Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – February 2018

Effective February 28, 2018

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

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Ontario

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New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02454769	Metoject Subcutaneous	17.5mg/0.35mL	Inj Sol-Pref Syr	METHOTREXATE	MDX	34.3200
02454777	Metoject Subcutaneous	22.5mg/0.45mL	Inj Sol-Pref Syr	METHOTREXATE	MDX	37.4400
02454866	Metoject Subcutaneous	20mg/0.4mL	Inj Sol-Pref Syr	METHOTREXATE	MDX	35.8800
02454874	Metoject Subcutaneous	25mg/0.5mL	Inj Sol-Pref Syr	METHOTREXATE	MDX	39.0000

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02467542	Vosevi	400mg & 100mg & 100mg	Tab	SOFOSBUVIR & VELPATASVIR & VOXILAPREVIR	GIL	714.2857

Reason For Use Code and Clinical Criteria

Code 524

For 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

New Single Source Products (Continued)

Treatment regimen for Vosevi (sofosbuvir-velpatasvir-voxilaprevir):

- Treatment-experienced, non-cirrhotic or compensated cirrhosis (2)
  Approved duration: 12 weeks

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

LU Authorization Period: 12 Weeks

NOTE:

1. Treatment-experienced are those who failed prior therapy with a HCV regimen containing:
   i. NS5A inhibitor* for genotype 1, 2, 3, 4, 5, or 6; OR
   ii. Sofosbuvir (Sovaldi) without an NS5A inhibitor for genotype 1, 2, 3, or 4
   *NS5A inhibitors include: daclatasvir (Daklinza), elbasvir (as part of Zepatier), ledipasvir (as part of Harvoni), ombitasvir (as part of Holkira Pak), velpatasvir (as part of Epclusa)
2. Compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Scores 5 to 6]) may be considered.
3. 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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02469626	Sertraline	25mg	Cap	JPC	0.2038
02469634	Sertraline	50mg	Cap	JPC	0.4000
02469642	Sertraline	100mg	Cap	JPC	0.4458

(Interchangeable with Zoloft)

Therapeutic Note

Sertraline therapy should be discontinued for 2 weeks before starting irreversible monoamine oxidase inhibitors (MAOI). Similarly irreversible MAOI should be discontinued for 2 weeks before starting sertraline.

New Off-Formulary Interchangeable (OFI) Product

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02466783	Atovaquone and Proguanil Hydrochloride Tablets	250mg & 100mg	Tab	GLP	4.1308
(Interchangeable with Malarone)					

Transition from Exceptional Access Program to Limited Use Benefits

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02396955	Apo-Entecavir	0.5mg	Tab	APX	5.5000
02448777	Auro-Entecavir	0.5mg	Tab	AUR	5.5000
02430576	PMS-Entecavir	0.5mg	Tab	PMS	5.5000
02282224	Baraclude	0.5mg	Tab	BMS	22.0000

Reason For Use Code and Clinical Criteria

Code 505

Confirmed chronic Hepatitis B infection in persons with

- HBV DNA greater than or equal to 1000 IU/mL

AND

- ALT levels greater than ULN

OR

- Evidence of fibrosis

OR

- Documented evidence of cirrhosis

LU Authorization Period: 1 year

Code 506

For patients with chronic Hepatitis B infection who have a contraindication, intolerance or inadequate response to one or more of the following: lamivudine, tenofovir, adefovir or telbivudine.

LU Authorization Period: 1 year

Transition from Exceptional Access Program to Limited Use Benefits (Continued)

Code 507

Patients with chronic Hepatitis B infection currently receiving treatment with entecavir and requires treatment continuation.

LU Authorization Period: 1 year

Code 508

Patients with chronic Hepatitis B infection who are scheduled to undergo chemotherapy or significant immunosuppressive treatment.

LU Authorization Period: 1 year

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02393239	Apo-Lamivudine HBV	100mg	Tab	APX	3.5316
02239193	Heptovir	100mg	Tab	GSK	4.7865

Reason For Use Code and Clinical Criteria

Code 502

Confirmed chronic Hepatitis B infection in persons with

- HBV DNA greater than or equal to 1000 IU/mL

AND

- ALT levels greater than ULN

OR

- Evidence of fibrosis

OR

- Documented evidence of cirrhosis

LU Authorization Period: 1 year

Transition from Exceptional Access Program to Limited Use Benefits (Continued)

Code 503

Patients with chronic Hepatitis B infection currently receiving treatment with lamivudine and requires treatment continuation.

LU Authorization Period: 1 year

Code 504

Patients with chronic Hepatitis B infection who are scheduled to undergo chemotherapy or significant immunosuppressive treatment.

LU Authorization Period: 1 year

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02451980	Apo-Tenofovir*	300mg	Tab	APX	4.8884
02460173	Auro-Tenofovir*	300mg	Tab	AUR	4.8884
02452634	Mylan-Tenofovir Disoproxil*	300mg	Tab	MYL	4.8884
02403889	Teva-Tenofovir*	300mg	Tab	TEV	4.8884
02247128	Viread*	300mg	Tab	GIL	19.5537

* These products are already listed on the Formulary for the treatment of HIV/AIDS indication.

Reason For Use Code and Clinical Criteria

Code 517

Confirmed chronic Hepatitis B infection in persons with

- HBV DNA greater than or equal to 1000 IU/mL

AND

- ALT levels greater than ULN

OR

- Evidence of fibrosis

OR

- Documented evidence of cirrhosis

LU Authorization Period: 1 year

Transition from Exceptional Access Program to Limited Use Benefits (Continued)

Code 518

For patients with chronic Hepatitis B infection who have a contraindication, intolerance or inadequate response to one or more of the following: lamivudine, entecavir, adefovir or telbivudine.

LU Authorization Period: 1 year

Code 519

Patient is pregnant (2nd trimester or later) with HBV DNA greater than 1,000,000 IU/mL.

LU Authorization Period: 1 year

Code 520

Patients with chronic Hepatitis B infection currently receiving treatment with tenofovir and requires treatment continuation.

LU Authorization Period: 1 year

Code 521

Patients with chronic Hepatitis B infection who are scheduled to undergo chemotherapy or significant immunosuppressive treatment.

LU Authorization Period: 1 year

Code 522 (replaces the current Therapeutic Note)

Patients with HIV/AIDS who meet the following criterion:

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

LU Authorization Period: 1 year

New and Revised Reason For Use Codes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02269198	Aclasta	5mg/100mL	Inj Sol-100mL Pk (Preservative-Free)	NOV
02415100	Taro-Zoledronic Acid	5mg/100mL	Inj Sol-100mL Pk (Preservative-Free)	TAR
02422433	Zoledronic Acid Injection	5mg/100mL	Inj Sol-100mL Pk (Preservative-Free)	DRR
02408082	Zoledronic Acid Injection	5mg/100mL	Inj Sol-100mL Pk (Preservative-Free)	TEV

New Reason For Use Code

Code 523

For the treatment of osteoporosis in males who meet the following criteria:

- High risk* for fracture; and
- For whom oral bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g. esophageal stricture or achalasia) OR inability to stand or sit upright for at least 30 minutes.

*High fracture risk is defined as either:

- a prior fragility fracture AND a moderate 10-year fracture risk (10% to 20%) based on the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the Fracture Risk Assessment (FRAX) tool; OR
- a high 10-year fracture risk (greater than or equal to 20%) based on the CAROC or FRAX tool; OR
- where a patient's 10-year fracture risk based on the CAROC or FRAX tool is less than the thresholds defined above, a high fracture risk based on evaluation of clinical risk factors for fracture

Note: use of the CAROC or FRAX tool may underestimate fracture risk in certain circumstances and may not include all risk factors.

LU Authorization Period: Indefinite

New and Revised Reason For Use Codes (Continued)

NOTE: In all cases, patients receiving Aclasta (zoledronic acid) should not be receiving concomitant bisphosphonate therapy. The recommended dose of Aclasta (zoledronic acid) is a single IV injection of 5mg, once yearly.

Revised Reason For Use Code

Code 436

For the treatment of osteoporosis in postmenopausal females who meet the following criteria:

- High risk* for fracture; and
- For whom oral bisphosphonates are contraindicated due to abnormalities of the esophagus (e.g. esophageal stricture or achalasia) OR inability to stand or sit upright for at least 30 minutes.

*High fracture risk is defined as either:

- a prior fragility fracture AND a moderate 10-year fracture risk (10% to 20%) based on the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the Fracture Risk Assessment (FRAX) tool; OR
- a high 10-year fracture risk (greater than or equal to 20%) based on the CAROC or FRAX tool; OR
- where a patient's 10-year fracture risk based on the CAROC or FRAX tool is less than the thresholds defined above, a high fracture risk based on evaluation of clinical risk factors for fracture

Note: use of the CAROC or FRAX tool may underestimate fracture risk in certain circumstances and may not include all risk factors.

LU Authorization Period: Indefinite

Existing Reason For Use Code

Code 319

No changes to the criteria of this code.

Changes to Reason For Use Content

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02444747	Daklinza	30mg	Tab	BQU
02444755	Daklinza	60mg	Tab	BQU

Revised Reason For Use Content

Code 492

Due to discontinuation and delisting of Sunvepra (asunaprevir) LU Code 492 has been deactivated.

Code 493

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

(i) Treatment is being 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 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.

Treatment regimens for daclatasvir (Daklinza) for genotype 3:

I. Treatment-naive or treatment-experienced without cirrhosis
Approval regimen: 12 weeks in combination with sofosbuvir (Sovaldi)

II. Treatment-naive or treatment-experienced with compensated cirrhosis (2); or decompensated cirrhosis (2); or post-liver transplant.
Approval 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.

Changes to Reason For Use Content (Continued)

LU Authorization Period: 12 Weeks

Note:

1. Treatment-experienced is defined as those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.
2. 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])
3. 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.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02456370	Epclusa	400mg & 100mg	Tab	GIL

Revised Reason For Use Content

Code 488

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

(i) Treatment is being 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.

Treatment regimens for Epclusa (sofosbuvir-velpatasvir):

I. Treatment-naive or treatment-experienced (1) non-cirrhotic or compensated cirrhosis (2)
Approved duration: 12 weeks

II. Treatment-naive or treatment-experienced patients with decompensated cirrhosis (2)
Approved regimen: 12 weeks in combination with Ribavirin (RBV)

Changes to Reason For Use Content (Continued)

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.

Note:

1. Treatment-experienced are those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.
2. 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.
3. 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.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02432226	Harvoni	90mg & 400mg	Tab	GIL

Revised Reason For Use Content

Code 482

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

(i) Treatment is being 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

Treatment regimens:

- Treatment-naive, non-cirrhotic, recent quantitative hepatitis C viral load less than 6 M IU/mL
  Approved duration: 8 weeks

Changes to Reason For Use Content (Continued)

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

Code 483

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

(i) Treatment is being 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

Treatment regimens:

I. Treatment-naive, without cirrhosis, viral load greater than or equal to 6 M IU/mL; or treatment-naive with cirrhosis; or treatment-experienced without cirrhosis
Approved duration: 12 weeks

II. Treatment-naive or treatment-experienced with decompensated cirrhosis (2)
Approved regimen: 12 weeks in combination with ribavirin (Ibavyr)

III. Treatment-naive or treatment-experienced liver transplant recipients without cirrhosis or with compensated cirrhosis (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 484

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

Changes to Reason For Use Content (Continued)

(i) Treatment is being 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

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

Note:

1. Treatment-experienced are those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.
2. 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.
3. 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.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02418355	Sovaldi	400mg	Tab	GIL

Revised Reason For Use Content

Code 485

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

Changes to Reason For Use Content (Continued)

(i) Treatment is being 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

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 of 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 2:

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

(i) Treatment is being 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

Changes to Reason For Use Content (Continued)

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 of 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:

I. Treatment-naive or treatment-experienced without cirrhosis
Approved regimen: 12 weeks in combination with daclatasvir (Daklinza)

II. Treatment-naive and treatment-experienced with compensated cirrhosis (2); or decompensated cirrhosis (2); or post-liver transplant
Approved regimen: 12 weeks in combination with daclatasvir (Daklinza) and ribavirin

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

(i) Treatment is being 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

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 of gentotype 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.

Changes to Reason For Use Content (Continued)

Treatment regimens for sofosbuvir (Sovaldi) for genotype 3:

- Treatment-naive or treatment-experienced without cirrhosis, or with compensated cirrhosis (2), or with decompensated cirrhosis (2), 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

Note:

1. Treatment-experienced are those who failed prior therapy with an interferon-based regimen, including regimens containing an HCV protease inhibitor.
2. 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.
3. Combination therapy with Zepatier (elbasvir/grazoprevir) will not be considered for funding.
4. 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.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02451131	Zepatier	50mg & 100mg	Tab	MEK

Revised Reason For Use Content

Code 489

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

(i) Treatment is being 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.

Changes to Reason For Use Content (Continued)

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

I. Treatment-naive with or without compensated cirrhosis (2)
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 (2)
Approved duration: 12 weeks

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

I. Treatment-naive patients, treatment-experienced relapsers, with or without compensated cirrhosis (2)
Approved duration: 12 weeks

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

(i) Treatment is being 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.

Treatment-experienced genotype 1a or genotype 4 who have had on-treatment virologic failures (3)

Approved regimen: 16 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: 16 Weeks

Changes to Reason For Use Content (Continued)

Note:

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. Treatment may be considered for patients with compensated cirrhosis (Child-Turcotte-Pugh A [i.e. Score 5 to 6])
3. On-treatment virologic failures are patients who have had a null response, partial response, virologic breakthrough or rebound, or intolerance to prior treatment.
4. Combination therapy with Sovaldi (sofosbuvir) will not be considered for funding for any genotypes.
5. 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.

Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
02285606	Alvesco	100mcg/ Actuation	Inh-120 Dose Pk	NYC	AZC
02285614	Alvesco	200mcg/ Actuation	Inh-120 Dose Pk	NYC	AZC
01907123*	Isoptin SR	120mg	LA Tab	ABB	BGP
01934317	Isoptin SR	180mg	LA Tab	ABB	BGP
00742554	Isoptin SR	240mg	LA Tab	ABB	BGP
02241602	Lipidil Supra	160mg	Tab	SPH	BGP
02243878*	Serc	16mg	Tab	SPH	BGP
02247998*	Serc	24mg	Tab	SPH	BGP
02287633	Ceftriaxone Sodium for Injection	1g/Vial	Inj Pd-1 Vial Pk	NOP	TEV
01937219	Novamilor	5mg & 50mg	Tab	NOP	TEV
00406724	Novamoxin	250mg	Cap	NOP	TEV
00406716	Novamoxin	500mg	Cap	NOP	TEV
00452149	Novamoxin	25mg/mL	O/L	NOP	TEV
00452130	Novamoxin	50mg/mL	O/L	NOP	TEV
01934171	Novamoxin (Sugar Reduced)	25mg/mL	O/L	NOP	TEV
01934163	Novamoxin (Sugar Reduced)	50mg/mL	O/L	NOP	TEV
02036347*	Novamoxin Chewable	125mg	Chew Tab	NOP	TEV
02036355*	Novamoxin Chewable	250mg	Chew Tab	NOP	TEV
00216666	Novasen	325mg	Ent Tab	NOP	TEV
00229296	Novasen	650mg	Ent Tab	NOP	TEV

* Off-Formulary Interchangeable (OFI) Product

Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02171929	Novo-5-ASA	NOP	Teva-5-ASA	TEV	400mg	Tab
02204517	Novo-Acebutolol	NOP	Teva-Acebutolol	TEV	100mg	Tab
02204525	Novo-Acebutolol	NOP	Teva-Acebutolol	TEV	200mg	Tab
02204533	Novo-Acebutolol	NOP	Teva-Acebutolol	TEV	400mg	Tab
02261715	Novo-Alendronate	NOP	Teva-Alendronate	TEV	70mg	Tab
02314541*	Novo-Atomoxetine	NOP	Teva-Atomoxetine	TEV	10mg	Cap
02314568*	Novo-Atomoxetine	NOP	Teva-Atomoxetine	TEV	18mg	Cap
02314576*	Novo-Atomoxetine	NOP	Teva-Atomoxetine	TEV	25mg	Cap
02314584*	Novo-Atomoxetine	NOP	Teva-Atomoxetine	TEV	40mg	Cap
02314592*	Novo-Atomoxetine	NOP	Teva-Atomoxetine	TEV	60mg	Cap
02280183*	Novo-Betahistine	NOP	Teva-Betahistine	TEV	8mg	Tab
02280191*	Novo-Betahistine	NOP	Teva-Betahistine	TEV	16mg	Tab
02280205*	Novo-Betahistine	NOP	Teva-Betahistine	TEV	24mg	Tab
02270226	Novo-Bicalutamide	NOP	Teva-Bicalutamide	TEV	50mg	Tab
02267470	Novo-Bisoprolol	NOP	Teva-Bisoprolol	TEV	5mg	Tab
02297489	Novo-Bisoprolol	NOP	Teva-Bisoprolol	TEV	10mg	Tab
02230584	Novo-Bromazepam	NOP	Teva-Bromazepam	TEV	3mg	Tab
02230585	Novo-Bromazepam	NOP	Teva-Bromazepam	TEV	6mg	Tab
02231492*	Novo-Buspirone	NOP	Teva-Buspirone	TEV	10mg	Tab
01942964	Novo-Captopril	NOP	Teva-Captopril	TEV	12.5mg	Tab
01942972	Novo-Captopril	NOP	Teva-Captopril	TEV	25mg	Tab
01942980	Novo-Captopril	NOP	Teva-Captopril	TEV	50mg	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
01942999	Novo-Captopril	NOP	Teva-Captopril	TEV	100mg	Tab
02235134	Novo-Cefadroxil	NOP	Teva-Cefadroxil	TEV	500mg	Cap
00342084	Novo-Lexin	NOP	Teva-Cephalexin	TEV	250mg	Cap
00342114	Novo-Lexin	NOP	Teva-Cephalexin	TEV	500mg	Cap
00583413	Novo-Lexin	NOP	Teva-Cephalexin	TEV	250mg	Tab
00583421	Novo-Lexin	NOP	Teva-Cephalexin	TEV	500mg	Tab
00342092	Novo-Lexin	NOP	Teva-Cephalexin 250	TEV	50mg/mL	Pd for Oral Susp
00342106	Novo-Lexin	NOP	Teva-Cephalexin 500	TEV	25mg/mL	Pd for Oral Susp
00021261	Novo-Chloroquine	NOP	Teva-Chloroquine	TEV	250mg	Tab
02266369	Novo-Cilazapril	NOP	Teva-Cilazapril	TEV	2.5mg	Tab
02293218	Novo-Citalopram	NOP	Teva-Citalopram	TEV	20mg	Tab
02293226	Novo-Citalopram	NOP	Teva-Citalopram	TEV	40mg	Tab
02304163	Novo-Clonidine	NOP	Teva-Clonidine	TEV	0.025mg	Tab
02046121	Novo-Clonidine	NOP	Teva-Clonidine	TEV	0.1mg	Tab
02046148	Novo-Clonidine	NOP	Teva-Clonidine	TEV	0.2mg	Tab
00337757	Novo-Cloxin	NOP	Teva-Cloxacillin	TEV	25mg/mL	O/L
00337765	Novo-Cloxin	NOP	Teva-Cloxacillin	TEV	250mg	Cap
00337773	Novo-Cloxin	NOP	Teva-Cloxacillin	TEV	500mg	Cap
00808539	Novo-Difenac	NOP	Teva-Diclofenac	TEV	25mg	Ent Tab
00808547	Novo-Difenac	NOP	Teva-Diclofenac	TEV	50mg	Ent Tab
02158582	Novo-Difenac	NOP	Teva-Diclofenac	TEV	75mg	LA Tab
02048698	Novo-Difenac	NOP	Teva-Diclofenac	TEV	100mg	LA Tab
02242538	Novo-Diltazem CD	NOP	Teva-Diltazem CD	TEV	120mg	LA Cap
02242539	Novo-Diltazem CD	NOP	Teva-Diltazem CD	TEV	180mg	LA Cap
02242540	Novo-Diltazem CD	NOP	Teva-Diltazem CD	TEV	240mg	LA Cap

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02242541	Novo-Diltazem CD	NOP	Teva-Diltazem CD	TEV	300mg	LA Cap
00862924	Novo-Diltiazem	NOP	Teva-Diltiazem	TEV	30mg	Tab
00862932	Novo-Diltiazem	NOP	Teva-Diltiazem	TEV	60mg	Tab
00021423**	Novo-Dimenate	NOP	Teva-Dimenate	TEV	50mg	Tab
02239701	Novo-Divalproex	NOP	Teva-Divalproex	TEV	125mg	Ent Tab
02239702	Novo-Divalproex	NOP	Teva-Divalproex	TEV	250mg	Ent Tab
02239703	Novo-Divalproex	NOP	Teva-Divalproex	TEV	500mg	Ent Tab
02242728	Novo-Doxazosin	NOP	Teva-Doxazosin	TEV	1mg	Tab
02242729	Novo-Doxazosin	NOP	Teva-Doxazosin	TEV	2mg	Tab
02242730	Novo-Doxazosin	NOP	Teva-Doxazosin	TEV	4mg	Tab
02233005	Novo-Enalapril	NOP	Teva-Enalapril	TEV	5mg	Tab
02233006	Novo-Enalapril	NOP	Teva-Enalapril	TEV	10mg	Tab
02233007	Novo-Enalapril	NOP	Teva-Enalapril	TEV	20mg	Tab
02022133	Novo-Famotidine	NOP	Teva-Famotidine	TEV	20mg	Tab
02022141	Novo-Famotidine	NOP	Teva-Famotidine	TEV	40mg	Tab
02236978	Novo-Fluconazole	NOP	Teva-Fluconazole	TEV	50mg	Tab
02236979	Novo-Fluconazole	NOP	Teva-Fluconazole	TEV	100mg	Tab
02100509	Novo-Flurprofen	NOP	Teva-Flurbiprofen	TEV	50mg	Tab
02100517	Novo-Flurprofen	NOP	Teva-Flurbiprofen	TEV	100mg	Tab
00337730	Novo-Semide	NOP	Teva-Furosemide	TEV	20mg	Tab
00337749	Novo-Semide	NOP	Teva-Furosemide	TEV	40mg	Tab
02241704	Novo-Gemfibrozil	NOP	Teva-Gemfibrozil	TEV	300mg	Cap
02142074*	Novo-Gemfibrozil	NOP	Teva-Gemfibrozil	TEV	600mg	Tab
02238103	Novo-Gliclazide	NOP	Teva-Gliclazide	TEV	80mg	Tab
00363685	Novo-Peridol	NOP	Teva-Haloperidol	TEV	0.5mg	Tab
00363677	Novo-Peridol	NOP	Teva-Haloperidol	TEV	1mg	Tab
00363669	Novo-Peridol	NOP	Teva-Haloperidol	TEV	2mg	Tab
00363650	Novo-Peridol	NOP	Teva-Haloperidol	TEV	5mg	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00713449	Novo-Peridol	NOP	Teva-Haloperidol	TEV	10mg	Tab
00768820	Novo-Peridol	NOP	Teva-Haloperidol	TEV	20mg	Tab
00337420	Novo-Methacin	NOP	Teva-Indomethacin	TEV	25mg	Cap
00337439	Novo-Methacin	NOP	Teva-Indomethacin	TEV	50mg	Cap
02231061	Novo-Ketoconazole	NOP	Teva-Ketoconazole	TEV	200mg	Tab
02280515	Novo-Lansoprazole	NOP	Teva-Lansoprazole	TEV	15mg	DR Cap
02280523	Novo-Lansoprazole	NOP	Teva-Lansoprazole	TEV	30mg	DR Cap
02261251	Novo-Leflunomide	NOP	Teva-Leflunomide	TEV	10mg	Tab
02261278	Novo-Leflunomide	NOP	Teva-Leflunomide	TEV	20mg	Tab
02244494	Novo-Levocarbidopa	NOP	Teva-Levocarbidopa	TEV	100mg & 10mg	Tab
02244495	Novo-Levocarbidopa	NOP	Teva-Levocarbidopa	TEV	100mg & 25mg	Tab
02244496	Novo-Levocarbidopa	NOP	Teva-Levocarbidopa	TEV	250mg & 25mg	Tab
02285118	Novo-Lisinopril (Type Z)	NOP	Teva-Lisinopril (Type Z)	TEV	5mg	Tab
02285126	Novo-Lisinopril (Type Z)	NOP	Teva-Lisinopril (Type Z)	TEV	10mg	Tab
02285134	Novo-Lisinopril (Type Z)	NOP	Teva-Lisinopril (Type Z)	TEV	20mg	Tab
02302136	Novo-Lisinopril/HCTZ (Type P)	NOP	Teva-Lisinopril/HCTZ (Type P)	TEV	10mg & 12.5mg	Tab
02302144	Novo-Lisinopril/HCTZ (Type P)	NOP	Teva-Lisinopril/HCTZ (Type P)	TEV	20mg & 12.5mg	Tab
02302152*	Novo-Lisinopril/HCTZ (Type P)	NOP	Teva-Lisinopril/HCTZ (Type P)	TEV	20mg & 25mg	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00711101	Novo-Lorazem	NOP	Teva-Lorazepam	TEV	0.5mg	Tab
00637742	Novo-Lorazem	NOP	Teva-Lorazepam	TEV	1mg	Tab
00637750	Novo-Lorazem	NOP	Teva-Lorazepam	TEV	2mg	Tab
02221284	Novo-Medrone	NOP	Teva-Medroxyprogesterone	TEV	2.5mg	Tab
02221292	Novo-Medrone	NOP	Teva-Medroxyprogesterone	TEV	5mg	Tab
02221306	Novo-Medrone	NOP	Teva-Medroxyprogesterone	TEV	10mg	Tab
02315068	Novo-Methylphenidate ER-C	NOP	Teva-Methylphenidate ER-C	TEV	18mg	SR Tab
02315076	Novo-Methylphenidate ER-C	NOP	Teva-Methylphenidate ER-C	TEV	27mg	SR Tab
02315084	Novo-Methylphenidate ER-C	NOP	Teva-Methylphenidate ER-C	TEV	36mg	SR Tab
02315092	Novo-Methylphenidate ER-C	NOP	Teva-Methylphenidate ER-C	TEV	54mg	SR Tab
02108143*	Novo-Minocycline	NOP	Teva-Minocycline	TEV	50mg	Cap
02108151*	Novo-Minocycline	NOP	Teva-Minocycline	TEV	100mg	Cap
02259354	Novo-Mirtazapine	NOP	Teva-Mirtazapine	TEV	30mg	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02279894	Novo-Mirtazapine OD	NOP	Teva-Mirtazapine OD	TEV	15mg	Orally Disintegrating Tab
02279908	Novo-Mirtazapine OD	NOP	Teva-Mirtazapine OD	TEV	30mg	Orally Disintegrating Tab
02279916	Novo-Mirtazapine OD	NOP	Teva-Mirtazapine OD	TEV	45mg	Orally Disintegrating Tab
02302764	Novo-Morphine SR	NOP	Teva-Morphine SR	TEV	15mg	SR Tab
02302772	Novo-Morphine SR	NOP	Teva-Morphine SR	TEV	30mg	SR Tab
02302780	Novo-Morphine SR	NOP	Teva-Morphine SR	TEV	60mg	SR Tab
02302799	Novo-Morphine SR	NOP	Teva-Morphine SR	TEV	100mg	SR Tab
02302802*	Novo-Morphine SR	NOP	Teva-Morphine SR	TEV	200mg	SR Tab
02314290*	Novo-Naratriptan	NOP	Teva-Naratriptan	TEV	1mg	Tab
02314304*	Novo-Naratriptan	NOP	Teva-Naratriptan	TEV	2.5mg	Tab
02295415	Novo-Omeprazole	NOP	Teva-Omeprazole	TEV	20mg	DR Tab
02285479*	Novo-Pantoprazole	NOP	Teva-Pantoprazole	TEV	20mg	Ent Tab
02285487	Novo-Pantoprazole	NOP	Teva-Pantoprazole	TEV	40mg	Ent Tab
00869007	Novo-Pindol	NOP	Teva-Pindolol	TEV	5mg	Tab
00869015	Novo-Pindol	NOP	Teva-Pindolol	TEV	10mg	Tab
00869023	Novo-Pindol	NOP	Teva-Pindolol	TEV	15mg	Tab
02274914*	Novo-Pioglitazone	NOP	Teva-Pioglitazone	TEV	15mg	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02274922*	Novo-Pioglitazone	NOP	Teva-Pioglitazone	TEV	30mg	Tab
02274930*	Novo-Pioglitazone	NOP	Teva-Pioglitazone	TEV	45mg	Tab
00695718	Novo-Pirocam	NOP	Teva-Piroxicam	TEV	10mg	Cap
00695696	Novo-Pirocam	NOP	Teva-Piroxicam	TEV	20mg	Cap
01934198	Novo-Prazin	NOP	Teva-Prazosin	TEV	1mg	Tab
01934201	Novo-Prazin	NOP	Teva-Prazosin	TEV	2mg	Tab
01934228	Novo-Prazin	NOP	Teva-Prazosin	TEV	5mg	Tab
00496480	Novo-Pranol	NOP	Teva-Propranolol	TEV	10mg	Tab
00740675	Novo-Pranol	NOP	Teva-Propranolol	TEV	20mg	Tab
00496499	Novo-Pranol	NOP	Teva-Propranolol	TEV	40mg	Tab
00496502	Novo-Pranol	NOP	Teva-Propranolol	TEV	80mg	Tab
02298376	Novo-Risedronate	NOP	Teva-Risedronate	TEV	5mg	Tab
02298384	Novo-Risedronate	NOP	Teva-Risedronate	TEV	30mg	Tab
02298392	Novo-Risedronate	NOP	Teva-Risedronate	TEV	35mg	Tab
02282690	Novo-Risperidone	NOP	Teva-Risperidone	TEV	0.25mg	Tab
02264188	Novo-Risperidone	NOP	Teva-Risperidone	TEV	0.5mg	Tab
02264196	Novo-Risperidone	NOP	Teva-Risperidone	TEV	1mg	Tab
02264218	Novo-Risperidone	NOP	Teva-Risperidone	TEV	2mg	Tab
02264226	Novo-Risperidone	NOP	Teva-Risperidone	TEV	3mg	Tab
02264234	Novo-Risperidone	NOP	Teva-Risperidone	TEV	4mg	Tab
02068087	Novo-Selegiline	NOP	Teva-Selegiline	TEV	5mg	Tab
00613215	Novo-Spiroton	NOP	Teva-Spironolactone	TEV	25mg	Tab
00613223	Novo-Spiroton	NOP	Teva-Spironolactone	TEV	100mg	Tab
00613231	Novo-Spirozine-25	NOP	Teva-Spironolactone/HCTZ	TEV	25mg & 25mg	Tab
00657182	Novo-Spirozine-50	NOP	Teva-Spironolactone/HCTZ	TEV	50mg & 50mg	Tab
02045702	Novo-Sucralate	NOP	Teva-Sucralfate	TEV	1g	Tab

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Product Brand and Manufacturer Name Changes (Continued)

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00745588	Novo-Sundac	NOP	Teva-Sulindac	TEV	150mg	Tab
00745596	Novo-Sundac	NOP	Teva-Sulindac	TEV	200mg	Tab
02286815*	Novo-Sumatriptan DF	NOP	Teva-Sumatriptan DF	TEV	25mg	Tab
02286823*	Novo-Sumatriptan DF	NOP	Teva-Sumatriptan DF	TEV	50mg	Tab
02286831*	Novo-Sumatriptan DF	NOP	Teva-Sumatriptan DF	TEV	100mg	Tab
00851965	Novo-Tamoxifen	NOP	Teva-Tamoxifen	TEV	10mg	Tab
00851973	Novo-Tamoxifen	NOP	Teva-Tamoxifen	TEV	20mg	Tab
02240346*	Novo-Terbinafine	NOP	Teva-Terbinafine	TEV	250mg	Tab
02179679	Novo-Tiaprofenic	NOP	Teva-Tiaprofenic	TEV	200mg	Tab
02179687	Novo-Tiaprofenic	NOP	Teva-Tiaprofenic	TEV	300mg	Tab
00532657	Novo-Triamzide	NOP	Teva-Triamterene/HCTZ	TEV	25mg & 50mg	Tab
00726540	Novo-Trimel	NOP	Teva-Trimel	TEV	40mg & 8mg/mL	O/L
00510637	Novo-Trimel	NOP	Teva-Trimel	TEV	400mg & 80mg	Tab
00510645	Novo-Trimel DS	NOP	Teva-Trimel DS	TEV	800mg & 160mg	Tab
02009277	Cromolyn	PMS	Cromolyn Eye Drops	PEN	2%	Oph Sol

* Off-Formulary Interchangeable (OFI) Product

** Not-a-Benefit (NAB) Product

Drug Benefit Price (DBP) Changes

DIN/PIN/	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
09857513	DuoTrav PQ	0.5% & 0.004%	Oph Sol-5mL Pk	ALC	58.9500
09854207	Neocate Junior	1kcal/mL	Pd-400g Pk	NUT	54.2699

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00390291	Tears Naturale	0.1%/0.3%	Oph-Sol	ALC

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02452294	Sunvepra	100mg	Cap	BQU
02256088*	Co Azithromycin	600mg	Tab	COB
00004774**	Daraprim	25mg	Tab	CEL
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

* Off-Formulary Interchangeable (OFI) Product

** Facilitated Access HIV/AIDS Product

*** Remain on Formulary as Not-a-Benefit (NAB) to serve as a reference product in the interchangeable group

Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
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 (OFI) Product

** Facilitated Access HIV Product

*** Remain on Formulary as Not-a-Benefit (NAB) to serve as a reference product in the interchangeable group


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