Ontario

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – December 2020
Effective December 18, 2020

Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health

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New Single Source Products

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02496933	Avsola	100mg/ Vial	Pd for Sol-Vial Pk	INFLIXIMAB	AMG	493.0000/ Vial

Reason For Use Code and Clinical Criteria

Code 592

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.

New Single Source Products (Continued)

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.

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 593

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.

New Single Source Products (Continued)

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

Code 594

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 percent 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.

New Single Source Products (Continued)

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 595

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.

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.

New Single Source Products (Continued)

**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

Code 596

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

New Single Source Products (Continued)

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 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.

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 Avsola or be off corticosteroids after the first year of treatment.

New Single Source Products (Continued)

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

LU Authorization Period: 1 year

Code 597

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).

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.

New Single Source Products (Continued)

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 598

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
02469901	Admelog	100U/mL	Inj Sol-10mL Vial Pk	INSULIN LISPRO	SAC	22.7000/ Vial
02469898	Admelog	100U/mL	Inj Sol-5x3mL Cart Pk	INSULIN LISRO	SAC	45.0000
02469871	Admelog	100U/mL	Inj Sol-5x3mL SoloSTAR Pref Pen Pk	INSULIN LISPRO	SAC	45.0000

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New Multi-Source Products

Where applicable, please consult the respective brand reference product's drug profile on the ODB e-Formulary for the details of the Limited Use (LU) code and criteria, and/or any associated Therapeutic Notes (TN).

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02477726	AG-Amoxicillin	500mg	Cap	ANG	0.1308

(Interchangeable with Amoxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02369184	AG-Atenolol	50mg	Tab	ANG	0.1107
02369192	AG-Atenolol	100mg	Tab	ANG	0.1821

(Interchangeable with Tenormin – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02476142	AG-Pravastatin	10mg	Tab	ANG	0.2916
02476150	AG-Pravastatin	20mg	Tab	ANG	0.3440
02476169	AG-Pravastatin	40mg	Tab	ANG	0.4143

(Interchangeable with Pravachol – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02475979	AG-Quetiapine	25mg	Tab	ANG	0.0494

(Interchangeable with Seroquel – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02477882	AG-Sertraline	25mg	Cap	ANG	0.1516
02477890	AG-Sertraline	50mg	Cap	ANG	0.3032
02477904	AG-Sertraline	100mg	Cap	ANG	0.3303

(Interchangeable with Zoloft – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02475936	AG-Topiramate	25mg	Tab	ANG	0.2433
02475944	AG-Topiramate	100mg	Tab	ANG	0.4583

(Interchangeable with Topamax – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02460750	GLN-Ezetimibe	10mg	Tab	GLP	0.1811

(Interchangeable with Ezetrol – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02469812	GLN-Olmesartan	20mg	Tab	GLP	0.3019
02469820	GLN-Olmesartan	40mg	Tab	GLP	0.3019

(Interchangeable with Olmetec – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02472686	Jamp Granisetron	1mg	Tab	JPC	4.5000

(Interchangeable with Kytril – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02499258	NRA-Olmesartan	20mg	Tab	NRA	0.3019
02499266	NRA-Olmesartan	40mg	Tab	NRA	0.3019

(Interchangeable with Olmetec – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02287021	Baclofen	10mg	Tab	SAI	0.1595

(Interchangeable with Lioresal – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02287048	Baclofen	20mg	Tab	SAI	0.3104

(Interchangeable with Lioresal DS – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02401509	Amoxicillin	500mg	Cap	SIV	0.1308

(Interchangeable with Amoxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495562	Bisoprolol Tablets	5mg	Tab	SIV	0.0715
02495570	Bisoprolol Tablets	10mg	Tab	SIV	0.1044

(Interchangeable with Monocor – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495651	Cephalexin	500mg	Tab	SIV	0.1731

(Interchangeable with Keflex – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02496674	Mirtazapine	30mg	Tab	SIV	0.3100

(Interchangeable with Remeron – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02343665	Olanzapine ODT	5mg	ODT	SIV	0.3574
02343673	Olanzapine ODT	10mg	ODT	SIV	0.7143
02343681	Olanzapine ODT	15mg	ODT	SIV	1.0711

(Interchangeable with Zyprexa Zydis – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02388235	Paroxetine	20mg	Tab	SIV	0.3250
02388243	Paroxetine	30mg	Tab	SIV	0.3453

(Interchangeable with Paxil – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02389703	Pravastatin	10mg	Tab	SIV	0.2916
02389738	Pravastatin	20mg	Tab	SIV	0.3440
02389746	Pravastatin	40mg	Tab	SIV	0.4143

(Interchangeable with Pravachol – GB)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02308363	Ramipril	1.25mg	Cap	SIV	0.0708
02287927	Ramipril	2.5mg	Cap	SIV	0.0817
02287935	Ramipril	5mg	Cap	SIV	0.0817
02287943	Ramipril	10mg	Cap	SIV	0.1034

(Interchangeable with Altace – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02390302	Telmisartan HCTZ	80mg & 12.5mg	Tab	SIV	0.2098
02390310	Telmisartan HCTZ	80mg & 25mg	Tab	SIV	0.2098

(Interchangeable with Micardis Plus – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02481901	Taro-Ciprofloxacin/Dexamethasone	0.3% w/v & 0.1% w/v	Otic Susp-7.5mL Pk (With Preservative)	TAR	21.6300

(Interchangeable with Ciprodex – LU)

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New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02485419	AG-Cyclobenzaprine	10mg	Tab	ANG	0.3765

(Interchangeable with Flexeril)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02405059	Auro-Valacyclovir	1000mg	Tab	AUR	5.8537

(Interchangeable with Valtrex)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02492911	Sandoz Everolimus	2.5mg	Tab	SDZ	172.2559
02492938	Sandoz Everolimus	5mg	Tab	SDZ	172.2559
02492946	Sandoz Everolimus	10mg	Tab	SDZ	172.2559

(Interchangeable with Afinitor)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02343703	Olanzapine ODT	20mg	ODT	SIV	7.5977

(Interchangeable with Zyprexa Zydis)

New Off-Formulary Interchangeable (OFI) Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02388227	Paroxetine	10mg	Tab	SIV	1.0430

(Interchangeable with Paxil)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02506203	Taro-Clobetasol Shampoo	0.05% w/w	Top Shampoo	TAR	1.0838/mL

(Interchangeable with Clobex Shampoo)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02482398	Taro-Fampridine	10mg	ER Tab	TAR	8.4730

(Interchangeable with Fampyra)

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Manufacturer Name Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Current Mfr	New Mfr
00511528*	Mogadon	5mg	Tab	VAL	AAP
00511536*	Mogadon	10mg	Tab	VAL	AAP

* These 2 DINs, along with Winpred 1mg Tab (DIN 00271373), are not discontinued as announced in the November 2020 update.

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Product Brand and Manufacturer Name Changes

DIN/PIN	Current Brand Name	Current Mfr	New Brand Name	New Mfr	Strength	Dosage Form
00771376	Apo-Diltiaz	APX	AA-Diltiaz	AAP	30mg	Tab
00771384	Apo-Diltiaz	APX	AA-Diltiaz	AAP	60mg	Tab
02243180	Apo-Feno-Micro	APX	AA-Feno-Micro	AAP	67mg	Cap
02239864	Apo-Feno-Micro	APX	AA-Feno-Micro	AAP	200mg	Cap
00521698	Apo-Flurazepam	APX	Flurazepam	AAP	15mg	Cap
00521701	Apo-Flurazepam	APX	Flurazepam	AAP	30mg	Cap
02238560	Apo-Flutamide	APX	Flutamide	AAP	250mg	Tab
02272873	Apo-Levocarb CR	APX	AA-Levocarb CR	AAP	100mg & 25mg	CR Tab
02245211	Apo-Levocarb CR	APX	AA-Levocarb CR	AAP	200mg & 50mg	CR Tab
02084090	Apo-Minocycline	APX	Minocycline	AAP	50mg	Cap
02084104	Apo-Minocycline	APX	Minocycline	AAP	100mg	Cap
02259893	Apo-Tizanidine	APX	Tizanidine	AAP	4mg	Tab

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Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02266695	Lithmax	300mg	ER Tab	AAP	0.2753
02239698	Apo-Divalproex	125mg	Ent Tab	APX	0.1539
02239699	Apo-Divalproex	250mg	Ent Tab	APX	0.2767
02239700	Apo-Divalproex	500mg	Ent Tab	APX	0.5537
02308894	Apo-Granisetron	1mg	Tab	APX	4.5000
02299801	Auro-Mirtazapine OD	15mg	ODT	AUR	0.4046
02299828	Auro-Mirtazapine OD	30mg	ODT	AUR	0.8087
02299836	Auro-Mirtazapine OD	45mg	ODT	AUR	1.2132
02247162	Crestor	10mg	Tab	AZC	1.4033
01978918	Pulmicort Nebuamp	0.25mg/mL	Inh Susp	AZC	0.4790
01978926	Pulmicort Nebuamp	0.5mg/mL	Inh Susp	AZC	0.9558
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	1.6726
01976133	Dovonex	50mcg/g	Oint	LEO	0.9531
02270811	Finacea	15%	Top Gel	LEO	0.6688
00586668	Fucidin	2%	Cr	LEO	0.8547
00586676	Fucidin	2%	Oint	LEO	0.8547
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	5.8080
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	8.1220
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	10.4460
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	23.6900
02429470	Innohep	12000IU/0.6mL	Inj Pref Syr	LEO	28.4540
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	33.1960
02429489	Innohep	16000IU/0.8mL	Inj Pref Syr	LEO	37.9390
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	42.6760
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	93.5300
02244149	Protopic	0.03%	Oint	LEO	2.6173
02244148	Protopic	0.1%	Oint	LEO	2.8000
02458926	Mylan-Divalproex	125mg	Ent Tab	MYL	0.1539
02458934	Mylan-Divalproex	250mg	Ent Tab	MYL	0.2767
02459019	Mylan-Divalproex	500mg	Ent Tab	MYL	0.5537

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP
02452359	Nat-Granisetron	1mg	Tab	NAT	4.5000
80003615	Erdol	8288IU/mL	O/L	ODN	0.3325/mL
02449439	Ran-Ramipril HCTZ	2.5mg & 12.5mg	Tab	RAN	0.2242
02449447	Ran-Ramipril HCTZ	5mg & 12.5mg	Tab	RAN	0.3016
02231800	Sab-Indomethacin	100mg	Sup	SDZ	1.2033
02390701	Sandoz Fenofibrate E	145mg	Tab	SDZ	0.8233
02244403	Taro-Carbamazepine	100mg	Chew Tab	TAR	0.1702
02244404	Taro-Carbamazepine	200mg	Chew Tab	TAR	0.3302

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
00545023	Apo-Bisacodyl	5mg	Ent Tab	APX
02279320	Invirase	500mg	Tab	HLR

Mogadon 5mg (DIN 00511528) and 10mg (00511536) Tablets and Winpred 1mg Tablets (DIN 00271373) are not discontinued as announced in the November 2020 Formulary update and continue to be funded on the Formulary. For further details, please see the notes in the Manufacturer Name Changes section.

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Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
09858123*	Phenelzine Sulfate Tablets USP	15mg	Tab	LUP
02465167	Mint-Fenofibrate E	145mg	Tab	MIN
02239701	Teva-Divalproex	125mg	Ent Tab	TEV
02239702	Teva-Divalproex	250mg	Ent Tab	TEV
02239703	Teva-Divalproex	500mg	Ent Tab	TEV

* This product is removed as a temporary benefit as the manufacturer is unable to provide supply. Prescribers, pharmacists and consumers are asked to refer to notices provided by Erfa Canada (manufacturer of Nardil) and Health Canada for additional information regarding the shortage of phenelzine sulfate.