Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – Sept 2018

Effective September 27, 2018

Drug Programs Policy and Strategy Branch
Ontario Public Drug Programs
Ministry of Health and Long-Term Care

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Ontario

Table of Contents

New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02460203	Dysport Therapeutic	300U/Vial	Pd Inj-Vial Pk	ABOBOTULINUM TOXIN A	IPS	385.5600
02456117	Dysport Therapeutic	500U/Vial	Pd Inj-Vial Pk	ABOBOTULINUM TOXIN A	IPS	642.6000

Reason For Use Code and Clinical Criteria

Note: Dysport Therapeutic should be administered personally by a neurologist, pediatrician, or a physician with equivalent post-graduate training and experience with neuromuscular disorders.

Code 130

To reduce the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults.

LU Authorization Period: 1 year

Code 412

For the management of focal spasticity, due to stroke or spinal cord injury in adults.

LU Authorization Period: 1 year

Code 413

For the treatment of focal spasticity secondary to cerebral palsy in patients two years of age or older.

LU Authorization Period: 1 year

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02460661	Glatect	20mg/mL	Inj Sol-Pref Syr 1mL Pk	GLATIRAMER ACETATE	PMS	32.4000

Reason For Use Code and Clinical Criteria

Code 535

As monotherapy for the treatment of patients with relapsing remitting multiple sclerosis (RRMS) meeting ALL the following criteria:

- Recent neurological examination consistent with the diagnosis of RRMS; AND
- Lesions typical of multiple sclerosis on brain magnetic resonance imaging (MRI); AND
- Experienced at least 2 clinical attacks in their lifetime with one attack occurring within the prior year; AND
- EDSS score less than or equal to 6.0 prior to start of treatment; AND
- Prescribed by a neurologist who is experienced in the treatment of Multiple Sclerosis.

Note: Transition from another Disease Modifying therapy (DMT) is permitted in those who are deemed to have met the above criteria prior to initiation of the other DMT and if Glatect is used as monotherapy.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Code 536

As monotherapy for the treatment of patients who have experienced a single demyelinating event/ Clinically Isolated Syndrome (CIS) meeting ALL the following criteria:

- CIS occurred within the prior 12 months; AND
- Recent neurological examination; AND
- Lesions typical of CIS confirmed on brain magnetic resonance imaging (MRI); AND
- EDSS score less than or equal to 6.0 prior to start of treatment; AND
- Prescribed by a neurologist who is experienced in the treatment of Multiple Sclerosis

Note: Transition from another Disease Modifying therapy (DMT) is permitted in those who are deemed to have met the above criteria prior to initiation of the other DMT and if Glatect is used as monotherapy.

LU Authorization Period: 1 year

Code 537

Renewal of therapy for patients diagnosed with relapsing remitting multiple sclerosis (RRMS) or a single demyelinating event /Clinically Isolated Syndrome (CIS) who meet ALL the following criteria:

- Used as monotherapy for the treatment of RRMS or CIS; AND
- EDSS score less than or equal to 6.0; AND
- Disease activity is stabilized as determined by a neurological exam and the number of clinical relapses experienced while on treatment; AND
- Prescribed by a neurologist experienced in the treatment of Multiple Sclerosis (MS) OR a prescriber in consultation with a neurologist overseeing the patient’s MS.

LU Authorization Period: 1 year

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02470373	Renflexis	100mg/Vial	Inj Pd-Vial Pk	INFLIXIMAB	SAM	493.0000

Reason For Use Code and Clinical Criteria

Code 541

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 disease-modifying anti-rheumatic drugs (DMARDs) treatment regimens, such as one of the following combinations of treatments:

A. i) Methotrexate (20mg/week) for at least 3 months, AND
ii) leflunomide (20mg/day) for at least 3 months, in addition to
iii) an adequate trial of at least one combination of DMARDs for 3 months; OR

B. i) Methotrexate (20mg/week) for at least 3 months, AND
ii) leflunomide in combination with methotrexate for at least 3 months; OR

C. i) Methotrexate (20mg/week), sulfasalazine (2g/day) and hydroxychloroquine (400mg/day) for at least 3 months. (Hydroxychloroquine is based by weight up to 400mg per day.)

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20 percent reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year.

For renewals beyond the second year, 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.

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New Single Source Products (Continued)

The recommended dosing regimen is 3mg/kg/dose at 0, 2 and 6 weeks followed by maintenance therapy of 3mg/kg/dose every 8 weeks up to a maximum of six maintenance doses per year.

LU Authorization Period: 1 year

Code 542

For the treatment of ankylosing spondylitis (AS) in patients who have severe active disease confirmed by radiographic evidence (see notes below) with:

I. Age of disease onset less than or equal to 50; AND
II. Low back pain and stiffness for greater than 3 months that improves with exercise and not relieved by rest; AND
III. Failure to respond to or documented intolerance to adequate trials of 2 non-steroidal anti-inflammatory drugs (NSAIDs) for at least 4 weeks each; AND
IV. Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of greater than or equal to 4 for at least 4 weeks while on standard therapy.

Note: Radiographic evidence demonstrating the presence of "SI joint fusion" or "SI joint erosion" on x-ray or CT scan, or MRI demonstrating the presence of "inflammation" or "edema" of the SI joint.

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 50 percent reduction in BASDAI score or greater than or equal to 2 absolute point reduction in BASDAI score. For funding beyond the second year, 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 3 to 5mg/kg/dose at 0, 2 and 6 weeks followed by maintenance therapy of up to 5mg/kg/dose every 6 to 8 weeks.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Code 543

For the treatment of psoriatic arthritis in patients who have severe active disease (greater than or equal to 5 swollen joints and radiographic evidence of psoriatic arthritis) despite: i) treatment with methotrexate (20mg/week) for at least 3 months; AND ii) one of leflunomide (20mg/day) or sulfasalazine (1g twice daily) for at least 3 months.

If the patient has documented contraindications or intolerances to methotrexate, then only one of leflunomide (20mg/day) or sulfasalazine (1g twice daily) for at least 3 months is required.

Maintenance/Renewal:

After 12 months of treatment, maintenance therapy is funded for patients with objective evidence of at least a 20% reduction in swollen joint count and a minimum of improvement in 2 swollen joints over the previous year. For funding beyond the second year, the patient must have 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 5mg/kg/dose at 0, 2 and 6 weeks followed by maintenance therapy of 5mg/kg/dose every 8 weeks.

LU Authorization Period: 1 year

Code 544

For the treatment of severe* plaque psoriasis in patients 18 years of age or older who have experienced failure, intolerance, or have a contraindication to adequate trials of several standard therapies**.

Claims for the first 6 months must be written by a dermatologist.

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New Single Source Products (Continued)

Monitoring of patients is required to determine if continuation of therapy beyond 12 weeks is required.

Patients not responding adequately at 12 weeks should have treatment discontinued.

*Severe plaque psoriasis:

- Body Surface Area (BSA) involvement of at least 10 percent, or involvement of the face, hands, feet or genital regions, AND
- Psoriasis Area and Severity Index (PASI) score of at least 10 (not required if there is involvement of the face, hands, feet or genital regions), AND
- Dermatology Life Quality Index (DLQI) score of at least 10.

**Failure, intolerance or contraindication to adequate trials of standard therapies:

- 6 month trial of at least 3 topical agents including vitamin D analogues and steroids, AND
- 12 week trial of phototherapy (unless not accessible), AND
- 6 month trial of at least 2 systemic, oral agents used alone or in combination
- Methotrexate 15 to 30mg/week
- Acitretin (could have been used with phototherapy)
- Cyclosporine

Maintenance/Renewal:

After 3 months of therapy, patients who respond to therapy should have:

- At least a 50% reduction in PASI, AND
- at least a 50% reduction in BSA involvement, AND
- at least a 5 point reduction in DLQI score

The recommended dosing regimen is 5mg/kg/dose at 0, 2 and 6 weeks followed by maintenance therapy of 5mg/kg/dose every 8 weeks.

LU Authorization Period: 1 year

New Single Source Products (Continued)

Code 545

For the treatment of ulcerative colitis disease in patients who meet the following criteria:

1. Moderate disease

   a. Mayo score between 6 and 10 (inclusive) AND
   b. Endoscopic* subscore of 2 AND
   c. Failed 2 weeks of oral prednisone at daily doses greater than or equal to 40mg (or a 1 week course of IV equivalent)
      OR
   d. Stabilized with 2 weeks oral prednisone at daily doses greater than or equal to 40mg (or 1 week of IV equivalent) but demonstrated that the corticosteroid dose cannot be tapered despite 3 months of AZA/6MP (or where the use of immunosuppressants is contraindicated)

2. Severe disease

   a. Mayo score greater than 10 AND
   b. Endoscopy* subscore of greater than or equal to 2 AND
   c. Failed 2 weeks of oral prednisone at daily doses greater than or equal to 40mg (or 1 week IV equivalent)
      OR
   d. Stabilized with 2 weeks oral prednisone at daily doses greater than or equal to 40mg (or 1 week of IV equivalent) but the demonstrated that the corticosteroid dose cannot be tapered despite 3 months of AZA/6MP (or where the use of immunosuppressants is contraindicated)

*The endoscopy procedure must be done within the 12 months prior to initiation of treatment.

The recommended dosing regimen for induction is 5mg/kg/dose at 0, 2 and 6 weeks followed by 5mg/kg/dose every 8 weeks.

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Maintenance/Renewal:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria and whose disease is maintained at Mayo score less than 6 AND who demonstrate at least 50% reduction in the dose of prednisone compared with the starting dose following the first 6 months of treatment with Renflexis or be off corticosteroids after the first year of treatment.

The recommended dosing regimen is 5mg/kg/dose every 8 weeks.

LU Authorization Period: 1 year

Code 546

For the treatment of moderate to severe (luminal) Crohn's Disease in patients who meet the following criteria:

- HBI (Harvey Bradshaw Index) score greater than or equal to 7; AND
- Failed to respond to conventional treatment with a corticosteroid equivalent to a daily dose of prednisone 40mg daily for at least 2 weeks
  OR
- the patient is stabilized on corticosteroid but cannot be tapered to a corticosteroid dose below prednisone 20mg daily or equivalent; AND
- Failed to respond to an immunosuppressive agent (azathioprine, 6-mercaptopurine, methotrexate, or cyclosporine) tried for at least 3 months (or where the use of immunosuppressants is contraindicated).

The recommended dosing regimen is 5mg/kg/dose at 0, 2 and 6 weeks followed by 5mg/kg/dose every 8 weeks. (Note: Higher doses up to 10mg/kg/dose may be considered in patients who have failed to respond to lower doses).

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New Single Source Products (Continued)

Maintenance/Renewal:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria and whose disease is maintained with a 50% reduction in the Harvey Bradshaw Index (HBI) from pre-treatment measurement, AND improvement of symptoms (For example: absence of bloody diarrhea, weight is stable or increased), AND the use of corticosteroids and/or other immunosuppressive therapy is reduced, being tapered, or discontinued.

For funding beyond the second year, the patient must continue to demonstrate benefit and if unable to be discontinued on corticosteroids, the physician may wish to consider other funded alternatives.

LU Authorization Period: 1 year

Code 547

For the treatment of fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula(e) who meet the following criteria:

- Fistula has persisted despite a course of antibiotic therapy (ciprofloxacin and/or metronidazole) and immunosuppressive therapy (azathioprine or 6-mercaptopurine).

The recommended dosing regimen is 5mg/kg/dose at 0, 2 and 6 weeks followed by 5mg/kg/dose every 8 weeks. (Note: Higher doses up to 10mg/kg/dose may be considered in patients who have failed to respond to lower doses.)

Maintenance/Renewal:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria for fistulizing Crohn's disease and who have demonstrated benefit from treatment (e.g. partial resolution of fistulae and symptom improvement.) The recommended dosing regimen is 5mg/kg/dose every 8 weeks.

LU Authorization Period: 1 year

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02441829	TOUJEO SoloSTAR	300U/mL	Inj Sol-1.5mL Pref Pen	INSULIN GLARGINE	SAC	26.4333/pen

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02467879	Tresiba	100U/mL	Inj Sol-Flextouch Pref Pen 5x3mL Pk	INSULIN DEGLUDEC	NOO	108.8895
02467887	Tresiba	200U/mL	Inj Sol-Flextouch Pref Pen 3x3mL Pk	INSULIN DEGLUDEC	NOO	130.6701

New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469030	Pharma-Amlodipine	5mg	Tab	PMS	0.1343
02469049	Pharma-Amlodipine	10mg	Tab	PMS	0.1993

(Interchangeable with Norvasc)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469243	Pharma-Escitalopram	10mg	Tab	PMS	0.3109
02469251	Pharma-Escitalopram	20mg	Tab	PMS	0.3310

(Interchangeable with Cipralex)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469057	Pharma-Ramipril	1.25mg	Cap	PMS	0.0708
02469065	Pharma-Ramipril	2.5mg	Cap	PMS	0.0817
02469073	Pharma-Ramipril	5mg	Cap	PMS	0.0817
02469081	Pharma-Ramipril	10mg	Cap	PMS	0.1034

(Interchangeable with Altace)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02423375	Apo-Solifenacin	5mg	Tab	APX	0.3041
02423383	Apo-Solifenacin	10mg	Tab	APX	0.3041

(Interchangeable with Vesicare)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02325748	Sandoz Trandolapril	1mg	Cap	SDZ	0.3523
02325756	Sandoz Trandolapril	2mg	Cap	SDZ	0.4049
02325764	Sandoz Trandolapril	4mg	Cap	SDZ	0.4995

(Interchangeable with Mavik)

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02460025	Auro-Aripiprazole	2mg	Tab	AUR	0.8092
02460033	Auro-Aripiprazole	5mg	Tab	AUR	0.9046
02460041	Auro-Aripiprazole	10mg	Tab	AUR	1.0754
02460068	Auro-Aripiprazole	15mg	Tab	AUR	1.2692
02460076	Auro-Aripiprazole	20mg	Tab	AUR	1.0017
02460084	Auro-Aripiprazole	30mg	Tab	AUR	1.0017
02466635	PMS-Aripiprazole	2mg	Tab	PMS	0.8092
02466643	PMS-Aripiprazole	5mg	Tab	PMS	0.9046
02466651	PMS-Aripiprazole	10mg	Tab	PMS	1.0754
02466678	PMS-Aripiprazole	15mg	Tab	PMS	1.2692
02466686	PMS-Aripiprazole	20mg	Tab	PMS	1.0017
02466694	PMS-Aripiprazole	30mg	Tab	PMS	1.0017
02473658	Sandoz Aripiprazole	2mg	Tab	SDZ	0.8092
02473666	Sandoz Aripiprazole	5mg	Tab	SDZ	0.9046
02473674	Sandoz Aripiprazole	10mg	Tab	SDZ	1.0754
02473682	Sandoz Aripiprazole	15mg	Tab	SDZ	1.2692
02473690	Sandoz Aripiprazole	20mg	Tab	SDZ	1.0017
02473704	Sandoz Aripiprazole	30mg	Tab	SDZ	1.0017
02464179	Teva-Aripiprazole	15mg	Tab	TEV	1.2692
02464187	Teva-Aripiprazole	20mg	Tab	TEV	1.0017

(Interchangeable with Abilify)

Therapeutic Note

Notes: Subject to the specific drug’s product monograph, for the treatment of schizophrenia and related psychotic disorders after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02470780	Apo-Lansoprazole-Amoxicillin-Clarithromycin	30mg & 500mg & 500mg	Tab/Cap Pk	APX	67.9100

(Interchangeable with Hp-PAC)

Reason For Use Code and Clinical Criteria

Code 306

a) For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, breath test or endoscopy, for a one week course.

Maximum duration: 7 days.

LU Authorization Period: 1 year

Code 307

b) For the retreatment of H. pylori-positive peptic ulcers where H. pylori recurrence or persistence is documented, by breath test or endoscopy, for a one week course.

Maximum duration: 7 days (after a four-week period has elapsed since the end of the previous treatment)

Retreatment decisions should be based upon positive symptoms and positive endoscopy or positive urea breath test. Retreatment should not be based on a positive serology test, as serology tests may remain positive indefinitely. An alternative antibiotic regimen is recommended when initial therapy fails due to concerns of antimicrobial resistance.

NETWORK NOTE: Network will limit supply to 7 days. Network will verify that retreatments are reimbursed only after a four-week period has elapsed since the end of the previous treatment.

LU Authorization Period: 1 year

New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02475162	Apo-Clobetasol Spray	0.05% w/w	Top Sol Sp-59mL Pk	APX	113.6300

(Interchangeable with Clobex)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02325721	Sandoz Trandolapril	0.5mg	Cap	SDZ	0.2372

(Interchangeable with Mavik)

Changes to Reason For Use Content

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02419475	Inflectra	100mg/Vial	Inj Pd-Vial Pk	HOS

Revised Reason For Use Content

Code 479

For the treatment of fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula(e) who meet the following criteria:

- Fistula has persisted despite a course of antibiotic therapy (ciprofloxacin and/or metronidazole) and immunosuppressive therapy (azathioprine or 6-mercaptopurine).

The recommended dosing regimen is 5mg/kg/dose at 0, 2 and 6 weeks followed by 5mg/kg/dose every 8 weeks. (Note: Higher doses up to 10mg/kg/dose may be considered in patients who have failed to respond to lower doses.)

Maintenance/Renewal:

Maintenance therapy is funded for patients who meet the Ministry initiation criteria for fistulizing Crohn's disease and who have demonstrated benefit from treatment (e.g. partial resolution of fistulae and symptom improvement.) The recommended dosing regimen is 5mg/kg/dose every 8 weeks.

LU Authorization Period: 1 year

Changes to Therapeutic Note

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02322374	Abilify	2mg	Tab	BQU
02322382	Abilify	5mg	Tab	BQU
02322390	Abilify	10mg	Tab	BQU
02322404	Abilify	15mg	Tab	BQU
02322412	Abilify	20mg	Tab	BQU
02322455	Abilify	30mg	Tab	BQU
02471086	Apo-Aripiprazole	2mg	Tab	APX
02471094	Apo-Aripiprazole	5mg	Tab	APX
02471108	Apo-Aripiprazole	10mg	Tab	APX
02471116	Apo-Aripiprazole	15mg	Tab	APX
02471124	Apo-Aripiprazole	20mg	Tab	APX
02471132	Apo-Aripiprazole	30mg	Tab	APX

Revised Therapeutic Note

Notes: Subject to the specific drug’s product monograph, for the treatment of schizophrenia and related psychotic disorders after failure, intolerance or contraindication to at least one less expensive antipsychotic alternative.

Not indicated for the treatment of dementia or dementia-related behavioral problems in the elderly.

Prescribers should be informed and stay current with a drug's official indications in accordance with Health Canada's approved product monograph.

Manufacturer Name Changes

DIN/PIN	Current Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00330566	Anafranil	10mg	Tab	ASP	AAP
00324019	Anafranil	25mg	Tab	ASP	AAP
00402591	Anafranil	50mg	Tab	ASP	AAP
00604453	Restoril	15mg	Cap	ASP	AAP
00604461	Restoril	30mg	Cap	ASP	AAP
02423723	Ragwitek	12U	SL Tab	MEK	ALK
02242163	Kadian	10mg	SR Cap	ABB	BGP
02184435	Kadian	20mg	SR Cap	ABB	BGP
02184443	Kadian	50mg	SR Cap	ABB	BGP
02184451	Kadian	100mg	SR Cap	ABB	BGP
02240325*	Xenical	120mg	Cap	HLR	CHE
00042560	Maxidex	0.1%	Oph Susp	ALC	NOV
00042579	Maxidex	0.1%	Oph-Oint-3.5g Pk	ALC	NOV
02233143	Patanol	0.1%	Oph Sol-5mL Pk	ALC	NOV
02362171	Pataday	0.2%	Oph Sol-2.5mL Pk	ALC	NOV
02435411	Simbrinza	1.0% & 0.2%	Oph Susp-10mL Pk	ALC	NOV
02318008	Travatan Z	0.0004%	Oph Sol-2.5mL Pk	ALC	NOV
09857332	Travatan Z	0.0004%	Oph Sol-5mL Pk	ALC	NOV
01940414	Voltaren Ophtha	0.1%	Oph Sol	ALC	NOV

* Exceptional Access Program (EAP) Product

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02229524	Apo-Norflox	APX	Norfloxacin	AAP	400mg	Tab
02281260	Co Fluconazole	COB	ACT Fluconazole	ACV	50mg	Tab
02281279	Co Fluconazole	COB	ACT Fluconazole	ACV	100mg	Tab
02248562	Metronidazole	AAP	Apo-Metronidazole	APX	500mg	Cap
02022826	PMS-Amantadine	PMS	PDP-Amantadine Hydrochloride Syrup	PEN	10mg/mL	O/L
02310899	Co Atorvastatin	COB	Teva-Atorvastatin	TEV	10mg	Tab
02310902	Co Atorvastatin	COB	Teva-Atorvastatin	TEV	20mg	Tab
02310910	Co Atorvastatin	COB	Teva-Atorvastatin	TEV	40mg	Tab
02310929	Co Atorvastatin	COB	Teva-Atorvastatin	TEV	80mg	Tab
02161737	Novo-Ciprofloxacin	NOP	Teva-Ciprofloxacin	TEV	250mg	Tab
02239024	Novo-Clonazepam	NOP	Teva-Clonazepam	TEV	0.5mg	Tab
02239025	Novo-Clonazepam	NOP	Teva-Clonazepam	TEV	2mg	Tab

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02303442*	Accel Pioglitazone	15mg	Tab	ACC	1.3800
02303450*	Accel Pioglitazone	30mg	Tab	ACC	1.9600
02303469*	Accel Pioglitazone	45mg	Tab	ACC	2.9500
02167794	Apo-Sotalol	160mg	Tab	APX	0.1623
02471086	Apo-Aripiprazole	2mg	Tab	APX	0.8092
02471094	Apo-Aripiprazole	5mg	Tab	APX	0.9046
02471108	Apo-Aripiprazole	10mg	Tab	APX	1.0754
02471116	Apo-Aripiprazole	15mg	Tab	APX	1.2692
02471124	Apo-Aripiprazole	20mg	Tab	APX	1.0017
02471132	Apo-Aripiprazole	30mg	Tab	APX	1.0017
02453150**	Ibrance	75mg	Cap	PFI	253.9123
02453169**	Ibrance	100mg	Cap	PFI	253.9123
02453177**	Ibrance	125mg	Cap	PFI	253.9123

* Off-Formulary Interchangeable (OFI) Product

** Exceptional Access Program (EAP) Product

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02388138	Esme 21	20mcg & 100mcg	Tab-21 Pk	MYL
02388146	Esme 28	20mcg & 100mcg	Tab-28 Pk	MYL
02237721	Mylan-Acebutolol	100mg	Tab	MYL
02237722	Mylan-Acebutolol	200mg	Tab	MYL
02237723	Mylan-Acebutolol	400mg	Tab	MYL
02286335	Mylan-Alendronate	70mg	Tab	MYL
02137542	Mylan-Alprazolam	0.5mg	Tab	MYL
02229814*	Mylan-Alprazolam	2mg	Tab	MYL
02240604	Mylan-Amiodarone	200mg	Tab	MYL
02238171	Mylan-Amoxicillin	250mg	Cap	MYL
02146894	Mylan-Atenolol	50mg	Tab	MYL
02147432	Mylan-Atenolol	100mg	Tab	MYL
02378973*	Mylan-Atomoxetine	80mg	Cap	MYL
02378981*	Mylan-Atomoxetine	100mg	Cap	MYL
02383497*	Mylan-Bosentan	62.5mg	Tab	MYL
02383500*	Mylan-Bosentan	125mg	Tab	MYL
02379120	Mylan-Candesartan	4mg	Tab	MYL
02379139	Mylan-Candesartan	8mg	Tab	MYL
02379147	Mylan-Candesartan	16mg	Tab	MYL
02379155	Mylan-Candesartan	32mg	Tab	MYL
02423278	Mylan-Celecoxib	100mg	Cap	MYL
02399881	Mylan-Celecoxib	200mg	Cap	MYL
02245647	Mylan-Ciprofloxacin	250mg	Tab	MYL
02245648	Mylan-Ciprofloxacin	500mg	Tab	MYL
02246594	Mylan-Citalopram	20mg	Tab	MYL
02246595	Mylan-Citalopram	40mg	Tab	MYL

* Off-Formulary Interchangeable (OFI) Product

Discontinued Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02258331	Mylan-Clindamycin	150mg	Cap	MYL
02258358	Mylan-Clindamycin	300mg	Cap	MYL
02196018	Mylan-Famotidine	20mg	Tab	MYL
02237813*	Mylan-Fluoxetine	10mg	Cap	MYL
02237814	Mylan-Fluoxetine	20mg	Cap	MYL
02239131	Mylan-Ipratropium Solution	250mcg/mL	Inh Sol-20mL Pk	MYL
02347296	Mylan-Irbesartan	75mg	Tab	MYL
02347318	Mylan-Irbesartan	150mg	Tab	MYL
02368277	Mylan-Losartan	25mg	Tab	MYL
02368285	Mylan-Losartan	50mg	Tab	MYL
02368293	Mylan-Losartan	100mg	Tab	MYL
02148765	Mylan-Metformin	500mg	Tab	MYL
02229656*	Mylan-Metformin	850mg	Tab	MYL
02243432*	Mylan-Naproxen EC	375mg	Ent Tab	MYL
02241024*	Mylan-Naproxen EC	500mg	Ent Tab	MYL
02337878	Mylan-Olanzapine	2.5mg	Tab	MYL
02337886	Mylan-Olanzapine	5mg	Tab	MYL
02337894	Mylan-Olanzapine	7.5mg	Tab	MYL
02337908	Mylan-Olanzapine	10mg	Tab	MYL
02337916	Mylan-Olanzapine	15mg	Tab	MYL
02329425*	Mylan-Omeprazole	10mg	DR Cap	MYL
09857350*	Mylan-Omeprazole	10mg	DR Cap	MYL
02299585	Mylan-Pantoprazole	40mg	Ent Tab	MYL
02248012*	Mylan-Paroxetine	10mg	Tab	MYL
02248013	Mylan-Paroxetine	20mg	Tab	MYL
02248014	Mylan-Paroxetine	30mg	Tab	MYL
02298279*	Mylan-Pioglitazone	15mg	Tab	MYL
02298287*	Mylan-Pioglitazone	30mg	Tab	MYL
02298295*	Mylan-Pioglitazone	45mg	Tab	MYL

* Off-Formulary Interchangeable (OFI) Product

Discontinued Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02382210	Mylan-Pregabalin	25mg	Cap	MYL
02382229	Mylan-Pregabalin	50mg	Cap	MYL
02382237	Mylan-Pregabalin	75mg	Cap	MYL
02382245	Mylan-Pregabalin	150mg	Cap	MYL
02382253	Mylan-Pregabalin	300mg	Cap	MYL
02381265	Mylan-Rosuvastatin	5mg	Tab	MYL
02381281	Mylan-Rosuvastatin	20mg	Tab	MYL
02376717	Mylan-Telmisartan	40mg	Tab	MYL
02376725	Mylan-Telmisartan	80mg	Tab	MYL
02383527*	Mylan-Valsartan	40mg	Tab	MYL
02383535	Mylan-Valsartan	80mg	Tab	MYL
02383551	Mylan-Valsartan	320mg	Tab	MYL
02310295	Mylan-Venlafaxine XR	150mg	ER Cap	MYL
02369036*	Mylan-Zolmitriptan	2.5mg	Tab	MYL
02387158*	Mylan-Zolmitriptan ODT	2.5mg	Orally Disintegrating Tab	MYL
02238596*	Mylan-Zopiclone	7.5mg	Tab	MYL
02269309	Teva-Pramipexole	0.25mg	Tab	TEV

* Off-Formulary Interchangeable (OFI) Product

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02237885	Mylan-Acebutolol (Type S)	100mg	Tab	MYL
02196026	Mylan-Famotidine	40mg	Tab	MYL
02380757*	Mylan-Montelukast	5mg	Chew Tab	MYL
02282240	Mylan-Risperidone	0.25mg	Tab	MYL
02282259	Mylan-Risperidone	0.5mg	Tab	MYL
02242519	Mylan-Sertraline	25mg	Cap	MYL
02242521	Mylan-Sertraline	100mg	Cap	MYL
02310279	Mylan-Venlafaxine XR	37.5mg	ER Cap	MYL
02310287	Mylan-Venlafaxine XR	75mg	ER Cap	MYL
02247098	Ratio-Amcinonide	0.1%	Cr	RPH
02247097	Ratio-Amcinonide	0.1%	Lot	RPH
02247096	Ratio-Amcinonide	0.1%	Oint	RPH
00513261**	Cortate	0.5%	Oint	SCH
00513288	Cortate	0.5%	Cr	SCH

* Off-Formulary Interchangeable (OFI) Product

** Remain on Formulary as Not-a-Benefit (NAB) to serve as a reference product in interchangeable group. Pharmacists are encouraged to help transition patients to ensure continuity in drug therapy as necessary, as well as counsel affected patients appropriately.

Ontario