

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – August 2024
Effective August 30, 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: UPADACITINIB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02520893	Rinvoq	30mg	ER Tab	ABV	76.9600
02539721	Rinvoq	45mg	ER Tab	ABV	101.8100

Reason For Use Code and Clinical Criteria

Code 684

For the treatment of ulcerative colitis disease in patients who meet the following criteria:

1. Moderate disease

- a. Mayo score between 6 and 10 (inclusive) AND
- b. Endoscopic* subscore of 2 AND
- c. Failed 2 weeks of oral prednisone at daily doses greater than or equal to 40mg (or a 1 week course of IV equivalent)

OR

- d. Stabilized with 2 weeks oral prednisone at daily doses greater than or equal to 40mg (or 1 week of IV equivalent) but demonstrated that the corticosteroid dose cannot be tapered despite 3 months of AZA/6MP (or where the use of immunosuppressants is contraindicated).

2. Severe disease

- a. Mayo score greater than 10 AND
- b. Endoscopy* subscore of greater than or equal to 2 AND
- c. Failed 2 weeks of oral prednisone at daily doses greater than or equal to 40mg (or 1 week of IV equivalent)

New Single Source Products (Continued)

OR

d. Stabilized with 2 weeks oral prednisone at daily doses greater than or equal to 40mg (or 1 week of IV equivalent) but demonstrated that the corticosteroid dose cannot be tapered despite 3 months of AZA/6MP (or where the use of immunosuppressants is contraindicated).

*The endoscopy procedure must be done within the 12 months prior to initiation of treatment.

Maintenance/Renewal:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria and whose disease is maintained at Mayo score less than 6 AND who demonstrate at least 50% reduction in the dose of prednisone compared with the starting dose following the first 6 months of treatment with upadacitinib or be off corticosteroids after the first year of treatment.

Approved Dose:

Induction: Up to 45mg once daily for 8 weeks

Maintenance: 15mg or 30mg once daily.

For patients greater or equal to 65 years of age, the maintenance dose is 15mg once daily.

Depending on therapeutic response, 30mg once daily may also be used for maintenance in some patients younger than 65 years of age. However, the lowest effective dose possible should be used for maintenance therapy to minimize adverse effects.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Generic Name: DENOSUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02545411	Jubbonti (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	SDZ	194.7000/Pref Syr

Reason For Use Code and Clinical Criteria

Code 687

To increase the bone mass in postmenopausal females with osteoporosis who are at high risk* for fracture who have failed, had intolerance to, or are unable to take a bisphosphonate therapy.

*High risk of fracture based on a clinician's evaluation of the individual's risk of fractures that may include prior fragility fracture history and the Fracture Risk Assessment (FRAX) scores or another validated tool.

LU Authorization Period: Indefinite

Code 688

To increase the bone mass in males with osteoporosis who are at high risk* of fractures who have failed, had intolerance to, or are unable to take a bisphosphonate therapy.

*High risk of fracture based on a clinician's evaluation of the individual's risk of fractures that may include prior fragility fracture history and the Fracture Risk Assessment (FRAX) scores or another validated tool.

LU Authorization Period: Indefinite

New Single Source Products (Continued)

Generic Name: DENOSUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02545764	Wyost (Preservative Free)	120mg/1.7mL	Inj Sol-Vial Pk	SDZ	312.0000/Vial

Reason For Use Code and Clinical Criteria

Code 686

For the treatment of bony metastases for patients with hormone refractory prostate cancer as determined by an elevated PSA level, or evidence of progressive bony disease, despite castrate serum testosterone levels (less than 1.7 nmol/L or less than 50ng/dL) or having undergone orchidectomy.

Dose: 120mg SC every 4 weeks

LU Authorization Period: 1 year

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
02513749	Glycopyrrolate Injection USP	0.2mg/mL	Inj Sol (No Preservative)	JPC	2.7825/mL

(Interchangeable with Robinul – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02543389	Jamp Eplerenone	25mg	Tab	JPC	1.3730
02543397	Jamp Eplerenone	50mg	Tab	JPC	1.3730

(Interchangeable with Inspra – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02542730	Jamp Lamotrigine	25mg	Tab	JPC	0.0698
02542749	Jamp Lamotrigine	100mg	Tab	JPC	0.2787
02542757	Jamp Lamotrigine	150mg	Tab	JPC	0.4107

(Interchangeable with Lamictal – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02540681	Jamp Raloxifene	60mg	Tab	JPC	0.5134

(Interchangeable with Evista – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02546884	NRA-Apixaban Tablets	2.5mg	Tab	NRA	0.4084
02546892	NRA-Apixaban Tablets	5mg	Tab	NRA	0.4084

(Interchangeable with Eliquis – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02545586	NRA-Olanzapine	2.5mg	Tab	NRA	0.1772
02545594	NRA-Olanzapine	5mg	Tab	NRA	0.3544
02545608	NRA-Olanzapine	7.5mg	Tab	NRA	0.5316
02545616	NRA-Olanzapine	10mg	Tab	NRA	0.7088
02545624	NRA-Olanzapine	15mg	Tab	NRA	1.0631

(Interchangeable with Zyprexa – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536188	NRA-Olanzapine ODT	5mg	OD Tab	NRA	0.3574
02536196	NRA-Olanzapine ODT	10mg	OD Tab	NRA	0.7143
02536218	NRA-Olanzapine ODT	15mg	OD Tab	NRA	1.0711

(Interchangeable with Zyprexa Zydis – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02542951	NRA-Varenicline	0.5mg	Tab	NRA	0.4618
02542978	NRA-Varenicline	1.0mg	Tab	NRA	0.4618
02542986	NRA-Varenicline	0.5mg & 1.0mg	Starter Pack – 53 Tabs	NRA	24.3853

(Interchangeable with Champix – LU)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02546728	Apo-Lisdexamfetamine Capsules	70mg	Cap	APX	4.6968

(Interchangeable with Vyvanse)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02540746	Auro-Dimethyl Fumarate	120mg	DR Cap	AUR	4.4266
02540754	Auro-Dimethyl Fumarate	240mg	DR Cap	AUR	8.6888

(Interchangeable with Tecfidera)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02544644	Mint-Posaconazole	100mg	DR Tab	MIN	42.6030

(Interchangeable with Posanol)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02544911	NRA-Betahistine	8mg	Tab	NRA	0.2259
02544938	NRA-Betahistine	16mg	Tab	NRA	0.3557
02544946	NRA-Betahistine	24mg	Tab	NRA	0.4983

(Interchangeable with Serc)

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02536226	NRA-Olanzapine ODT	20mg	OD Tab	NRA	7.5977

(Interchangeable with Zyprexa Zydis)

Additional Limited Use Code & Clinical Criteria

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02495155	Rinvog	15mg	ER Tab	ABV

LU Code 684 (ulcerative colitis)

See full text of the LU criteria on Pages 3 and 4.

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02219905	Nix Dermal Cream	5%	Cr	GCU	HLN

Product Name Changes

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

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02429764	Act Gliclazide MR	ACV	Jamp Gliclazide MR	JPC	30mg	SR Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02279215	Apo-Raloxifene	60mg	Tab	APX	0.5134
02419882	Apo-Varenicline	0.5mg	Tab	APX	0.4618
02419890	Apo-Varenicline	1.0mg	Tab	APX	0.4618
02435675	Apo-Varenicline	0.5mg & 1mg	Starter Pack - 53 Tabs	APX	24.3853
02358840	Co Raloxifene	60mg	Tab	COB	0.5134
02316854	Co Ropinirole	1mg	Tab	COB	0.5762
02316862	Co Ropinirole	2mg	Tab	COB	0.6338
02541440	Glatiramer Acetate Injection	20mg/mL	Inj Pref Syr-1mL Pk	MYL	27.8587
02471442	Mint-Eplerenone	25mg	Tab	MIN	1.3730
02471450	Mint-Eplerenone	50mg	Tab	MIN	1.3730
02539608	PMS-Methotrexate Injection	10mg/0.2mL	Inj Sol-Pref Syr	PMS	16.3020
02539616	PMS-Methotrexate Injection	12.5mg/0.25mL	Inj Sol-Pref Syr	PMS	17.1600
02314053	Ran-Ropinirole	1mg	Tab	RAN	0.5762
02314061	Ran-Ropinirole	2mg	Tab	RAN	0.6338
02426226	Teva-Varenicline	0.5mg	Tab	TEV	0.4618
02426234	Teva-Varenicline	1.0mg	Tab	TEV	0.4618
09857631	Teva-Varenicline	0.5mg & 1mg	Starter Pack - 53 Tabs	TEV	24.3853

PIN/NPN	Product Name	Strength, Dosage Form, Package Size	Mfr	Cost (\$) Per 1000 Kcal	Cost (\$) Per Pkg	Amt (\$) MOH Pays	Amt (\$) Patient Pays
09853154	Boost Fruit Flavoured Beverage	Liq-237mL Pk	NES	11.65	2.07	1.53	0.54

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02351013	Naproxen Sodium	275mg	Tab	SAI

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02236859	Agrylin	0.5mg	Cap	TAK
02473488	Apo-Telmisartan-Amlodipine	80mg & 5mg	Tab	APX
02473496	Apo-Telmisartan-Amlodipine	80mg & 10mg	Tab	APX
02352346	Jamp-Ropinirole	1mg	Tab	JPC
02352354	Jamp-Ropinirole	2mg	Tab	JPC
02242785	Mobicox	7.5mg	Tab	BOE
02242786	Mobicox	15mg	Tab	BOE
02326612	PMS-Ropinirole	1mg	Tab	PMS
02326620	PMS-Ropinirole	2mg	Tab	PMS
02367289	Viramune XR	400mg	ER Tab	BOE