forteo	250mcg/mL	Inj Sol-2.4mL Pref Pen	LIL	1179.8500/Pref Pen
02486423	Teva- Teriparatide Injection	250mcg/mL	Inj Sol-2.4mL Pref Pen	TEV	535.4700/Pref Pen

Reason For Use Code and Clinical Criteria

Code 676

For the treatment of osteoporosis in patients at a high risk of fragility fractures who meet ALL the following criteria:

- 65 years of age or older; AND
- Has a documented bone mineral density [BMD] T-score of less than or equal to 3; AND
- Has a history of prior fragility fracture(s); AND
- Has used an anti-resorptive agent for osteoporosis which resulted in osteonecrosis of the jaw and/or an atypical femur fracture.

Note: The maximum lifetime exposure to teriparatide for an individual patient is 24 months

LU Authorization Period: 2 years

Removal of the Facilitated Access to HIV/AIDS Mechanism (Part VI-A)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00740713	Apo-Doxy	100mg	Cap	APX
00725250	Teva-Doxycycline	100mg	Cap	TEV
02078759	Humatin	250mg	Cap	SLP
00431648	Pneumovax 23		Inj-1 Dose Pk	MSD
00602884	Apo-K	8meq	LA Tab	APX
02042304	Micro-K Extencaps	8meq	SR Cap	WAY

Please refer to the Executive Officer Notice on this subject for further details

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
00155357	Adrenalin	30mg/30mL	Inj Sol-30mL Pk	ERF	SLP
01926683	Cerubidine		Inj Pd-20mg Pk	ERF	SLP
00476366	Choledyl	20mg/mL	O/L	ERF	SLP
02013231	Lithane	150mg	Cap	ERF	SLP
00406775	Lithane	300mg	Cap	ERF	SLP
00476552	Nardil	15mg	Tab	ERF	SLP
01926780	Neuleptil	5mg	Cap	ERF	SLP
01926772	Neuleptil	10mg	Cap	ERF	SLP
01926756	Neuleptil	10mg/mL	O/L	ERF	SLP
01927744	Parsitan	50mg	Tab	ERF	SLP
02224895	Soframycin	0.5%	Oph Oint-5g Pk	ERF	SLP
02224887	Soframycin	0.5%	Oph Sol	ERF	SLP

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
00405345	Apo-Fluphenazine	APX	Fluphenazine	AAP	1mg	Tab
00410632	Apo-Fluphenazine	APX	Fluphenazine	AAP	2mg	Tab
00405361	Apo-Fluphenazine	APX	Fluphenazine	AAP	5mg	Tab
00545066	Metronidazole	AAP	Apo-Metronidazole Tablets	APX	250mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02428946	Actikerall	0.5% w/w & 10% w/w	Top Sol	CIP	2.0094/mL
02279460	Apidra	100U/mL	Inj Sol-10mL Vial	SAV	27.6100
02279479	Apidra	100U/mL	Inj 5x3mL Cart ClickStar Pen	SAV	54.7000
02294346	Apidra	100U/mL	Inj Sol-5x3mL SoloSTAR Pref Pen	SAV	55.2200
02241818	Avalide	150mg & 12.5mg	Tab	SAV	1.3166
02241819	Avalide	300mg & 12.5mg	Tab	SAV	1.3166
00860689	Clorazepate	3.75mg	Cap	AAP	0.1793
00860700	Clorazepate	7.5mg	Cap	AAP	0.2337
02396971	Epuris	10mg	Cap	CIP	1.4566
02396998	Epuris	20mg	Cap	CIP	2.0155
02397005	Epuris	30mg	Cap	CIP	2.5348
02397013	Epuris	40mg	Cap	CIP	2.9718
00545031	Ferrous Gluconate 300mg	300mg	Tab	AAP	0.0424
02099233	Glucophage	500mg	Tab	SAV	0.2821
02026961	Kayexalate	1mEq/g	Oral Pd-454g Pk	SAV	43.6300
02012472	Lovenox	30mg/0.3mL	Pref Syr-0.3mL Pk	SAV	6.8750
02236883	Lovenox	40mg/0.4mL	Pref Syr-0.4mL Pk	SAV	9.1660
02378426	Lovenox	60mg/0.6mL	Pref Syr-0.6mL Pk	SAV	13.7490
02378434	Lovenox	80mg/0.8mL	Pref Syr-0.8mL Pk	SAV	18.3330
02378442	Lovenox	100mg/mL	Pref Syr-1mL Pk	SAV	22.9160
02236564	Lovenox	100mg/mL	Inj Sol-3mL Vial Pk	SAV	68.7500
02242692	Lovenox HP	120mg/0.8mL	Pref Syr-0.8mL Pk	SAV	27.4990
02378469	Lovenox HP	150mg/mL	Pref Syr-1mL Pk	SAV	34.3750
02491311	Methotrexate Subcutaneous	15mg/0.3mL	Inj Sol-Pref Syr	ACH	16.3800
02491338	Methotrexate Subcutaneous	17.5mg/0.35mL	Inj Sol-Pref Syr	ACH	16.0000
02491346	Methotrexate Subcutaneous	20mg/0.4mL	Inj Sol-Pref Syr	ACH	17.5000

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02491354	Methotrexate Subcutaneous	22.5mg/0.45mL	Inj Sol-Pref Syr	ACH	17.5000
02491362	Methotrexate Subcutaneous	25mg/0.5mL	Inj Sol-Pref Syr	ACH	19.5000
02185431	Metoclopramide HCL Injection	5mg/mL	Inj Sol (Preservative Free)	SDZ	2.3748/mL
02454831	Metoject Subcutaneous	10mg/0.2mL	Inj Sol-Pref Syr	MDX	22.2300
02454750	Metoject Subcutaneous	12.5mg/0.25mL	Inj Sol-Pref Syr	MDX	23.4000
02454858	Metoject Subcutaneous	15mg/0.3mL	Inj Sol-Pref Syr	MDX	16.3800
02454769	Metoject Subcutaneous	17.5mg/0.35mL	Inj Sol-Pref Syr	MDX	16.0000
02454866	Metoject Subcutaneous	20mg/0.4mL	Inj Sol-Pref Syr	MDX	17.5000
02454777	Metoject Subcutaneous	22.5mg/0.45mL	Inj Sol-Pref Syr	MDX	17.5000
02454874	Metoject Subcutaneous	25mg/0.5mL	Inj Sol-Pref Syr	MDX	19.5000
02036355	Novamoxin Chewable	250mg	Chew Tab	TEV	0.8282
02238682	Plavix	75mg	Tab	SAV	2.8180
00608238	Ratio-Tecnal	330mg & 50mg & 40mg	Cap	RPH	1.6192
00608203	Ratio-Tecnal C1/4	330mg & 50mg & 40mg & 15mg	Cap	RPH	1.7363
00608181	Ratio-Tecnal C1/2	330mg & 50mg & 40mg & 30mg	Cap	RPH	2.1261
02354586	Renvela	800mg	Tab	SAV	1.3125
02142074	Teva-Gemfibrozil	600mg	Tab	TEV	1.3982
02230359	Teva-Mexiletine	100mg	Cap	TEV	0.7346

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
01947664	Accupril	5mg	Tab	PFI
01947672	Accupril	10mg	Tab	PFI
01947680	Accupril	20mg	Tab	PFI
01947699	Accupril	40mg	Tab	PFI
02237367	Accuretic	10mg & 12.5mg	Tab	PFI
02237368	Accuretic	20mg & 12.5mg	Tab	PFI
02237369	Accuretic	20mg & 25mg	Tab	PFI
00192597	Emo-Cort	1%	Cr	STI
00192600	Emo-Cort	1%	Lot	STI
02214415	Eumovate	0.05%	Cr	GSK
01926853	Flagyl	500mg	Cap	SAC
02239193	Heptovir	100mg	Tab	GSK
02350750	Naproxen	250mg	Tab	SAI
02350769	Naproxen	375mg	Tab	SAI
02350777	Naproxen	500mg	Tab	SAI
02350785	Naproxen EC	250mg	Ent Tab	SAI
02350793	Naproxen EC	375mg	Ent Tab	SAI
02350807	Naproxen EC	500mg	Ent Tab	SAI
02351021	Naproxen Sodium DS	550mg	Tab	SAI
00587826	Nerisone	0.1%	Cr	STI
00587818	Nerisone	0.1%	Oily Cr	STI
00263699	Panoxyl	10%	Gel	STI
00373036	Panoxyl	20%	Gel	STI
02242919	Rosazol	1%	Cr	STI
02213419	Ventolin Nebules P.F.	1mg/mL	Inh Sol- 2.5mL Pk	GSK
02213427	Ventolin Nebules P.F.	2mg/mL	Inh Sol- 2.5mL Pk	GSK

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02478595	Jamp-Cholestyramine 4g/Sachet		Oral Pd-Pouch Pk	JPC
02024314	Novolin ge 40/60 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
02024322	Novolin ge 50/50 Penfill	100U/mL	Inj Susp-5x3mL Pk	NOO
00591467	Statex	1mg/mL	O/L	PAL
00591475	Statex	5mg/mL	O/L	PAL