# Table of Contents

New Single Source Products ................................................................................................... 3  
New Multi-Source Products ................................................................................................... 23  
New Off-Formulary Interchangeable (OFI) Products ............................................................. 26  
Products Status Change from Palliative Care Facilitated Access Program to Limited Use..... 27  
Product Manufacturer Name Change .................................................................................... 28  
Product Brand and Manufacturer Name Changes ................................................................. 29  
Drug Benefit Price (DBP) / Unit Price Changes ..................................................................... 30  
Discontinued Products ........................................................................................................... 31  
Delisted Products ................................................................................................................... 32
### New Single Source Products

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>PRODUCT NAME, STRENGTH &amp; DOSAGE FORM</th>
<th>GENERIC NAME</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02452294</td>
<td>Sunvepra 100mg Cap</td>
<td>ASUNAPREVIR</td>
<td>BQU</td>
<td>38.6905</td>
</tr>
</tbody>
</table>

### Reason For Use Code and Clinical Criteria

**Code: 491**

For use as combination treatment with daclatasivir (Daklinza) for treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C infection with genotype 1b; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as confirmation of chronicity of infection. One value must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis stage (2) of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 in those with at least one of the following:

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Post organ transplant (liver and/or non-liver transplant)

D. Extra-hepatic (3) manifestations

E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease outcomes Quality Initiative

F. Diabetes receiving treatment with anti-diabetic drugs

G. Woman of childbearing age planning pregnancy within the next 12 months

### Treatment regimens for asunaprevir (Sunvepra) for genotype 1b:

Treatment-naive or treatment-experienced adult patients, with or without compensated cirrhosis (5)

Approval regimen: 24 weeks in combination with daclatasvir (Daklinza)
Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 24 Weeks

Notes:

1. Treatment-experienced is defined as those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.

2. Acceptable methods for the measurement of fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index (APRI) or Fibrosis-4 (FIB-4) score) either alone or in combination.

3. Extra-hepatic manifestation include but not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Treatment may be considered for patients with compensated cirrhosis (Child-Turcotte-Pugh A) (Score 5 to 6)

6. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the selected drugs, including use in special populations.
New Single Source Products (Cont’d...)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>PRODUCT NAME, STRENGTH &amp; DOSAGE FORM</th>
<th>GENERIC NAME</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02444747</td>
<td>Daklinza 30mg Tab</td>
<td>DACLATASVIR</td>
<td>BQU</td>
<td>428.5714</td>
</tr>
<tr>
<td>02444755</td>
<td>Daklinza 60mg Tab</td>
<td>DACLATASVIR</td>
<td>BQU</td>
<td>428.5714</td>
</tr>
</tbody>
</table>

Reason For Use Code and Clinical Criteria

Code: 492

For use as combination therapy with asunaprevir (Sunvepra) for treatment naïve or treatment experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C infection with genotype 1b; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as confirmation of chronicity of infection. One value must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis stage (2) of F2 or greater (Metavir scale or equivalent)

OR Fibrosis stage less than F2 in those with at least one of the following:

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Post organ transplant (liver and/or non-liver transplant)

D. Extra-hepatic (3) manifestations

E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease outcomes Quality Initiative

F. Diabetes receiving treatment with anti-diabetic drugs

G. Woman of childbearing age planning pregnancy within the next 12 months

Treatment regimens for daclatasvir (Daklinza) for genotype 1b:

Treatment-naive or treatment-experienced adult patients, with or without compensated cirrhosis (5)

Approval regimen: 24 weeks in combination with asunaprevir (Sunvepra)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.
New Single Source Products (Cont’d...)

LU Authorization Period: 24 Weeks

**Code: 493**

For use as combination therapy with sofosbuvir (Sovaldi) for treatment naïve or treatment experienced (1) adult patients with chronic hepatitis C infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C); AND

(ii) Laboratory confirmed hepatitis C infection with genotype 3; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as confirmation of chronicity of infection. One value must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis stage (2) of F2 or greater (Metavir scale or equivalent)

OR Fibrosis stage less than F2 in those with at least one of the following:

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Post organ transplant (may include liver and/or non-liver transplant)

D. Extra-hepatic (3) manifestations

E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by the National Kidney Foundation Kidney Disease outcomes Quality Initiative

F. Diabetes receiving treatment with anti-diabetic drugs

G. Woman of childbearing age planning pregnancy within the next 12 months

**Treatment regimens for daclatasvir (Daklinza) for genotype 3:**

I. Treatment-naïve or treatment-experienced without cirrhosis

Approved regimen: 12 weeks in combination with sofosbuvir (Sovaldi)

II. Treatment-naive or treatment-experienced with compensated cirrhosis (5); or decompensated cirrhosis (5); or post-liver transplant.

Approved regimen: 12 weeks in combination with sofosbuvir (Sovaldi) and ribavirin (Ibavyr)
Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

**Notes:**

1. Treatment-experienced is defined as those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.

2. Acceptable methods for the measurement of fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index (APRI) or Fibrosis-4 (FIB-4) score) either alone or in combination.

3. Extra-hepatic manifestation include but not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate (GFR) less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Treatment may be considered for patients with compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Score 5 to 6]) and decompensated cirrhosis (Child-Turcotte-Pugh B or C [i.e. Score 7 or above])

6. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the selected drugs, including use in special populations.
### New Single Source Products (Cont’d...)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>PRODUCT NAME, STRENGTH &amp; DOSAGE FORM</th>
<th>GENERIC NAME</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02451131</td>
<td>Zepatier 50mg &amp; 100mg Tab</td>
<td>ELBASVIR &amp; GRAZOPREVIR</td>
<td>MEK</td>
<td>717.8571</td>
</tr>
</tbody>
</table>

### Reason For Use Code and Clinical Criteria

**Code: 489**

For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 1 or genotype 4; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent); OR Fibrosis stage less than F2 in those with at least one of the following:

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Extra-hepatic (3) manifestations

D. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative

E. Diabetes receiving treatment with anti-diabetic drugs

F. Woman of childbearing age planning pregnancy within the next 12 months

### Treatment regimens for Zepatier (elbasvir-grazoprevir) for genotype 1:

I. Treatment-naive with or without compensated cirrhosis (5)

   Approved duration: 12 weeks

   Note: As approved by Health Canada, **8 weeks** may be considered in treatment-naive genotype 1b patients without significant fibrosis or cirrhosis as determined by liver biopsy (i.e., Metavir F0-F2) or by non-invasive tests.

II. Treatment-experienced genotype 1b patients and genotype 1a relapsers, with or without compensated cirrhosis (5)

   Approved duration: 12 weeks
New Single Source Products (Cont’d...)

Treatment regimens for Zepatier (elbasivr-grazoprevir) for genotype 4:

Treatment-naïve patients, treatment-experienced relapsers, with or without compensated cirrhosis (5)

Approved duration: 12 weeks

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

Code: 490

For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 1 or genotype 4; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent); OR Fibrosis stage less than F2 in those with at least one of the following:

A. Co-infection with HIV or hepatitis B virus
B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
C. Extra-hepatic (3) manifestations
D. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
E. Diabetes receiving treatment with anti-diabetic drugs
F. Woman of childbearing age planning pregnancy within the next 12 months

Treatment-experienced genotype 1a or genotype 4 who have had on-treatment virologic failures (6)

Approved regimen: 16 weeks in combination with ribavirin (Ibavyr)
New Single Source Products (Cont’d…)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 16 Weeks

Notes:

1. Treatment experienced for patients with genotype 1 is defined as patients who have been previously treated with a pegylated interferon + ribavirin regimen or a protease inhibitor + pegylated interferon + ribavirin regimen and have not experienced adequate response.

   Treatment experienced for patients with genotype 4 is defined as patients who have been previously treated with a pegylated interferon + ribavirin regimen and have not experienced adequate response.

2. Acceptable methods for the measurement of fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index (APRI) or Fibrosis-4 (FIB-4) score) either alone or in combination.

3. Extra-hepatic manifestation include but not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Treatment may be considered for patients with compensated cirrhosis (Child-Turcotte-Pugh A) [i.e. Score 5-6]).

6. On-treatment virologic failures are patients who have had a null response, partial response, virologic breakthrough or rebound, or intolerance to prior treatment.

7. Combination therapy with sofosbuvir (Sovaldi) will not be considered for funding for any genotypes.

8. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the selected drug, including use in special populations.
Reason For Use Code and Clinical Criteria

Code: 482
For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 1; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 and at least one of the following:

A. Co-infection with HIV or hepatitis B virus
B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
C. Post organ transplant (liver and/or non-liver transplant)
D. Extra-hepatic (3) manifestations
E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
F. Diabetes receiving treatment with anti-diabetic drugs
G. Woman of childbearing age planning pregnancy within the next 12 months

Treatment regimens:
Treatment-naïve, non-cirrhotic, recent quantitative hepatitis C viral load less than 6 M IU/mL
Approved duration: 8 weeks
Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 8 Weeks
New Single Source Products (Cont’d…)

Code: 483

For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 1; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 and at least one of the following:
   A. Co-infection with HIV or hepatitis B virus
   B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
   C. Post organ transplant (liver and/or non-liver transplant)
   D. Extra-hepatic (3) manifestations
   E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
   F. Diabetes receiving treatment with anti-diabetic drugs
   G. Woman of childbearing age planning pregnancy within the next 12 months

Treatment regimens:

I. Treatment-naïve, non-cirrhotic or cirrhotic, viral load greater than or equal to 6 M IU/mL; or treatment-experienced non-cirrhotic
   Approved duration: 12 weeks

II. Treatment-naïve or treatment-experienced with decompensated cirrhosis (5)
   Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)

III. Treatment-naïve or treatment-experienced liver transplant recipients without cirrhosis or with compensated cirrhosis (5)
   Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)
New Single Source Products (Cont’d…)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

**Code: 484**

For treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 1; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 and at least one of the following:

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Post organ transplant (liver and/or non-liver transplant)

D. Extra-hepatic (3) manifestations

E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative

F. Diabetes receiving treatment with anti-diabetic drugs

G. Woman of childbearing age planning pregnancy within the next 12 months

**Treatment regimens:**

Treatment-experienced, cirrhotic:

Approved duration: 24 weeks

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 24 Weeks
New Single Source Products (Cont’d...)

Notes:

1. Treatment-experienced are those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.

2. Acceptable methods for measuring fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score).

3. Extra-hepatic manifestation may include: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Score 5 to 6]) and decompensated cirrhosis (Child-Turcotte-Pugh B or C [i.e. Score 7 or above]) may be considered.

6. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.
New Single Source Products (Cont’d...)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>PRODUCT NAME, STRENGTH &amp; DOSAGE FORM</th>
<th>GENERIC NAME</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02439212</td>
<td>Ibavyr 200mg Tab</td>
<td>RIBAVIRIN</td>
<td>PEN</td>
<td>7.2500</td>
</tr>
<tr>
<td>02425890</td>
<td>Ibavyr 400mg Tab</td>
<td>RIBAVIRIN</td>
<td>PEN</td>
<td>14.5000</td>
</tr>
<tr>
<td>02425904</td>
<td>Ibavyr 600mg Tab</td>
<td>RIBAVIRIN</td>
<td>PEN</td>
<td>21.7500</td>
</tr>
</tbody>
</table>

Reason For Use Code and Clinical Criteria

**Code: 494**
For use within a Ministry-approved and funded combination therapy regimen for the treatment of chronic hepatitis C according to specific eligibility criteria.

The regimen for the use of ribavirin must comply with the Ontario Drug Benefit Program’s criteria for funding of the hepatitis C regimen in which it is being administered and use of ribavirin outside of an approved hepatitis C funded regimen will not be reimbursed.

**Note:** The requesting physician is a hepatologist, gastroenterologist or an infectious disease specialist, or otherwise experienced in treating hepatitis C.

LU Authorization Period: Up to a Maximum of 24 Weeks
New Single Source Products (Cont’d...)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>PRODUCT NAME, STRENGTH &amp; DOSAGE FORM</th>
<th>GENERIC NAME</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02418355</td>
<td>Sovaldi 400mg Tab</td>
<td>SOFOSBUVIR</td>
<td>GIL</td>
<td>654.7619</td>
</tr>
</tbody>
</table>

Reason For Use Code and Clinical Criteria

**Code: 485**

In combination with ribavirin (Ibavyr) for treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 2; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent)

OR

Fibrosis stage less than F2 and at least one of the following

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)

C. Post organ transplant (liver and/or non-liver transplant)

D. Extra-hepatic (3) manifestations

E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative

F. Diabetes receiving treatment with anti-diabetic drugs

G. Woman of childbearing age planning pregnancy within the next 12 months

For patients who meet the eligibility criteria for sofosbuvir (Sovaldi), clinicians are encouraged to choose sofosbuvir/velpatasvir (Epclusa) or sofosbuvir in combination with daclatasvir (Daklinza) as one of the preferred therapeutic options over sofosbuvir with ribavirin regimens for treatment genotype 2 or 3 patients only. This recommendation is based on evidence that Epclusa or Daklinza in combination with sofosbuvir offers advantages in some patient populations, including potentially higher SVR rates and a shorter course of therapy for genotype 3 infections.
New Single Source Products (Cont’d...)

Treatment regimens for sofosbuvir (Sovaldi) for genotype 2:

Treatment-naïve or treatment experienced genotype 2:

Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

Code: 486

In combination with ribavirin (Ibavyr) or daclatasvir (Daklinza) or both for treatment naïve or treatment- experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

i. Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

ii. Laboratory confirmed hepatitis C genotype 3; AND

iii. Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

iv. Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent) OR Fibrosis stage less than F2 and at least one of the following

A. Co-infection with HIV or hepatitis B virus
B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
C. Post organ transplant (liver and/or non-liver transplant)
D. Extra-hepatic (3) manifestations
E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
F. Diabetes receiving treatment with anti-diabetic drugs
G. Woman of childbearing age planning pregnancy within the next 12 months

For patients who meet the eligibility criteria for sofosbuvir (Sovaldi), clinicians are encouraged to choose sofosbuvir/velpatasvir (Epclusa) or sofosbuvir in combination with daclatasvir (Daklinza) as one of the preferred therapeutic options over sofosbuvir with
ribavirin regimens for treatment genotype 2 or 3 patients only. This recommendation is based on evidence that Epclusa or Daklinza in combination with sofosbuvir offers advantages in some patient populations, including potentially higher SVR rates and a shorter course of therapy for genotype 3 infections.

**Treatment regimens for sofosbuvir (Sovaldi) for genotype 3:**

Treatment-naive or treatment-experienced without cirrhosis

Approved regimens:
12 weeks in combination with daclatasvir (Daklinza)

Treatment-naive or treatment-experienced with compensated cirrhosis (5); or decompensated cirrhosis (5); or post-liver transplant

Approved regimen:
12 weeks in combination with daclatasvir (Daklinza) and ribavirin (Ibavyr)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 12 Weeks

**Code: 487**

In combination with ribavirin (Ibavyr) for treatment naïve or treatment-experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with CHC); AND

(ii) Laboratory confirmed hepatitis C genotype 3; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent)

OR Fibrosis stage less than F2 and at least one of the following

A. Co-infection with HIV or hepatitis B virus

B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
New Single Source Products (Cont’d...)

C. Post organ transplant (liver and/or non-liver transplant)
D. Extra-hepatic (3) manifestations
E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
F. Diabetes receiving treatment with anti-diabetic drugs
G. Woman of childbearing age planning pregnancy within the next 12 months

For patients who meet the eligibility criteria for sofosbuvir (Sovaldi), clinicians are encouraged to choose sofosbuvir/velpatasvir (Epclusa) or sofosbuvir in combination with daclatasvir (Daklinza) as one of the preferred therapeutic options over sofosbuvir with ribavirin regimens for treatment genotype 2 or 3 patients only. This recommendation is based on evidence that Epclusa or Daklinza in combination with sofosbuvir offers advantages in some patient populations, including potentially higher SVR rates and a shorter course of therapy for genotype 3 infections.

Treatment regimens for sofosbuvir (Sovaldi) for genotype 3:
Treatment-naive or treatment-experienced without cirrhosis, or with compensated cirrhosis (5), or with decompensated cirrhosis (5), or post-liver transplant:
Approved regimen: 24 weeks in combination with ribavirin (Ibavyr)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.

LU Authorization Period: 24 Weeks

Notes:
1. Treatment-experienced are those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.
2. Acceptable methods for measuring fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score).
3. Extra-hepatic manifestation may include: symptomatic vasculitis associated with HCV-related mixed cryoglobulinemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.
New Single Source Products (Cont’d...)

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Score 5 to 6]) and decompensated cirrhosis (Child-Turcotte-Pugh B or C [i.e. Score 7 or above]) may be considered.

6. Combination therapy with Zepatier (elbasvir/grazoprevir) will not be considered for funding.

7. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.
Reason For Use Code and Clinical Criteria

Code: 488

For treatment naïve or treatment experienced (1) adult patients with chronic hepatitis C (CHC) infection who meet all the following criteria:

(i) Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C); AND

(ii) Laboratory confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotypes; AND

(iii) Two laboratory confirmed quantitative HCV RNA values taken at least 6 months apart as demonstration of chronicity of infection. One level must be within the last 6 months while the first level may be at the time of the initial diagnosis; AND

(iv) Fibrosis (2) stage of F2 or greater (Metavir scale or equivalent); OR Fibrosis stage less than F2 in those with at least one of the following:
   A. Co-infection with HIV or hepatitis B virus
   B. Co-existent liver disease with diagnostic evidence of fatty liver disease (e.g. non-alcoholic steatohepatitis)
   C. Post organ transplant (liver and/or non-liver transplant)
   D. Extra-hepatic (3) manifestations
   E. Chronic kidney disease (4) stage 3, 4 or 5 as defined by National Kidney Foundation Kidney Disease outcomes Quality Initiative
   F. Diabetes receiving treatment with anti-diabetic drugs
   G. Woman of childbearing age planning pregnancy within the next 12 months

H. Treatment regimens for Epclusa (sofosbuvir-velpatasvir):

   I. Treatment-naïve or treatment-experienced, non-cirrhotic or compensated cirrhosis (5)
      Approved duration: 12 weeks

   II. Treatment-naïve or treatment-experienced patients with decompensated cirrhosis (5)
      Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)

Retreatment is not funded. Retreatment for failure or re-infection in patients who have received an adequate prior course of direct-acting antiviral will be considered on a case-by-case basis through the Exceptional Access Program.
New Single Source Products (Cont’d...)

LU Authorization Period: 12 Weeks

Notes:

1. Treatment-experienced is defined as those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.

2. Acceptable methods for the measurement of fibrosis score include liver biopsy, transient elastography (FibroScan), fibrotest, serum biomarker panels (such as AST-to-Platelet Ratio Index or Fibrosis-4 score) either alone or in combination.

3. Extra-hepatic manifestation include but not limited to: symptomatic vasculitis associated with HCV-related mixed cryoglobulinaemia, HCV immune complex-related nephropathy and non-Hodgkin B cell lymphoma, porphyria cutanea tarda, Lichen planus, and glomerulonephritis.

4. Chronic kidney disease stage 3, 4 or 5 to include patients with glomerular filtration rate less than 60 mL/min/1.73 square metre for greater than or equal to 3 months.

5. Compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Score 5 to 6]) and decompensated cirrhosis (Child-Turcotte-Pugh B or C [i.e. Score 7 or above]) may be considered.

6. Health care professionals are advised to refer to the product monograph and prescribing guidelines for appropriate use of the drug product, including use in special populations.
## New Multi-Source Products

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02457288</td>
<td>Sandoz Amphetamine XR</td>
<td>5mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.5372</td>
</tr>
<tr>
<td>02457296</td>
<td>Sandoz Amphetamine XR</td>
<td>10mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.6105</td>
</tr>
<tr>
<td>02457318</td>
<td>Sandoz Amphetamine XR</td>
<td>15mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.6838</td>
</tr>
<tr>
<td>02457326</td>
<td>Sandoz Amphetamine XR</td>
<td>20mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.7572</td>
</tr>
<tr>
<td>02457334</td>
<td>Sandoz Amphetamine XR</td>
<td>25mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.8305</td>
</tr>
<tr>
<td>02457342</td>
<td>Sandoz Amphetamine XR</td>
<td>30mg</td>
<td>ER Cap</td>
<td>SDZ</td>
<td>0.9038</td>
</tr>
</tbody>
</table>

(Interchangeable with Adderall XR)

**Therapeutic Note(s)**

**Notes:** Patients > 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND

2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND

3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR or Dexedrine SR (Spansules), and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

Administrative barriers include:

- inability of a school to dose the child at lunch;
- the school lunch hour does not coincide with the dosing schedule;
- poor compliance with noon or afternoon doses;
- the patient is unable to swallow tablets.

Societal barriers include:

- the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives.
## New Multi-Source Products (Cont’d...)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02457954</td>
<td>Mint-Levocarb</td>
<td>100mg &amp; 10mg</td>
<td>Tab</td>
<td>MIN</td>
<td>0.1479</td>
</tr>
<tr>
<td>02457962</td>
<td>Mint-Levocarb</td>
<td>100mg &amp; 25mg</td>
<td>Tab</td>
<td>MIN</td>
<td>0.2209</td>
</tr>
<tr>
<td>02457970</td>
<td>Mint-Levocarb</td>
<td>250mg &amp; 25mg</td>
<td>Tab</td>
<td>MIN</td>
<td>0.2466</td>
</tr>
</tbody>
</table>

(Interchangeable with Sinemet)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02425009</td>
<td>Contingency One</td>
<td>1.5mg</td>
<td>Tab-1 Tab Pk</td>
<td>MYL</td>
<td>8.6000</td>
</tr>
</tbody>
</table>

(Interchangeable with Plan B)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>02457814</td>
<td>Med-Moxifloxacin</td>
<td>400mg</td>
<td>Tab</td>
<td>GMP</td>
<td>1.5230</td>
</tr>
</tbody>
</table>

(Interchangeable Avelox)

**Reason For Use Code and Clinical Criteria**

**For the treatment of patients with:**

**Code 337**
CAP with co-morbidity: Community acquired pneumonia with co-morbid illnesses or failure to first-line therapy.

LU Authorization Period: 1 year.

**Code 338**
COPD with risk: Acute bacterial exacerbation of chronic obstructive pulmonary disease (COPD) with risk factors; bronchiectasis.

*Risk factors include: poor pulmonary lung function (FEV1 below 50% predicted level), age over 65 years, co-morbid medical illness (congestive heart failure, diabetes, chronic renal failure, chronic liver disease), chronic corticosteroid use, malnutrition, prolonged duration of disease or 4 or more exacerbations per year.

LU Authorization Period: 1 year.
New Multi-Source Products (Cont’d…)

**Code 339**
Step-Down: Step-down therapy after parenteral therapy or hospital / emergency department discharge.
LU Authorization Period: 1 year.

**Code 977**
Exceptional cases of allergy or intolerance to all other appropriate therapies.
LU Authorization Period: 1 year.
## New Off-Formulary Interchangeable (OFI) Products

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>02434547</td>
<td>Mylan-Cinacalcet</td>
<td>60mg</td>
<td>Tab</td>
<td>MYL</td>
<td>18.5900</td>
</tr>
<tr>
<td>02434555</td>
<td>Mylan-Cinacalcet</td>
<td>90mg</td>
<td>Tab</td>
<td>MYL</td>
<td>27.0517</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Interchangeable with Sensipar)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>02287064</td>
<td>Cyclobenzaprine</td>
<td>10mg</td>
<td>Tab</td>
<td>SAI</td>
<td>0.3765</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Interchangeable with Flexeril)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>02403366</td>
<td>Apo-Rosiglitazone</td>
<td>2mg</td>
<td>Tab</td>
<td>APX</td>
<td>1.1692</td>
</tr>
<tr>
<td>02403374</td>
<td>Apo-Rosiglitazone</td>
<td>4mg</td>
<td>Tab</td>
<td>APX</td>
<td>1.8346</td>
</tr>
<tr>
<td>02403382</td>
<td>Apo-Rosiglitazone</td>
<td>8mg</td>
<td>Tab</td>
<td>APX</td>
<td>2.6235</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Interchangeable with Avandia)

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>02436175</td>
<td>PMS-Zolpidem ODT</td>
<td>5mg</td>
<td>SL Tab</td>
<td>PMS</td>
<td>1.1827</td>
</tr>
<tr>
<td>02436183</td>
<td>PMS-Zolpidem ODT</td>
<td>10mg</td>
<td>SL Tab</td>
<td>PMS</td>
<td>1.1883</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Interchangeable with Sublinox)
**Products Status Change from Palliative Care Facilitated Access Program to Limited Use**

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP (per mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>00780626</td>
<td>Phenytoin Sodium Injection USP</td>
<td>50mg/mL</td>
<td>Inj Sol (Preservative Free)</td>
<td>SDZ</td>
<td>6.0785</td>
</tr>
<tr>
<td>02185431</td>
<td>Metoclopramide HCL Injection</td>
<td>5mg/mL</td>
<td>Inj Sol (Preservative Free)</td>
<td>SDZ</td>
<td>3.3925</td>
</tr>
<tr>
<td>00527033</td>
<td>Furosemide Injection USP</td>
<td>10mg/mL</td>
<td>Inj Sol (Preservative Free)</td>
<td>SDZ</td>
<td>0.8650</td>
</tr>
<tr>
<td>00392537</td>
<td>Dimenhydrinate Inj 50mg USP</td>
<td>50mg/mL</td>
<td>Inj Sol (With Preservative)</td>
<td>SDZ</td>
<td>1.3800</td>
</tr>
<tr>
<td>00399728</td>
<td>Diazepam Injection USP</td>
<td>5mg/mL</td>
<td>Inj Sol (Preservative Free)</td>
<td>SDZ</td>
<td>1.6415</td>
</tr>
<tr>
<td>02243278</td>
<td>Lorazepam Injection USP</td>
<td>4mg/mL</td>
<td>Inj Sol (With Preservative)</td>
<td>SDZ</td>
<td>21.2000</td>
</tr>
</tbody>
</table>

**Reason For Use Code and Clinical Criteria**

**Code: 481**
For the management of patients receiving palliative care*

LU Authorization Period: 12 months.

*Note: The patient must have a progressive life-limiting illness and require this medication for palliative purposes.

<table>
<thead>
<tr>
<th>PIN*</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>09857240</td>
<td>Sandoz Diazepam</td>
<td>5mg/mL</td>
<td>Inj 2mL Pk</td>
<td>SDZ</td>
</tr>
<tr>
<td>09857207</td>
<td>Sandoz Dimenhydrinate</td>
<td>50mg/mL</td>
<td>Inj-5mL Pk</td>
<td>SDZ</td>
</tr>
<tr>
<td>09857208</td>
<td>Sandoz Furosemide</td>
<td>10mg/mL</td>
<td>Inj Sol-2mL Pk</td>
<td>SDZ</td>
</tr>
<tr>
<td>09857216</td>
<td>Sandoz Lorazepam</td>
<td>4mg/mL</td>
<td>Inj-1mL Pk</td>
<td>SDZ</td>
</tr>
<tr>
<td>09857224</td>
<td>Sandoz Metoclopramide</td>
<td>10mg/2mL</td>
<td>Inj-2mL Pk</td>
<td>SDZ</td>
</tr>
<tr>
<td>09857235</td>
<td>Sandoz Phenytoin</td>
<td>50mg/mL</td>
<td>Inj-2mL Pk</td>
<td>SDZ</td>
</tr>
</tbody>
</table>

*The use of these Palliative Care Facilitated Access (PCFA) Product Identification Numbers (PIN) is discontinued as these products are transitioned to the Formulary as Limited Use drugs.
## Product Manufacturer Name Change

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>CURRENT MFR</th>
<th>NEW MFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>02290308</td>
<td>Cyestra-35</td>
<td>2mg &amp; 0.035mg</td>
<td>Tab-21 Pk</td>
<td>PMS</td>
<td>PAL</td>
</tr>
</tbody>
</table>
# Product Brand and Manufacturer Name Changes

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>CURRENT BRAND NAME</th>
<th>CURRENT MFR</th>
<th>NEW BRAND NAME</th>
<th>NEW MFR</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>02413620</td>
<td>Vpi-Baclofen Intrathecal</td>
<td>VPI</td>
<td>Val-Baclofen Intrathecal</td>
<td>VAL</td>
<td>0.05mg/mL</td>
<td>Inj Sol-1mL Pk (Preservative-Free)</td>
</tr>
<tr>
<td>02413639</td>
<td>Vpi-Baclofen Intrathecal</td>
<td>VPI</td>
<td>Val-Baclofen Intrathecal</td>
<td>VAL</td>
<td>0.5mg/mL</td>
<td>Inj Sol-20mL Pk (Preservative-Free)</td>
</tr>
<tr>
<td>02413647</td>
<td>Vpi-Baclofen Intrathecal</td>
<td>VPI</td>
<td>Val-Baclofen Intrathecal</td>
<td>VAL</td>
<td>2mg/mL</td>
<td>Inj Sol-5mL Pk (Preservative-Free)</td>
</tr>
</tbody>
</table>
## Drug Benefit Price (DBP) / Unit Price Changes

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
<th>DBP / UNIT PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>02439239</td>
<td>Act Amphetamine XR</td>
<td>5mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.5372</td>
</tr>
<tr>
<td>02439247</td>
<td>Act Amphetamine XR</td>
<td>10mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.6105</td>
</tr>
<tr>
<td>02439255</td>
<td>Act Amphetamine XR</td>
<td>15mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.6838</td>
</tr>
<tr>
<td>02439263</td>
<td>Act Amphetamine XR</td>
<td>20mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.7572</td>
</tr>
<tr>
<td>02439271</td>
<td>Act Amphetamine XR</td>
<td>25mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.8305</td>
</tr>
<tr>
<td>02439298</td>
<td>Act Amphetamine XR</td>
<td>30mg</td>
<td>ER Cap</td>
<td>ACV</td>
<td>0.9038</td>
</tr>
<tr>
<td>02195933</td>
<td>Apo-Levocarb</td>
<td>100mg &amp; 10mg</td>
<td>Tab</td>
<td>APX</td>
<td>0.1479</td>
</tr>
<tr>
<td>02195941</td>
<td>Apo-Levocarb</td>
<td>100mg &amp; 25mg</td>
<td>Tab</td>
<td>APX</td>
<td>0.2209</td>
</tr>
<tr>
<td>02195968</td>
<td>Apo-Levocarb</td>
<td>250mg &amp; 25mg</td>
<td>Tab</td>
<td>APX</td>
<td>0.2466</td>
</tr>
<tr>
<td>00022799</td>
<td>Zarontin</td>
<td>250mg</td>
<td>Cap</td>
<td>ERF</td>
<td>0.5000</td>
</tr>
<tr>
<td>02423413*</td>
<td>Mylan-Rivastigmine Patch 5</td>
<td>9mg/5 Sq Cm</td>
<td>Trans Patch</td>
<td>MYL</td>
<td>3.9773</td>
</tr>
<tr>
<td>02423421*</td>
<td>Mylan-Rivastigmine Patch 10</td>
<td>18mg/10 Sq Cm</td>
<td>Trans Patch</td>
<td>MYL</td>
<td>3.9773</td>
</tr>
<tr>
<td>02244494</td>
<td>Novo-Levocarbidopa</td>
<td>100mg &amp; 10mg</td>
<td>Tab</td>
<td>NOP</td>
<td>0.1479</td>
</tr>
<tr>
<td>02244495</td>
<td>Novo-Levocarbidopa</td>
<td>100mg &amp; 25mg</td>
<td>Tab</td>
<td>NOP</td>
<td>0.2209</td>
</tr>
<tr>
<td>02244496</td>
<td>Novo-Levocarbidopa</td>
<td>250mg &amp; 25mg</td>
<td>Tab</td>
<td>NOP</td>
<td>0.2466</td>
</tr>
</tbody>
</table>

*Off Formulary Interchangeable Products
## Discontinued Products

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

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>00022802</td>
<td>Celontin</td>
<td>300mg</td>
<td>Cap</td>
<td>ERF</td>
</tr>
<tr>
<td>00024430</td>
<td>Navane</td>
<td>2mg</td>
<td>Cap</td>
<td>ERF</td>
</tr>
<tr>
<td>00024457</td>
<td>Navane</td>
<td>10mg</td>
<td>Cap</td>
<td>ERF</td>
</tr>
<tr>
<td>00638692</td>
<td>Procan SR</td>
<td>250mg</td>
<td>LA Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>00638676</td>
<td>Procan SR</td>
<td>500mg</td>
<td>LA Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>00638684</td>
<td>Procan SR</td>
<td>750mg</td>
<td>LA Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>02181215</td>
<td>Cotazym ECS 4</td>
<td>4000 &amp; 11000 &amp; 11000 USP Units</td>
<td>Ent Microsp Cap</td>
<td>ORG</td>
</tr>
</tbody>
</table>
## Delisted Products

<table>
<thead>
<tr>
<th>DIN/PIN</th>
<th>BRAND NAME</th>
<th>STRENGTH</th>
<th>DOSAGE FORM</th>
<th>MFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>00023949*</td>
<td>Thyroid</td>
<td>30mg</td>
<td>Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>00023957*</td>
<td>Thyroid</td>
<td>60mg</td>
<td>Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>00023965*</td>
<td>Thyroid</td>
<td>125mg</td>
<td>Tab</td>
<td>ERF</td>
</tr>
<tr>
<td>02312298</td>
<td>Novo-Raloxifene</td>
<td>60mg</td>
<td>Tab</td>
<td>NOP</td>
</tr>
<tr>
<td>00782327**</td>
<td>Andriol</td>
<td>40mg</td>
<td>Cap</td>
<td>ORG</td>
</tr>
<tr>
<td>02247021</td>
<td>Ratio-Aclavulanate</td>
<td>875mg &amp; 125mg</td>
<td>Tab</td>
<td>RPH</td>
</tr>
<tr>
<td>01934139</td>
<td>Ratio-Indomethacin</td>
<td>100mg</td>
<td>Sup</td>
<td>RPH</td>
</tr>
<tr>
<td>00860808</td>
<td>Ratio-Salbutamol Respirator Sol</td>
<td>5mg/mL</td>
<td>Inh Sol-10mL Pk</td>
<td>RPH</td>
</tr>
</tbody>
</table>

*Existing patients on the drug (a prescription filled for one of the 3 strengths between September 1, 2016 and February 27, 2017) will be provided with a transition period of 6 months (until August 31, 2017) to consult their physicians and determine a suitable alternative therapy. Pharmacists are encouraged to plan accordingly to prevent interruptions in drug therapy for their patients and counsel affected patients appropriately. For any questions, please contact the ODB Help Desk.

**Remain on Formulary as Not-a-Benefit to serve as reference product in interchangeable group.