

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – October 2022  
Effective October 31, 2022

Drug Programs Policy and Strategy Branch  
OHIP, Pharmaceuticals and Devices Division  
Ministry of Health

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# New Single Source Products

Generic Name: UPADACITINIB

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02495155	Rinvoq	15mg	ER Tab	ABV	49.2200

## Reason For Use Code and Clinical Criteria

### Code 637

For the treatment of rheumatoid arthritis (RA) in patients who have severe active disease (greater than or equal to 5 swollen joints and rheumatoid factor positive and/or, anti-CCP positive, and/or radiographic evidence of rheumatoid arthritis) and have experienced failure, intolerance, or have a contraindication to adequate trials of treatment with other disease modifying anti-rheumatic drugs (DMARDs) treatment regimens, such as one of the following combinations of treatments:

- i) Methotrexate (i.e. 20mg/week for at least 3 months)
- ii) Methotrexate (20mg/week) for at least 3 months AND leflunomide (20mg/day) for at least 3 months
- iii) Methotrexate 20mg/week, sulfasalazine (2g/day) AND hydroxychloroquine (dose based on weight up to 400mg per day) for at least 3 months.

In patients who demonstrated initial response to treatment (defined as an achievement of an American College of Rheumatology [ACR] improvement criteria of at least 20% [ACR20] at week 12), ongoing maintenance therapy is funded.

#### Maintenance/Renewal:

After 12 weeks of treatment, maintenance therapy is funded for patients who achieved an American College of Rheumatology (ACR) improvement criteria of at least 20% (ACR20) and a minimum of improvement in 2 swollen joints by week 12.

For renewals beyond 12 months, the patient must demonstrate objective evidence of preservation of treatment effect.

Therapy must be prescribed by a rheumatologist or a physician with expertise in rheumatology.

The recommended dosing regimen is 15mg administered once daily.

Upadacitinib should not be used in combination with other Janus kinase (JAK) inhibitors or other biologic DMARDs to treat the patient's RA.

LU Authorization Period: 1 year

## New Single Source Products (Continued)

Generic Name: RISANKIZUMAB

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02519291	Skyrizi	150mg/1mL	Inj Sol-Pref Pen (Preservative-Free)	ABV	4935.0000/Pref Pen
02519283	Skyrizi	150mg/1mL	Inj Sol-Pref Syr (Preservative-Free)	ABV	4935.0000/Pref Syr

The Limited Use (LU) Code 574 and clinical criteria are the same as for the currently listed Skyrizi 75mg/0.83mL Prefilled Syringe DIN 02487454

Generic Name: BUDESONIDE & FORMOTEROL FUMARATE DIHYDRATE & GLYCOPYRRONIUM BROMIDE

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02518058	Breztri Aerosphere	182mcg & 5.8mcg & 8.2mcg/Actuation	Metered Dose Inh-120 Dose Pk	AZC	127.0000

### Reason For Use Code and Clinical Criteria

#### Code 638

For the long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema and to reduce exacerbations of COPD in patients with a history of exacerbations in patients who require a combination of an inhaled corticosteroid (ICS), long-acting muscarinic antagonist (LAMA), and a long-acting beta2-adrenergic agonist (LABA).

LU Authorization Period: Indefinite

## New Single Source Products (Continued)

Generic Name: TAZAROTENE

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02517868	Arazlo	0.045% w/w	Lot	BHC	1.4051/g

### Reason For Use Code and Clinical Criteria

#### Code 636

For the treatment of acne vulgaris.

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
02523620	Auro-Ritonavir	100mg	Tab	AUR	1.1745

(Interchangeable with Norvir – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521253	Cephalexin	250mg	Tab	SAI	0.0866
02521261	Cephalexin	500mg	Tab	SAI	0.1731

(Interchangeable with Keflex – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02528495	GLN-Atovaquone	750mg/5mL	Oral Susp	GLP	2.3785/mL

(Interchangeable with Mepron – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02516470	Jamp Lurasidone	120mg	Tab	JPC	1.2250

(Interchangeable with Latuda – GB)

**New Multi-Source Products (Continued)**

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02514877	Jamp Montelukast Chewable Tablets	4mg	Chew Tab	JPC	0.2758

(Interchangeable with Singulair – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02525186	Lisinopril	5mg	Tab	SAI	0.1347
02525194	Lisinopril	10mg	Tab	SAI	0.1619
02525208	Lisinopril	20mg	Tab	SAI	0.1945

(Interchangeable with Zestril – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02524708	Mint-Acyclovir	200mg	Tab	MIN	0.3511
02524716	Mint-Acyclovir	400mg	Tab	MIN	0.8890
02524724	Mint-Acyclovir	800mg	Tab	MIN	1.2673

(Interchangeable with Zovirax – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521547	Mint-Emtricitabine/Tenofovir	200mg & 300mg	Tab	MIN	7.3035

(Interchangeable with Truvada – GB)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02524538	M-Valsartan	80mg	Tab	MAT	0.2159
02524546	M-Valsartan	160mg	Tab	MAT	0.2159

(Interchangeable with Diovan – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02528290	PMS-Deferasirox (Type J)	90mg	Tab	PMS	2.6303
02528312	PMS-Deferasirox (Type J)	360mg	Tab	PMS	10.5228

(Interchangeable with Jadenu – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02521482	PMSC-Venlafaxine XR	75mg	ER Cap	PMS	0.1825
02521474	PMSC-Venlafaxine XR	150mg	ER Cap	PMS	0.1927

(Interchangeable with Effexor XR – GB)



# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02525380	Abiraterone	500mg	Tab	JPC	52.0625

(Interchangeable with Zytiga)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
00626627	Odan-Cyclopentolate	1% w/v	Oph Sol	ODN	0.8925/mL

(Interchangeable with Cyclogyl)

# New Nutrition Products

## H. PEDIATRIC FORMULA, OTHERS

MAXIMUM = N/A

Brand Name	Strength, Dosage Form, Package Size	PIN/NPN	Mfr	Cost (\$) Per 1000 Kcal	Cost (\$) Per Pkg	Amt (\$) MOH Pays	Amt (\$) Patient Pays
KetoVie 3:1	1.04kcal/mL, Liq-250mL Carton Box	09858166	CAM	25.17	6.55	6.55	0.00

# Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02162431	Pediapharm Naproxen Suspension	25mg/mL	O/L	PED	MPI

# Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02247383	Euro-Lac	EUR	Pharma-Lactulose	PMS	667mg/mL	O/L

# Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
01945939	Anusol Ointment	0.5%	Oint	CDC	0.2060/g
02207621	Apo-Acyclovir	200mg	Tab	APX	0.3511
02207648	Apo-Acyclovir	400mg	Tab	APX	0.8890
02468891	Apo-Dabigatran	75mg	Cap	APX	1.4711
02234502	Apo-Terazosin	1mg	Tab	APX	0.3938
02234505	Apo-Terazosin	10mg	Tab	APX	0.9950
02242784	Mylan-Acyclovir	200mg	Tab	MYL	0.3511
02242463	Mylan-Acyclovir	400mg	Tab	MYL	0.8890
02505916	PMS-Lurasidone	120mg	Tab	PMS	1.2250
02243518	PMS-Terazosin	1mg	Tab	PMS	0.3938
02243521	PMS-Terazosin	10mg	Tab	PMS	0.9950
02504537	Taro-Lurasidone	120mg	Tab	TAR	1.2250
02285959	Teva-Acyclovir	200mg	Tab	TEV	0.3511
02285967	Teva-Acyclovir	400mg	Tab	TEV	0.8890
02335700	Toloxin	0.0625mg	Tab	PEN	0.1850
02335719	Toloxin	0.125mg	Tab	PEN	0.1751

# Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02232195	PMS-Clobetasol	0.05%	Scalp Lot	PMS
02357380	Uloric	80mg	Tab	TAK

# Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02163152	Lidemol	0.05%	Emol Cr	VAE
02161923	Lidex	0.05%	Cr	VAE
02161974	Lidex	0.05%	Gel	VAE
02161966	Lidex	0.05%	Oint	VAE
02177781	PMS-Cephalexin	250mg	Tab	PMS
02177803	PMS-Cephalexin	500mg	Tab	PMS
02230805	Teva-Terazosin	1mg	Tab	TEV
02230808	Teva-Terazosin	10mg	Tab	TEV

