

# **Ontario Drug Benefit Formulary/Comparative Drug Index**

**Edition 42**

**Summary of Changes – August 2017**

Effective August 30, 2017

**Drug Programs Policy and Strategy Branch  
Ontario Public Drug Programs**

**Ministry of Health and Long-Term Care**

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# New Single Source Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>GENERIC NAME</b>	<b>MFR</b>	<b>DBP</b>
02444844	Basaglar	100U/mL	Inj Sol-Cartridge 5x3mL Pk	INSULIN GLARGINE	LIL	69.6375
02444852	Basaglar	100U/mL	Inj Sol-Kwikpen 5x3mL Pk	INSULIN GLARGINE	LIL	69.6375

# New Multi-Source Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02413248	Apo-Doxylamine/B6	10mg & 10mg	DR Tab	APX	0.6402
(Interchangeable with Diclectin)					

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02452006	Apo-Emtricitabine-Tenofovir	200mg & 300mg	Tab	APX	14.6070
(Interchangeable with Truvada)					

## Therapeutic Note

Note: For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
02461331	Sandoz Gliclazide MR	60mg	ER Tab	SDZ	0.0632
(Interchangeable with Diamicron MR)					

## New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02229785	Apo-Metformin	850mg	Tab	APX	0.2090

(Interchangeable with Glucophage)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02460653	Apo-Metformin ER	1000mg	ER Tab	APX	1.0153

(Interchangeable with Glumetza)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02460947	Caspofungin for Injection	50mg/Vial	Inj-Pd for Sol Vial Pk	MDI	188.7000

(Interchangeable with Cancidas)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02460955	Caspofungin for Injection	70mg/Vial	Inj-Pd for Sol Vial Pk	MDI	188.7000

(Interchangeable with Cancidas)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02465124	Mar-Ketorolac	10mg	Tab	MAR	0.6028

(Interchangeable with Toradol)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02451883	Naltrexone Hydrochloride Tablets USP	50mg	Tab	JPC	7.3025

(Interchangeable with Revia)

## New Off-Formulary Interchangeable (OFI) Products Products (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02461544	Apo-Deferasirox	125mg	Tab for Susp	APX	9.2228
02464454	Sandoz Deferasirox	125mg	Tab for Susp	SDZ	9.2229
02463520	Taro-Deferasirox	125mg	Tab for Susp	TAR	9.2228
02407957	Teva-Deferasirox	125mg	Tab for Susp	TEV	9.2227

(Interchangeable with Exjade)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02461552	Apo-Deferasirox	250mg	Tab for Susp	APX	18.4453
02464462	Sandoz Deferasirox	250mg	Tab for Susp	SDZ	18.4454
02463539	Taro-Deferasirox	250mg	Tab for Susp	TAR	18.4453
02407965	Teva-Deferasirox	250mg	Tab for Susp	TEV	18.4452

(Interchangeable with Exjade)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	UNIT COST
02461560	Apo-Deferasirox	500mg	Tab for Susp	APX	36.8909
02464470	Sandoz Deferasirox	500mg	Tab for Susp	SDZ	36.8911
02463547	Taro-Deferasirox	500mg	Tab for Susp	TAR	36.8909
02407973	Teva-Deferasirox	500mg	Tab for Susp	TEV	36.8909

(Interchangeable with Exjade)

# New Nutrition Product

## G.1 PEDIATRIC FORMULA, CHEMICALLY DEFINED – OLIGOMERIC (SEMI-ELEMENTAL)

<b>BRAND NAME</b>	<b>STRENGTH, DOSAGE FORM, PACKAGE SIZE</b>	<b>PIN/NPN</b>	<b>MFR</b>	<b>COST PER 1000KCAL</b>	<b>COST PER PKG</b>	<b>AMOUNT MOHLTC PAYS</b>	<b>AMOUNT PATIENT PAYS</b>
Nutramigen A+ with LGG	5Kcal/g, Pd-561g Can Pk	09857565	MJN	9.65	27.08	27.08	0.00

# New and Updated Reason For Use Codes

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>	<b>DBP</b>
01968017	Neupogen	300mcg/mL	1mL Vial	AMG	173.1890
09853464	Neupogen	480mcg/1.6mL	1.6mL Vial	AMG	277.1020

## **New Reason For Use Codes**

### **Code 500**

For pediatric patients (less than 18 years age) who are unable to achieve the appropriate dose of granulocyte colony-stimulating factor with the formulary listed formats of pre-filled syringes. Approval for Neupogen 300mcg vial format only.

LU Authorization Period: 1 year

### **Code 501**

For patients who are unable to use available formats of Grastofil due to a documented latex allergy. Approval for Neupogen 300mcg and 480mcg vial format only.

LU Authorization Period: Indefinite

## **Criteria Change to Existing Reason For Use Code**

### **Code 447**

Pre-Stem Cell Transplant Mobilization - For peripheral blood progenitor cell collection for peripheral stem cell transplant as treatment for malignant disease. Approval for Neupogen 300mcg and 480mcg vial format only.

LU Authorization Period: 14 days



## New and Updated Reason For Use Codes (Cont'd...)

### Deactivation of Existing Reason For Use Code

#### Code 446

Prophylaxis of febrile neutropenia for patients receiving chemotherapy with curative intent as follows:

##### Primary G-CSF prophylaxis

Patients with cancer receiving a curative chemotherapy who are expected to have incidence of febrile neutropenia of more than or equal to 20% (e.g., due to highly myelosuppressive regimen, patient co-morbidities, pre-existing severe neutropenia, etc.).

##### Secondary G-CSF prophylaxis

For secondary prophylaxis of febrile neutropenia (i.e. patient has experienced an episode of sepsis or febrile neutropenia or neutropenia such that treatment has had to be delayed for at least one week) for patients with cancer receiving a curative chemotherapy.

Notes: Reimbursement is limited to the duration of chemotherapy and to prescriptions written by an oncologist or hematologist.

##### Dosage Restriction:

- Patient's weight less than 90kg: 300mcg
- Patient's weight more than or equal to 90kg: 480mcg
- Note: 480mcg dose may be considered for patients less than 90kg who are unable to achieve an adequate response from 300mcg

##### EXCLUSION criteria

Patients with non-curative cancer receiving chemotherapy with palliative intent are NOT eligible for either primary or secondary G-CSF Prophylaxis.

LU Authorization Period: 1 year

# Therapeutic Note Changes

## Therapeutic Note (TN) change to relevant drugs for the treatment of HIV/AIDS in Therapeutic Classification 08:18 (Antivirals)

### Revised TN

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	GENERIC NAME	MFR
02244757	Trizivir	300mg & 150mg & 300mg	Tab	ABACAVIR & LAMIVUDINE & ZIDOVUDINE	VIH
02416255	Apo-Abacavir- Lamivudine- Zidovudine	300mg & 150mg & 300mg	Tab	ABACAVIR & LAMIVUDINE & ZIDOVUDINE	APX
02240358	Ziagen	20mg/mL	O/L	ABACAVIR SULFATE	VIH
02240357	Ziagen	300mg	Tab	ABACAVIR SULFATE	VIH
02396769	Apo-Abacavir	300mg	Tab	ABACAVIR SULFATE	APX
02269341	Kivexa	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	VIH
02399539	Apo-Abacavir- Lamivudine	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	APX
02454513	Auro-Abacavir/ Lamivudine	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	AUR
02450682	Mylan-Abacavir- Lamivudine	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	MYL
02458381	PMS-Abacavir- Lamivudine	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	PMS
02416662	Teva-Abacavir- Lamivudine	600mg & 300mg	Tab	ABACAVIR SULFATE & LAMIVUDINE	TEV
02248610	Reyataz	150mg	Cap	ATAZANAVIR SULFATE	BQU
02456877	Mylan-Atazanavir	150mg	Cap	ATAZANAVIR SULFATE	MYL
02443791	Teva-Atazanavir	150mg	Cap	ATAZANAVIR SULFATE	TEV
02248611	Reyataz	200mg	Cap	ATAZANAVIR SULFATE	BQU
02456885	Mylan-Atazanavir	200mg	Cap	ATAZANAVIR SULFATE	MYL
02443813	Teva-Atazanavir	200mg	Cap	ATAZANAVIR SULFATE	TEV

## Therapeutic Note Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	GENERIC NAME	MFR
02397137	Stribild	150mg & 150mg & 200mg & 300mg	Tab	COBICISTAT & ELVITEGRAVIR & EMTRICITABINE & TENOFIVIR DISOPROXIL FUMARATE	GIL
02338432	Prezista	75mg	Tab	DARUNAVIR	JAN
02369753	Prezista	150mg	Tab	DARUNAVIR	JAN
02324024	Prezista	600mg	Tab	DARUNAVIR	JAN
02393050	Prezista	800mg	Tab	DARUNAVIR	JAN
02426501	Prezcobix	800mg & 150mg	Tab	DARUNAVIR & COBICISTAT	JAN
02238348	Rescriptor	100mg	Tab	DELAVIRDINE MESYLATE	PFI
02244596	Videx EC	125mg	Enteric Coated Cap	DIDANOSINE	BQU
02244597	Videx EC	200mg	Enteric Coated Cap	DIDANOSINE	BQU
02244598	Videx EC	250mg	Enteric Coated Cap	DIDANOSINE	BQU
02244599	Videx EC	400mg	Enteric Coated Cap	DIDANOSINE	BQU
02414945	Tivicay	50mg	Tab	DOLUTEGRAVIR	VIH
02430932	Triumeq	50mg & 600mg & 300mg	Tab	DOLUTEGRAVIR & ABACAVIR & LAMIVUDINE	VIH
02239886	Sustiva	50mg	Cap	EFAVIRENZ	BQU
02239888	Sustiva	200mg	Cap	EFAVIRENZ	BQU
02246045	Sustiva	600mg	Tab	EFAVIRENZ	BQU
02418428	Auro-Efavirenz	600mg	Tab	EFAVIRENZ	AUR
02381524	Mylan-Efavirenz	600mg	Tab	EFAVIRENZ	MYL
02389762	Teva-Efavirenz	600mg	Tab	EFAVIRENZ	TEV
02300699	Atripla	600mg/300 mg/200mg	Tab	EFAVIRENZ/TENOFOVIR DISOPROXIL FUMARATE/EMTRICITAB INE	BQU

## Therapeutic Note Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	GENERIC NAME	MFR
02449498	Genvoya	150mg & 150mg & 200mg & 10mg	Tab	ELVITEGRAVIR & COBICISTAT & EMTRICITABINE & TENOFIVIR ALAFENAMIDE	GIL
02374129	Complera	200mg & 25mg & 300mg	Tab	EMTRICITABINE & RILPIVIRINE HCL & TENOFIVIR DISOPROXIL	GIL
02274906	Truvada	200mg & 300mg	Tab	EMTRICITABINE & TENOFIVIR DISOPROXIL FUMARATE	GIL
02306778	Intelence	100mg	Tab	ETRAVIRINE	JAN
02375931	Intelence	200mg	Tab	ETRAVIRINE	JAN
02261545	Telzir	700mg	Tab	FOSAMPRENAVIR CALCIUM	VIH
02261553	Telzir	50mg/mL	Oral Susp	FOSAMPRENAVIR CALCIUM	VIH
02192691	3TC	10mg/mL	O/L	LAMIVUDINE	VIH
02192683	3TC	150mg	Tab	LAMIVUDINE	VIH
02369052	Apo-Lamivudine	150mg	Tab	LAMIVUDINE	APX
02247825	3TC	300mg	Tab	LAMIVUDINE	VIH
02369060	Apo-Lamivudine	300mg	Tab	LAMIVUDINE	APX
02239213	Combivir	150mg & 300mg	Tab	LAMIVUDINE & ZIDOVUDINE	VIH
02375540	Apo-Lamivudine- Zidovudine	150mg & 300mg	Tab	LAMIVUDINE & ZIDOVUDINE	APX
02414414	Auro-Lamivudine/ Zidovudine	150mg & 300mg	Tab	LAMIVUDINE & ZIDOVUDINE	AUR
02387247	Teva- Lamivudine- Zidovudine	150mg & 300mg	Tab	LAMIVUDINE & ZIDOVUDINE	TEV
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	LOPINAVIR & RITONAVIR	ABV
02312301	Kaletra	100mg & 25mg	Tab	LOPINAVIR & RITONAVIR	ABV
02285533	Kaletra	200mg & 50mg	Tab	LOPINAVIR & RITONAVIR	ABV
02299844	Celsentri	150mg	Tab	MARAVIROC	VIH
02299852	Celsentri	300mg	Tab	MARAVIROC	VIH
02238617	Viracept	250mg	Tab	NELFINAVIR MESYLATE	PFI
02248761	Viracept	625mg	Tab	NELFINAVIR MESYLATE	PFI

## Therapeutic Note Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	GENERIC NAME	MFR
02238748	Viramune	200mg	Tab	NEVIRAPINE	BOE
02318601	Auro-Nevirapine	200mg	Tab	NEVIRAPINE	AUR
02387727	Mylan-Nevirapine	200mg	Tab	NEVIRAPINE	MYL
02405776	PMS-Nevirapine	200mg	Tab	NEVIRAPINE	PMS
02352893	Teva-Nevirapine	200mg	Tab	NEVIRAPINE	TEV
02367289	Viramune XR	400mg	ER Tab	NEVIRAPINE	BOE
02427931	Apo-Nevirapine XR	400mg	ER Tab	NEVIRAPINE	APX
02301881	Isentress	400mg	Tab	RALTEGRAVIR POTASSIUM	MFC
02370603	Edurant	25mg	Tab	RILPIVIRINE HYDROCHLORIDE	JAN
02357593	Norvir	100mg	Tab	RITONAVIR	ABB
02229145	Norvir	80mg/mL	O/L	RITONAVIR	ABB
02216965	Invirase	200mg	Cap	SAQUINAVIR MESYLATE	HLR
02279320	Invirase	500mg	Tab	SAQUINAVIR MESYLATE	HLR
02216086	Zerit	15mg	Cap	STAVUDINE	BQU
02216094	Zerit	20mg	Cap	STAVUDINE	BQU
02216108	Zerit	30mg	Cap	STAVUDINE	BQU
02216116	Zerit	40mg	Cap	STAVUDINE	BQU
02247128	Viread	300mg	Tab	TENOFOVIR DISOPROXIL	GIL

# Drug Benefit Price (DBP) Changes

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP/Unit Cost
02290332	Benazepril	5mg	Tab	AAP	0.7232
02290340	Benazepril	10mg	Tab	AAP	0.9441
02273918	Benazepril	20mg	Tab	AAP	0.9814
02242465	Desmopressin Spray	10mcg/Metered Dose	Nas Sp-2.5mL Pk	AAP	36.1100
02275538	Flecainide	50mg	Tab	AAP	0.5278
02275546	Flecainide	100mg	Tab	AAP	1.0559
02195917	Megestrol	40mg	Tab	AAP	1.2759
02195925	Megestrol	160mg	Tab	AAP	5.5620
00360260	Methyldopa	250mg	Tab	AAP	0.1510
02278677	Midodrine	2.5mg	Tab	AAP	0.4380
02278685	Midodrine	5mg	Tab	AAP	0.7300
02291967	Ondansetron	4mg/5mL	O/L	AAP	1.6028
02230090	Pentoxifylline SR	400mg	SR Tab	AAP	0.7692
02407124	Apo-Gliclazide MR	60mg	ER Tab	APX	0.0632
00771368	Nix	1%	Cr Rinse	BWE	0.1590
02013231	Lithane	150mg	Cap	ERF	0.1800
00406775	Lithane	300mg	Cap	ERF	0.1800
00476552	Nardil	15mg	Tab	ERF	0.4667
01927744	Parsitan	50mg	Tab	ERF	0.3000
02329840	Cayston	75mg/Vial	Pd Inh Sol-Vial Pk	GIL	44.0631
02231480	Kwellada-P Creme Rinse	1%	Cr Rinse	MEP	0.1749
02231348	Kwellada-P Lotion	5%	Lot	MEP	0.5053
02125447	R & C Shampoo with Conditioner	0.33% & 3%	Topical Shampoo	MEP	0.1110
02423294	Mint-Gliclazide MR	60mg	ER Tab	MIN	0.0632
02459361*	Odan-Fluoxetine	20mg/5mL	Oral Sol	ODN	0.5829
02328518	PMS-Irbesartan-HCTZ	150mg & 12.5mg	Tab	PMS	0.3024
02328526	PMS-Irbesartan-HCTZ	300mg & 12.5mg	Tab	PMS	0.3024

## Drug Benefit Price (DBP) Changes (Cont'd...)

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MFR	DBP/Unit Cost
02299224	Teva-Fluvastatin	20mg	Cap	TEV	0.2202
02299232	Teva-Fluvastatin	40mg	Cap	TEV	0.3092

\*Off-Formulary Interchangeable 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
02256088*	Co Azithromycin	600mg	Tab	COB
02226839	MetroCream	0.75%	Cr	GAC
09857345	Nutramigen A+	5KCal/g	Pd-454g Pk	MJN
02384418	Mylan-Bisoprolol	5mg	Tab	MYL
02384426	Mylan-Bisoprolol	10mg	Tab	MYL
02347571	Mylan-Carvedilol	25mg	Tab	MYL
02227460	Mylan-Cimetidine	600mg	Tab	MYL
02248856	Mylan-Clarithromycin	250mg	Tab	MYL
02248857	Mylan-Clarithromycin	500mg	Tab	MYL
02240210	Mylan-Fenofibrate Micro	200mg	Cap	MYL
02262401	Mylan-Fosinopril	10mg	Tab	MYL
02262428	Mylan-Fosinopril	20mg	Tab	MYL
02274833	Mylan-Lisinopril	5mg	Tab	MYL
02274841	Mylan-Lisinopril	10mg	Tab	MYL
02243127	Mylan-Lovastatin	20mg	Tab	MYL
02243129	Mylan-Lovastatin	40mg	Tab	MYL
02382709	Mylan-Olanzapine ODT	5mg	Rapid Dissolve Tab	MYL
02382717	Mylan-Olanzapine ODT	10mg	Rapid Dissolve Tab	MYL
02382725	Mylan-Olanzapine ODT	15mg	Rapid Dissolve Tab	MYL
02382733	Mylan-Olanzapine ODT	20mg	Rapid Dissolve Tab	MYL
02257092	Mylan-Pravastatin	10mg	Tab	MYL
02257114	Mylan-Pravastatin	40mg	Tab	MYL
02408406	Mylan-Rabeprazole	20mg	Tab	MYL
02397773	Mylan-Risedronate	150mg	Tab	MYL
02231036	Mylan-Selegiline	5mg	Tab	MYL
02392593	Myl-Sildenafil	100mg	Tab	MYL
00010340	Entrophen	650mg	Ent Tab	PEN

\*Off-Formulary Interchangeable Product



## Delisted Products

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
00022802	Celontin	300mg	Cap	ERF
00024430	Navane	2mg	Cap	ERF
00024457	Navane	10mg	Cap	ERF
00638692	Procan SR	250mg	LA Tab	ERF
00638676	Procan SR	500mg	LA Tab	ERF
00638684	Procan SR	750mg	LA Tab	ERF
02246026**	Pegetron	50mcg & 0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK
02246030**	Pegetron	150mcg/0.5mL & 200mg/Cap	Inj Pd & 84 Caps Combination Kit	MEK
02254581**	Pegetron Clearclick	80mcg/0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK
02254603**	Pegetron Clearclick	100mcg/0.5mL & 200mg/Cap	Inj Pd & 56 Caps Combination Kit	MEK
02254638**	Pegetron Clearclick	120mcg/0.5mL & 200mg/Cap	Inj Pd & 70 Caps Combination Kit	MEK
02254646**	Pegetron Clearclick	150mcg/0.5mL & 200mg/Cap	Inj Pd & 84 Caps Combination Kit	MEK
02181215	Cotazym ECS 4	4000 & 11000 & 11000 USP Units	Ent Microsph Cap	ORG

\*\*EAP Product

# Delisting Reminder

<b>DIN/PIN</b>	<b>BRAND NAME</b>	<b>STRENGTH</b>	<b>DOSAGE FORM</b>	<b>MFR</b>
00023949	Thyroid	30mg	Tab	ERF
00023957	Thyroid	60mg	Tab	ERF
00023965	Thyroid	125mg	Tab	ERF

As announced in the February 2017 Ontario Drug Benefit (ODB) Formulary update, the Thyroid (desiccated thyroid) 30mg (DIN 00023949), 60mg (DIN 00023957) and 125mg (DIN 00023965) Tablets were delisted from the ODB Formulary. The delisting was effective February 28, 2017.

A six-month transition period (until August 31, 2017) was provided to enable existing patients on the drug (a prescription filled for one of the three strengths between September 1, 2016 and February 27, 2017) to consult their physicians and determine a suitable alternative therapy. A reminder notice was also sent out with the July 2017 Formulary update.

The transition approvals expire on August 31, 2017. Health care providers are reminded again to plan accordingly to prevent interruptions in their patient's drug therapy and counsel affected patients appropriately.

