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Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – September 2024
Effective September 27, 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: USTEKINUMAB

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02550245	Steqeyma	45mg/0.5mL	Inj Sol-0.5mL Pref Syr Pk (Without Preservative)	CEH	2755.8840/ Pref Syr
02550253	Steqeyma	90mg/1.0mL	Inj Sol-1.0mL Pref Syr Pk (Without Preservative)	CEH	2755.8840/ Pref Syr
02550261*	Steqeyma I.V.	5mg/mL	Inj Sol-26mL Vial Pk (Without Preservative)	CEH	1248.0000/ Vial

*LU code 672 only

Limited Use (LU) Codes 668, 669 and 672. Same LU criteria as the currently listed ustekinumab products with these LU codes.

Generic Name: VERICIGUAT

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02537044	Verquvo	2.5mg	Tab	BAH	4.8300
02537052	Verquvo	5mg	Tab	BAH	4.8300
02537060	Verquvo	10mg	Tab	BAH	4.8300

LU Code: 685

For the treatment of symptomatic chronic heart failure (HF) as an adjunct to standard-of-care therapy in adult patients with reduced ejection fraction who are stabilized after a recent HF decompensation event, if all the following conditions are met:

New Single Source Products (Continued)

(a) Left ventricular ejection fraction (LVEF) less than 45%;

(b) New York Heart Association (NYHA) class II to IV symptoms;

(c) HF decompensation event requiring hospitalization within the previous 6 months and/or intravenous diuretic treatment for HF (without hospitalization) within the previous 3 months;

(d) Vericiguat is used in combination with standard-of-care* HF therapy; and

(e) Initiated under the supervision of a prescriber who is experienced in the management of HF.

* Standard-of-care HF therapy includes one medication from each of the following categories, unless there is a contraindication or intolerance:

(a) angiotensin receptor-neprilysin inhibitor (ARNI) or angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB);

(b) beta blocker;

(c) mineralocorticoid receptor antagonist (MRA); and

(d) sodium-glucose cotransporter-2 (SGLT2) inhibitor

LU Authorization Period: Indefinite

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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
02478595	Jamp Cholestyramine	4g/Pack	Pd for Susp	JPC	0.9217/Pouch

(Interchangeable with Questran Light 4g Pk – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02539438	Jamp Amoxi Clav Suspension	50mg & 12.5mg/mL	Susp	JPC	0.1216/mL

(Interchangeable with Clavulin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02539411	Jamp Amoxi Clav Suspension	200mg & 28.5mg/5mL	Susp	JPC	0.1373/mL
02539446	Jamp Amoxi Clav Suspension	400mg & 57mg/5mL	Susp	JPC	0.1591/mL

(Interchangeable with Clavulin (BID) – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02542587	Jamp Ipratropium HFA	20mcg/Metered Dose	Inh-200 Dose Pk	JPC	15.3450

(Interchangeable with Atrovent HFA – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02508443	Jamp Levofloxacin	250mg	Tab	JPC	1.2038
02508451	Jamp Levofloxacin	500mg	Tab	JPC	1.3718

(Interchangeable with Levaquin – GB)

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02533235	Jamp Gatifloxacin	0.3% w/v	Oph Sol (With Preservative)	JPC	2.0320/mL

(Interchangeable with Zymar)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02547309	Mint-Metformin XR	500mg	ER Tab	MIN	0.6584
02547317	Mint-Metformin XR	1000mg	ER Tab	MIN	1.3233

(Interchangeable with Glumetza)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02532409	Reddy-Everolimus	2.5mg	Tab	DRR	172.2559
02532417	Reddy-Everolimus	5mg	Tab	DRR	172.2559
02532433	Reddy-Everolimus	10mg	Tab	DRR	172.2559

(Interchangeable with Afinitor)

Temporary Benefits

DIN/PIN	Product Name	Strength	Dosage Form	Generic Name	Mfr	DBP
09858335	Cholestyramine for Oral Suspension USP	4g	Oral Pd Sachet-Pk	CHOLESTYRAMINE RESIN	JUN	0.9000/Sachet

Transition from Off-Formulary Interchangeable (OFI) to Limited Use (LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02327112	Sandoz Fentanyl Patch	12mcg/hr	Trans Patch	SDZ	3.3200/Patch
02311925	Teva-Fentanyl	12mcg/hr	Trans Patch	TEV	3.3200/Patch

(Interchangeable with Duragesic 12 DIN 02280345)

Reason For Use Code and Clinical Criteria

Code 511

For the treatment of chronic pain in patients who cannot tolerate or have failed treatment with a long-acting opioid. Intolerance or failed treatment with a long-acting opioid will be subject to verification at the time of dispensing.

LU Authorization Period: 1 Year

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
09858348	Sandoz Fentanyl Patch	12mcg/hr	Trans Patch	SDZ	3.3200/Patch
09858349	Teva-Fentanyl	12mcg/hr	Trans Patch	TEV	3.3200/Patch

(Interchangeable with Duragesic 12 PIN 09858350)

Code 689

For the treatment of chronic pain in patients who have been stabilized on fentanyl and require the use of fentanyl 12mcg/hr patches for dose adjustment up or down to the lowest optimal opioid dose.

LU Authorization Period: 1 Year

Revision of Limited Use Criteria

Revision to all strengths of OSELTAMIVIR PHOSPHATE capsules

Code 639

Removal of content “during the 2023-2024 influenza season.” No other changes to the rest of the criteria.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02343541	Prolia (Preservative Free)	60mg/mL	Inj Sol-Pref Syr	AMG

Codes 428, 429, 515, 516

Added content: “Only for patients established on Prolia (denosumab) therapy.” No other changes to the rest of the criteria.

Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
00360279	Chlorthalidone	AAP	Apo-Chlorthalidone	APX	50mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
09858147	FreeStyle Libre 2 Sensor		Flash Glucose Monitoring System-Sensor	ABD	91.0000
02542226	M-Amoxi Clav	50mg & 12.5mg/mL	O/L	MAT	0.1216
02530694	M-Amoxi Clav	400mg & 57mg/5mL	Susp	MAT	0.1591
02250896	Taro-Phenytoin	25mg/mL	O/L	TAR	0.0444
02533545	Sandoz Riociguat	0.5mg	Tab	SDZ	24.0460
02533561	Sandoz Riociguat	1mg	Tab	SDZ	24.0460
02533588	Sandoz Riociguat	1.5mg	Tab	SDZ	24.0460
02533596	Sandoz Riociguat	2mg	Tab	SDZ	24.0460
02533618	Sandoz Riociguat	2.5mg	Tab	SDZ	24.0460

Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
00030570	Dalacin C	150mg	Cap	PFI

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Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02250292	Ceftriaxone Sodium for Injection, BP	1g/Vial	Inj Pd-1 Vial Pk	MAY
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	TPA
09857567	Isosource 1.2	1.2kcal/mL	1500mL Ready to Hang	NES
02501880	NRA-Omeprazole	20mg	DR Tab	NRA
09858131	NRA-Omeprazole	20mg	DR Tab	NRA
02278634	Sandoz Famciclovir	125mg	Tab	SDZ
02278642	Sandoz Famciclovir	250mg	Tab	SDZ