

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

**Summary of Changes – March 2019**  
Effective March 28, 2019

Drug Programs Policy and Strategy Branch  
Drugs and Devices Division  
Ministry of Health and Long-Term Care

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# New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02453754	Praluent	75mg/mL	Inj Sol-Pref Syr	ALIROCUMAB	SAC	279.3600
02453819	Praluent	75mg/mL	Inj Sol-Pref Pen	ALIROCUMAB	SAC	279.3600
02453762	Praluent	150mg/mL	Inj Sol-Pref Syr	ALIROCUMAB	SAC	279.3600
02453835	Praluent	150mg/mL	Inj Sol-Pref Pen	ALIROCUMAB	SAC	279.3600

## Reason For Use Code and Clinical Criteria

### Code 555

For the treatment of Heterozygous Familial Hypercholesterolemia (HeFH) in patients 18 years of age or older who meet the following criteria:

- Definite or probable diagnosis of HeFH using the Simon Broome or Dutch Lipid Network criteria or genetic testing;

AND

- Unable to reach Low Density Lipoprotein Cholesterol (LDL-C) target (i.e., LDL-C less than 2.0 mmol/L for secondary prevention) or at least 50% reduction in LDL-C from untreated baseline for primary prevention despite:

A) Confirmed adherence to ezetimibe for at least a total of 3 months in combination with high dose statin (e.g., atorvastatin 80mg or rosuvastatin 40mg);

OR

B) Confirmed adherence to ezetimibe for at least a total of 3 months and inability to tolerate high dose statin defined as:

- (i) Inability to tolerate at least 2 statins with at least one started at the lowest starting dose;
- (ii) For each statin (two statins in total), dose reduction is attempted for intolerable symptom (myopathy) or biomarker abnormality

## New Single-Source Products (Continued)

- (creatine kinase (CK) greater than 5 times the upper limit of normal) resolution rather than discontinuation of statin altogether;
- (iii) For each statin (two statins in total), intolerable symptoms (myopathy) or abnormal biomarker (creatine kinase (CK) greater than 5 times the upper limit of normal) changes are reversible upon statin discontinuation but reproducible by re-challenge of statins where clinically appropriate; and
  - (iv) One of the following:
    - I.) Other known determinants of intolerable symptoms or abnormal biomarkers have been ruled out;
    - II.) Patient developed confirmed and documented rhabdomyolysis;
    - III.) Patient is statin contraindicated i.e. active liver disease, unexplained persistent elevations of serum transaminases exceeding 3 times the upper limit of normal.

Treatment with Praluent should be discontinued if the patient does not meet all of the following:

1. Patient is adherent to therapy.
2. Patient has achieved a reduction in LDL-C of at least 40% from baseline (4-8 weeks after initiation of Praluent).
3. Patient continues to have a significant reduction in LDL-C (with continuation of Praluent) of at least 40% from baseline since initiation of PCSK9 inhibitor. LDL-C should be checked periodically with continued treatment with PCSK9 inhibitors (e.g., every 6 months).

Patients prescribed Praluent 75mg every two weeks are limited to 26 prefilled syringes (PFS) or pre-filled pens (PFP) per year. Patients prescribed Praluent 150mg every two weeks or 300mg every four weeks must use the 150mg/mL dosage strength and are limited to 26 PFS or PFP per year.

LU Authorization Period: 1 Year

## New Single-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02461528	Basaglar	100U/mL	Inj Sol-KwikPen (80U) Pref Pen 5x3mL Pk.	INSULIN GLARGINE	LIL	69.6375

# New Multi-Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02433060	Jamp-Amoxicillin	250mg	Cap	JPC	0.0672
02433079	Jamp-Amoxicillin	500mg	Cap	JPC	0.1308

(Interchangeable with Amoxil)

## Therapeutic Note:

The activity of amoxicillin is essentially identical to ampicillin. However, amoxicillin is more completely absorbed and causes diarrhea less frequently than ampicillin. The only situation where amoxicillin should not be used to replace oral ampicillin is Shigellosis

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02471485	Auro-Atomoxetine	10mg	Cap	AUR	0.5106
02471493	Auro-Atomoxetine	18mg	Cap	AUR	0.5748
02471507	Auro-Atomoxetine	25mg	Cap	AUR	0.6420
02471515	Auro-Atomoxetine	40mg	Cap	AUR	0.7369
02471523	Auro-Atomoxetine	60mg	Cap	AUR	0.8092

(Interchangeable with Strattera)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02465612	Mint-Bisoprolol	5mg	Tab	MIN	0.0715
02465620	Mint-Bisoprolol	10mg	Tab	MIN	0.1044

(Interchangeable with Monacor)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02472791	M-Moxifloxacin	400mg	Tab	MAT	1.5230

(Interchangeable with Avelox)

## New Multi-Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02467372	M-Pantoprazole	40mg	Ent Tab	MAT	0.2016

(Interchangeable with Pantoloc)

### Reason For Use Code and Clinical Criteria

#### Code 293

Gastroesophageal Reflux Disease (GERD)

For the treatment of erosive GERD or upper GI malignancy; OR

For the treatment of non-erosive GERD after failure of H2-receptor antagonist therapy.

Patients with GERD should be reassessed within 6 months after initial treatment with a PPI. The reassessment could include confirmation of need for PPI with endoscopy, a trial of PPI withdrawal, or step-down therapy to H2-receptor antagonist therapy.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year.

#### Code 295

H. pylori-positive Peptic Ulcers

For the treatment of H. pylori-positive peptic ulcers where H. pylori is documented, by serology, urea breath test or endoscopy, for a one-week course in combination with antimicrobial therapy. Retreatment of H. pylori-positive peptic ulcers must be documented by persistent H. pylori infection on urea breath test or endoscopy.

Maximum duration: 7 days (for retreatment, a four-week period must elapse since the end of the previous treatment).

LU Authorization Period: 1 year.

#### Code 297

Confirmed Peptic Ulcers or NSAID-induced Ulcer Prophylaxis:

For the treatment of confirmed peptic ulcers and NSAID-induced ulcers; OR

For the prophylaxis of NSAID-induced ulcers for patients at increased risk of GI bleeding.

Note: There is a lack of published evidence to support double-dose PPI therapy in this setting.

LU Authorization Period: 1 year

## New Multi-Source Products (Continued)

### Code 401

Other Gastrointestinal Disorders:

For the treatment of gastroduodenal Crohns disease, short-gut syndrome, scleroderma, or pancreatitis.

Note: There is a lack of published evidence to support double-dose PPI therapy in these settings.

LU Authorization Period: 1 year.

### Code 402

Severe Conditions:

For the treatment of severe esophagitis, Zollinger-Ellison syndrome, esophageal stricture, persistent symptoms of GERD or persistent erosive esophagitis, or upon hospital discharge following a gastrointestinal bleed.

For patients receiving double-dose therapy, the need to continue treatment at higher doses should be reassessed after eight weeks. For re-treatment at higher doses, a four-week period should have elapsed from the end of the previous treatment. Reassessment could include a procedural assessment of the condition or step-down therapy to lower-dose proton pump inhibitor (PPI) therapy.

LU Authorization Period: 1 year

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02473291	Auro-Quinapril HCTZ	10mg & 12.5mg	Tab	AUR	0.4786
02473305	Auro-Quinapril HCTZ	20mg & 12.5mg	Tab	AUR	0.4786
02473321	Auro-Quinapril HCTZ	20mg & 25mg	Tab	AUR	0.4602

(Interchangeable with Accuretic)



# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02471531	Auro-Atomoxetine	80mg	Cap	AUR	3.9960
02471558	Auro-Atomoxetine	100mg	Cap	AUR	4.3520

(Interchangeable with Strattera)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02483912	Nat-Erlotinib	25mg	Tab	NAT	11.8667
02483920	Nat-Erlotinib	100mg	Tab	NAT	47.4667
02483939	Nat-Erlotinib	150mg	Tab	NAT	71.2000

(Interchangeable with Tarceva)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02460130	Teva-Fulvestrant Injection	50mg/mL	Inj Sol-5mL Pref Syr Pk	TEV	495.4600/Syr

(Interchangeable with Faslodex)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02482983	Taro-Imiquimod Pump	5%	Top Cr	TAR	43.4350/g

(Interchangeable with Aldara P - **PIN 09857622**)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	Unit Price
02468557	PRZ-Sildenafil	100mg	Tab	PRZ	9.2006

(Interchangeable with Viagra)

# Removal of Therapeutic Note

The following Therapeutic Note is removed from the Generic Name **QUINAPRIL & HYDROCHLOROTHIAZIDE** on the list of DINs.

## Therapeutic Note:

Accuretic contains quinapril HCl & hydrochlorothiazide.

Apo-Quinapril/HCTZ contains quinapril magnesium & hydrochlorothiazide.

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02237367	Accuretic	10mg & 12.5mg	Tab	PFI
02408767	Apo-Quinapril/HCTZ	10mg & 12.5mg	Tab	APX
02237368	Accuretic	20mg & 12.5mg	Tab	PFI
02408775	Apo-Quinapril/HCTZ	20mg & 12.5mg	Tab	APX
02237369	Accuretic	20mg & 25mg	Tab	PFI
02408783	Apo-Quinapril/HCTZ	20mg & 25mg	Tab	APX

# Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00778915	TobraDex	0.3% & 0.1%	Oph Oint	ALC	NOV
02322412	Abilify	20mg	Tab	BQU	OTS
00254142	Dulcolax	5mg	Ent Tab	BOE	SAC
00003875	Dulcolax	10mg	Sup	BOE	SAC

# Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
02080052	Novo-Cycloprine (Not-A-Benefit)	NOP	Teva-Cyclobenzaprine HCL (Not-A-Benefit)	TEV	10mg	Tab
02271605	Novo-Diltiazem HCl ER	NOP	Teva-Diltiazem HCl ER	TEV	120mg	SR Cap
02271613	Novo-Diltiazem HCl ER	NOP	Teva-Diltiazem HCl ER	TEV	180mg	SR Cap
02271621	Novo-Diltiazem HCl ER	NOP	Teva-Diltiazem HCl ER	TEV	240mg	SR Cap
02271648	Novo-Diltiazem HCl ER	NOP	Teva-Diltiazem HCl ER	TEV	300mg	SR Cap
02271656	Novo-Diltiazem HCl ER	NOP	Teva-Diltiazem HCl ER	TEV	360mg	SR Cap
01912070	Ratio-Domperidone	RPH	Teva-Domperidone	TEV	10mg	Tab

# Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02238525	Hp-PAC	30mg & 500mg & 500mg	Tab/Cap Pk	ABB	92.7200
02165503	Prevacid	15mg	DR Cap	ABB	2.0840
02165511	Prevacid	30mg	DR Cap	ABB	2.0840
02171228	Synthroid	0.112mg	Tab	ABB	0.1104
02172062	Synthroid	0.025mg	Tab	ABB	0.0966
02172070	Synthroid	0.05mg	Tab	ABB	0.0663
02172089	Synthroid	0.075mg	Tab	ABB	0.1044
02172097	Synthroid	0.088mg	Tab	ABB	0.1044
02172100	Synthroid	0.1mg	Tab	ABB	0.0819
02172119	Synthroid	0.125mg	Tab	ABB	0.1117
02172127	Synthroid	0.15mg	Tab	ABB	0.0880
02172135	Synthroid	0.175mg	Tab	ABB	0.1196
02172143	Synthroid	0.2mg	Tab	ABB	0.0935
02172151	Synthroid	0.3mg	Tab	ABB	0.1289
00628115	Apo-Amoxi	250mg	Cap	APX	0.0672
00628123	Apo-Amoxi	500mg	Cap	APX	0.1308
02243351	Apo-Amoxi Clav	500mg & 125mg	Tab	APX	1.1333
00487872	Apo-Cimetidine	300mg	Tab	APX	0.3423
02261081	Apo-Dexamethasone	0.5mg	Tab	APX	0.1564
02408767	Apo-Quinapril/HCTZ	10mg & 12.5mg	Tab	APX	0.4786
02408775	Apo-Quinapril/HCTZ	20mg & 12.5mg	Tab	APX	0.4786
02408783	Apo-Quinapril/HCTZ	20mg & 25mg	Tab	APX	0.4602
02296462	Advagraf	0.5mg	ER Cap	ASE	2.2199

## Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02296470	Advagraf	1mg	ER Cap	ASE	2.8396
02331667	Advagraf	3mg	ER Cap	ASE	8.5188
02296489	Advagraf	5mg	ER Cap	ASE	14.2205
02388073	Auro-Amoxicillin	250mg	Cap	AUR	0.0672
02388081	Auro-Amoxicillin	500mg	Cap	AUR	0.1308
00443832	Depakene	50mg/mL	O/L	BGP	0.1261
00596418	Epival	125mg	Ent Tab	BGP	0.3207
00596426	Epival	250mg	Ent Tab	BGP	0.5767
00596434	Epival	500mg	Ent Tab	BGP	1.1539
01934317	Isoptin SR	180mg	LA Tab	BGP	1.7806
00742554	Isoptin SR	240mg	LA Tab	BGP	2.3746
02242163	Kadian	10mg	SR Cap	BGP	0.4110
02184435	Kadian	20mg	SR Cap	BGP	0.7985
02184443	Kadian	50mg	SR Cap	BGP	1.5105
02184451	Kadian	100mg	SR Cap	BGP	2.6348
02241602	Lipidil Supra	160mg	Tab	BGP	1.3363
01919342	Luvox	50mg	Tab	BGP	0.9770
01919369	Luvox	100mg	Tab	BGP	1.7567
02231459	Mavik	1mg	Cap	BGP	0.7191
02231460	Mavik	2mg	Cap	BGP	0.8264
02239267	Mavik	4mg	Cap	BGP	1.0196
00402516	DDAVP	0.1mg/mL	Nas Sol-2.5mL Pk	FEI	49.5600
00836362	DDAVP	10mcg/Metered Dose	Nas Sp-2.5mL Pk	FEI	49.5600

## Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02284995	DDAVP Melt	60mcg	Orally Disintegrating Tab	FEI	1.0147
02285002	DDAVP Melt	120mcg	Orally Disintegrating Tab	FEI	2.0299
02285010	DDAVP Melt	240mcg	Orally Disintegrating Tab	FEI	3.6539
02337029	Firmagon	80mg	Pd for Inj-Vial Pk	FEI	261.1200
02337037	Firmagon	120mg	Pd for Inj-Vial Pk	FEI	353.2800
02099683	Pentasa	500mg	Del-Release Tab	FEI	0.5881
02399466	Pentasa	1g	ER Tab	FEI	1.1761
02153556	Pentasa	4g/100mL	Enema	FEI	6.0400
02153521	Pentasa	1g/100mL	Enema	FEI	4.7900
02153564	Pentasa	1g	Sup	FEI	1.9962
02254794	Pico-Salax	3.5g & 12g & 10mg	Pd for Sol-12g Sachet	FEI	10.2000
02269074	Lipidil EZ	48mg	Tab	FOU	0.4467
02269082	Lipidil EZ	145mg	Tab	FOU	1.1437
02243595	Asmanex Twisthaler	200mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	37.7000
02243596	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-30 Dose Pk	MEK	37.7000
09857431	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	75.4000
02298791*	Emend	80mg	Cap	MEK	34.2825
02298805*	Emend	125mg	Cap	MEK	34.2825
02298813	Emend Tri-Pack	125mg & 80mg	Cap	MEK	102.8500

\* Exceptional Access Program (EAP)

## Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02333856	Janumet	500mg & 50mg	Tab	MEK	1.6837
02333864	Janumet	850mg & 50mg	Tab	MEK	1.6837
02333872	Janumet	1000mg & 50mg	Tab	MEK	1.6837
02416786	Janumet XR	500mg & 50mg	ER Tab	MEK	1.6837
02416794	Janumet XR	1000mg & 50mg	ER Tab	MEK	1.6837
02416808	Janumet XR	1000mg & 100mg	ER Tab	MEK	3.3674
02424622*	Posanol	100mg	DR Tab	MEK	48.6850
02361752	Zenhale	100mcg & 5mcg	Metered Dose Inh- 120 Dose Pk	MEK	95.0000
02361760	Zenhale	200mcg & 5mcg	Metered Dose Inh- 120 Dose Pk	MEK	115.1300
02182815	Cozaar	25mg	Tab	MFC	1.7708
02182874	Cozaar	50mg	Tab	MFC	1.7708
02182882	Cozaar	100mg	Tab	MFC	1.7708
02230047	Hyzaar	50mg & 12.5mg	Tab	MFC	1.7708
02297841	Hyzaar	100mg & 12.5mg	Tab	MFC	1.7337
02241007	Hyzaar DS	100mg & 25mg	Tab	MFC	1.7708
02388839	Januvia	25mg	Tab	MFC	3.1040
02388847	Januvia	50mg	Tab	MFC	3.1040
02303922	Januvia	100mg	Tab	MFC	3.1040
00839396	Prinivil	10mg	Tab	MFC	0.9213
00839418	Prinivil	20mg	Tab	MFC	1.1076
00708879	Vasotec	5mg	Tab	MFC	1.2182
00670901	Vasotec	10mg	Tab	MFC	1.4638

\* Exceptional Access Program (EAP)



## Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
00670928	Vasotec	20mg	Tab	MFC	1.7665
00868965	Suprax	20mg/mL	Oral Susp	ODN	0.5198
02243910	Remeron	30mg	Tab	ORG	1.7984
02248542	Remeron RD	15mg	Orally Disintegrating Tab	ORG	0.5237
02248543	Remeron RD	30mg	Orally Disintegrating Tab	ORG	1.0468
02248544	Remeron RD	45mg	Orally Disintegrating Tab	ORG	1.5705
01964976	PMS- Dexamethasone	0.5mg	Tab	PMS	0.1564
02318660	Olmotec	20mg	Tab	SCP	1.2810
02318679	Olmotec	40mg	Tab	SCP	1.2810
02319616	Olmotec Plus	20mg & 12.5mg	Tab	SCP	1.2810
02319624	Olmotec Plus	40mg & 12.5mg	Tab	SCP	1.2810
02319632	Olmotec Plus	40mg & 25mg	Tab	SCP	1.2810
02293404*	Posanol	40mg/mL	O/L	SCP	9.7371
02245345	Androgel	1%	2.5g Foil Packet	SPH	2.3237
02245346	Androgel	1%	5.0g Foil Packet	SPH	4.1090
02240432	Teveten	400mg	Tab	SPH	0.7550
02243942	Teveten	600mg	Tab	SPH	1.1543
02253631	Teveten Plus	600mg & 12.5mg	Tab	SPH	1.1543
02426862	Aptiom	200mg	Tab	SUO	9.8700
02426870	Aptiom	400mg	Tab	SUO	9.8700
02426889	Aptiom	600mg	Tab	SUO	9.8700
02426897	Aptiom	800mg	Tab	SUO	9.8700

\* Exceptional Access Program (EAP)

# Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02393433	Apo-Nitroglycerin	0.4mg/Metered Dose	Spray-200 Dose Pk	APX
02314649	Apo-Fentanyl Matrix	50mcg/hr	Trans Patch	APX
02290812	Apo-Timop Gel	0.5%	Oph Gellan Sol	APX
02163705	Atrovent	0.03%	Nasal Spray	BOE
02163713*	Atrovent	0.06%	Nasal Spray	BOE
09857579**	Mylan-Fentanyl Matrix Patch	75mcg/hr	Trans Patch	MYL
09857587**	Mylan-Fentanyl Matrix Patch	100mcg/hr	Trans Patch	MYL
02177811	PMS-Cephalexin 125 (Not-a-Benefit)	25mg/mL	Pd for Oral Susp	PMS
02177838	PMS-Cephalexin 250 (Not-a-Benefit)	50mg/mL	Pd for Oral Susp	PMS
02245272*	Amaryl	1mg	Tab	SAV
02245273*	Amaryl	2mg	Tab	SAV
02245274*	Amaryl	4mg	Tab	SAV
02299909***	Cubicin	500mg/10mL	Pd for Inj -10mL Vial Pk	SUO
02264749	Taro-Mometasone	0.1%	Oint	TAR

\* Off-Formulary Interchangeable (OFI) Product

\*\* Palliative Care Facilitated Access

\*\*\* Exceptional Access Program (EAP)

# Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02241594*	Mirapex	0.5mg	Tab	BOE
02237146	Mirapex	1mg	Tab	BOE
09857269*	Mirapex	1mg	Tab	BOE
02237147	Mirapex	1.5mg	Tab	BOE
09857270*	Mirapex	1.5mg	Tab	BOE
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

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

\*\* Off-Formulary Interchangeable (OFI) Product

## Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
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
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

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

\*\* Off-Formulary Interchangeable (OFI) Product

## Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
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
02382210	Mylan-Pregabalin	25mg	Cap	MYL
02382229	Mylan-Pregabalin	50mg	Cap	MYL
02382237	Mylan-Pregabalin	75mg	Cap	MYL
02382245	Mylan-Pregabalin	150mg	Cap	MYL

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

\*\* Off-Formulary Interchangeable (OFI) Product

## Delisted Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
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
02230243	PMS-Amoxicillin	250mg	Cap	PMS
02240684	Ratio-Dexamethasone	0.5mg	Tab	RPH
02243771	Ratio-Aclavulanate	500mg & 125mg	Tab	RPH
02269309	Teva-Pramipexole	0.25mg	Tab	TEV
02139375***	Vancomycin	500mg/Vial	Inj-Vial Pk	FKC
02139383***	Vancomycin	1g/Vial	Inj-Vial Pk	FKC

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

\*\* Off-Formulary Interchangeable (OFI) Product

\*\*\* Effective with the June 2019 Formulary Update, Vancomycin will be delisted. Pharmacists are encouraged to plan accordingly and to transition patients as necessary to ensure continuity in drug therapy for their patients, as well as counsel affected patients appropriately.

