Prescriber Notification of Biosimilar Transition

PRESCRIBER
Name: Address: Phone: Fax:

PATIENT INFORMATION
Name: DOB: Address: Health Card No. Phone:

Dear Dr._____,

Per the ministry's biosimilar policy, patients will transition from their reference biologic to a biosimilar version in order to maintain drug coverage under Ontario Drug Benefits. The pharmacist recommends the following for this patient:

DRUG SELECTION: Check appropriate LU code where applicable	
STOP	**SWITCH TO**
☐ Prolia® (denosumab)	Jubbonti® (August 29, 2025) ☐ LU code: 687 ☐ LU code: 688
☐ Xgeva® (denosumab)	Wyost® (August 29, 2025) ☐ LU code: 686

RECOMMENDATION	
STOP:	**SWITCH TO:**
Dose: Directions:	Dose: Directions: Quantity: Indication:

Check one of the following:

- ☐ Accept recommendation as written above
- ☐ Other (please advise below):

_____

_____

Please contact pharmacy at your earliest convenience. Thank you.

PHARMACIST	
Name:	Phone:
Pharmacy:	Fax:
Signature:	Date:

LU Codes:

- **Jubbonti® 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.)
  Jubbonti® 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.)
- **Wyost® 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 1.7nmol/L or less than 50ng/dL) or having undergone orchidectomy.
  (Dose: 120mg SC every 4 weeks)