

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – June 2026
Effective June 30, 2026

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

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New Single Source Products

Generic Name: SECUKINUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02529653	Cosentyx	300mg/2mL	Inj Sol-Pref Syr	NOV	1905.4400/Pref Syr
02529661	Cosentyx	300mg/2mL	Inj Sol-UnoReady Pen	NOV	1943.5488/Pen

The LU code 476 and clinical criteria are the same as the currently listed secukinumab (Cosentyx) products.

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
02564556	Apo-Canagliflozin	100mg	Tab	APX	0.7228
02564564	Apo-Canagliflozin	300mg	Tab	APX	0.7515

(Interchangeable with Invokana – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02568020	Apo-Semaglutide Injection	0.68mg/mL	Inj Sol-Pref Pen 2mg Pk	APX	78.1410

(Interchangeable with Ozempic DIN 02540258 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02567806	Semaglutide Injection	1.34mg/mL	Inj Sol-Pref Pen 2mg Pk	DRR	78.1410

(Interchangeable with Ozempic DIN 02471477 – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02568012	Apo-Semaglutide Injection	1.34mg/mL	Inj Sol-Pref Pen 4mg Pk	APX	78.1410
02567814	Semaglutide Injection	1.34mg/mL	Inj Sol-Pref Pen 4mg Pk	DRR	78.1410

(Interchangeable with Ozempic DIN 02471469 – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02554372	Jamp Doxycycline Tablets	100mg	Tab	JPC	0.4560

(Interchangeable with Vibra-Tabs – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02378329	JampLyte	280g	Pwd for Sol	JPC	16.4640

(Interchangeable with Colyte – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02561905	NRA-Domperidone	10mg	Tab	NRA	0.0428

(Interchangeable with Motilium – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02556782	PMS-Dolutegravir	50mg	Tab	PMS	17.6525

(Interchangeable with Tivicay – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02487519	Sandoz Apixaban Tablet	2.5mg	Tab	SDZ	0.4084
02487527	Sandoz Apixaban Tablet	5mg	Tab	SDZ	0.4084

(Interchangeable with Eliquis – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535416	Teva-Budesonide	0.25mg/mL	Inh Susp	TEV	0.2395

(Interchangeable with Pulmicort Nebuamp – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02558696	Taro-Lisdexamfetamine	10mg	Cap	TAR	0.5692
02558718	Taro-Lisdexamfetamine	20mg	Cap	TAR	0.7081
02558726	Taro-Lisdexamfetamine	30mg	Cap	TAR	0.8469
02558734	Taro-Lisdexamfetamine	40mg	Cap	TAR	0.9857
02558750	Taro-Lisdexamfetamine	50mg	Cap	TAR	1.1246
02558769	Taro-Lisdexamfetamine	60mg	Cap	TAR	1.2634

(Interchangeable with Vyvanse Cap – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02553481	Elfy	1mg/10mcg & 10mcg	Tab-28 Tab Pk	APX	16.1084/Pk

(Interchangeable with Lolo)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02370085	Jamp-Citalopram	10mg	Tab	JPC	0.4464

(Interchangeable with Celexa)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02562448	Mar-Ranolazine XR	500mg	ER Tab	MAR	3.2143

(Interchangeable with Corzyna)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02561565	PMS-Bilastine	20mg	Tab	PMS	1.1240

(Interchangeable with Blexten)

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
Compleat Junior 1.5	1.5kcal/mL Liq-250mL Tetra Pk	09858378	NES	22.90	8.59	8.59	0.0000

Revision to Limited Use Clinical Criteria

Generic Name	Strength	Dosage Form
Lenalidomide	2.5mg	Cap
Lenalidomide	5mg	Cap
Lenalidomide	10mg	Cap
Lenalidomide	15mg	Cap
Lenalidomide	20mg	Cap
Lenalidomide	25mg	Cap

Revision only to section 3 (a) of the LU criteria (additional text in bold below). The rest of the criteria remains the same.

LU Code 632

3. Lenalidomide is being used in ONE of the following situations:

a) In a transplant ineligible patient with previously untreated multiple myeloma, as first line therapy within a dual regimen in combination with dexamethasone OR as part of a triplet regimen in combination with dexamethasone and bortezomib (Note 2); OR as part of a triplet regimen in combination with dexamethasone and daratumumab (Note 3); **OR as part of a quadruple regimen in combination with bortezomib, dexamethasone and subcutaneous (SC) daratumumab (Note 3); OR**

Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
02244290	Metadol-D	10mg/mL	Oral Concentrate	PAL	KNT
00594652	Statex	5mg	Tab	PPI	KNT
00594644	Statex	10mg	Tab	PPI	KNT

Manufacturer and Product Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02409895	Med-Memantine	GMP	Jamp-Memantine	JPC	10mg	Tab

Product Name Changes

DIN/PIN	Current Product Name	New Product Name	Mfr	Strength	Dosage Form
02428172	Pantoprazole-20	Pantoprazole	SIV	20mg	Ent Tab
02428180	Pantoprazole-40	Pantoprazole	SIV	40mg	Ent Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
00704431	Androcur	50mg	Tab	AMD	1.4000
02510367	Auro-Canagliflozin	100mg	Tab	AUR	0.7228
02510375	Auro-Canagliflozin	300mg	Tab	AUR	0.7515
97982610	Boost 1.5 Plus Calories	1.5kcal/mL	Liq-237mL Pk	NES	1.8144
02543486	Jamp Canagliflozin	100mg	Tab	JPC	0.7228
02543494	Jamp Canagliflozin	300mg	Tab	JPC	0.7515
00777838	PegLyte Powder		Pd-4L Pk	PEN	16.4640
02494272	Taro-Budesonide	0.25mg/mL	Inh Susp	TAR	0.2395

Discontinued Product

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02244756	Biaxin XL	500mg	ER Tab	BGP
01926691	Calcimar	400IU/2mL	Inj Sol-2mL Pk	SAV
00360430	CeeNU	10mg	Cap	BQU
00360422	CeeNU	40mg	Cap	BQU
00023442	Dilantin-30 Suspension	6mg/mL	O/L	UJC
00023450	Dilantin-125 Suspension	25mg/mL	O/L	UJC
09857535	Forteo	250mcg/mL	Inj Sol-2.4mL Pref Pen	LIL
02237921	Mylan-Verapamil	80mg	Tab	MYL
02097168	Ratio-Ipratropium UDV	250mcg/mL	Inh Sol-2mL UDV Pk	RPH
02240432	Teveten	400mg	Tab	SPH
02243942	Teveten	600mg	Tab	SPH
02253631	Teveten Plus	600mg & 12.5mg	Tab	SPH

Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00642975	Colestid Regular		Gran-5g Pk	PFI
09857102	Peptamen with Prebio	1kcal/mL	Liq-1500mL Pk	NES