

# Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – December 2023  
Effective December 29, 2023

Drug Programs Policy and Strategy Branch  
Health Programs and Delivery Division  
Ministry of Health

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# New Single Source Products

Generic Name: SEMAGLUTIDE

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02497581	Rybelsus	3mg	Tab	NOO	7.2030

## Reason For Use Code and Clinical Criteria

### Code 662

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 3mg once daily.

LU Authorization Period: Indefinite

## New Single Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02497603	Rybelsus	7mg	Tab	NOO	7.2030

### Code 663

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 7mg once daily

LU Authorization Period: Indefinite

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02497611	Rybelsus	14mg	Tab	NOO	7.2030

### Code 664

For the treatment of adult patients with type 2 diabetes when adequate glycemic control is not achieved on the maximum tolerated dose of metformin or where metformin is contraindicated or inappropriate.

Semaglutide is not funded in combination with another glucagon-like peptide-1 receptor agonist (GLP-1 RA) or dipeptidyl peptidase-4 (DPP-4) inhibitor.

Oral semaglutide is not funded in combination with injectable semaglutide. Coverage is only provided for one dosage format.

Maximum reimbursed dose: 14mg once daily

LU Authorization Period: Indefinite

## 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
02536161	Apo-Dapagliflozin-Metformin	5mg & 1000mg	Tab	APX	0.6432

(Interchangeable with Xigduo – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02541734	Apo-Rivaroxaban	2.5mg	Tab	APX	0.3550
02527537	PMS-Rivaroxaban	2.5mg	Tab	PMS	0.3550
02524503	Reddy-Rivaroxaban	2.5mg	Tab	DRR	0.3550
02537877	Sandoz Rivaroxaban	2.5mg	Tab	SDZ	0.3550
02526786	Taro-Rivaroxaban	2.5mg	Tab	TAR	0.3550
02470497	Apo-Rivaroxaban	10mg	Tab	APX	0.7175
02512041	PMS-Rivaroxaban	10mg	Tab	PMS	0.7175
02472414	Reddy-Rivaroxaban	10mg	Tab	DRR	0.7175
02482223	Sandoz Rivaroxaban	10mg	Tab	SDZ	0.7175
02483807	Taro-Rivaroxaban	10mg	Tab	TAR	0.7175
02507196	Teva-Rivaroxaban	10mg	Tab	TEV	0.7175
02470500	Apo-Rivaroxaban	15mg	Tab	APX	0.7175
02512068	PMS-Rivaroxaban	15mg	Tab	PMS	0.7175
02472430	Reddy-Rivaroxaban	15mg	Tab	DRR	0.7175
02482231	Sandoz Rivaroxaban	15mg	Tab	SDZ	0.7175
02483815	Taro-Rivaroxaban	15mg	Tab	TAR	0.7175
02507218	Teva-Rivaroxaban	15mg	Tab	TEV	0.7175
02470519	Apo-Rivaroxaban	20mg	Tab	APX	0.7175
02512076	PMS-Rivaroxaban	20mg	Tab	PMS	0.7175
02472422	Reddy-Rivaroxaban	20mg	Tab	DRR	0.7175
02482258	Sandoz Rivaroxaban	20mg	Tab	SDZ	0.7175
02483823	Taro-Rivaroxaban	20mg	Tab	TAR	0.7175
02507226	Teva-Rivaroxaban	20mg	Tab	TEV	0.7175

(Interchangeable with Xarelto – LU)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02513986	Auro-Lurasidone	20mg	Tab	AUR	1.2250
02513994	Auro-Lurasidone	40mg	Tab	AUR	1.2250
02514001	Auro-Lurasidone	60mg	Tab	AUR	1.2250
02514028	Auro-Lurasidone	80mg	Tab	AUR	1.2250
02514036	Auro-Lurasidone	120mg	Tab	AUR	1.2250

(Interchangeable with Latuda – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02535483	Auro-Valganciclovir	50mg/mL	Pd for Oral Sol- 100mL Pk	AUR	205.8900/Pk

(Interchangeable with Valcyte – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02534800	Flecainide	50mg	Tab	SAI	0.1389
02534819	Flecainide	100mg	Tab	SAI	0.2779

(Interchangeable with Tambocor – GB)

IN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02534886	Fluconazole	50mg	Tab	SIV	1.2904
02534894	Fluconazole	100mg	Tab	SIV	2.2891

(Interchangeable with Diflucan – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02506661	Jamp Trospium	20mg	Tab	JPC	0.4072

(Interchangeable with Trosec – LU)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02467836	M-Citalopram	20mg	Tab	MAT	0.1332
02467844	M-Citalopram	40mg	Tab	MAT	0.1332

(Interchangeable with Celexa – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02537796	M-Dorzolamide-Timolol	2% & 0.5%	Oph Sol (With Preservative)	MAT	2.0951/mL

(Interchangeable with Cosopt – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02531240	NRA-Candesartan HCTZ	16mg & 12.5mg	Tab	NRA	0.2156
02531259	NRA-Candesartan HCTZ	32mg & 12.5mg	Tab	NRA	0.2156
02531267	NRA-Candesartan HCTZ	32mg & 25mg	Tab	NRA	0.3008

(Interchangeable with Atacand Plus – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536943	PMS-Methylphenidate CR	10mg	ER Cap	PMS	0.6993
02536951	PMS-Methylphenidate CR	15mg	ER Cap	PMS	1.0028
02536978	PMS-Methylphenidate CR	20mg	ER Cap	PMS	1.2923
02536986	PMS-Methylphenidate CR	30mg	ER Cap	PMS	1.7756
02536994	PMS-Methylphenidate CR	40mg	ER Cap	PMS	2.2620
02537001	PMS-Methylphenidate CR	50mg	ER Cap	PMS	2.7450
02537028	PMS-Methylphenidate CR	60mg	ER Cap	PMS	3.1943
02537036	PMS-Methylphenidate CR	80mg	ER Cap	PMS	4.2113

(Interchangeable with Biphentin – GB)

## New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02536250	PRZ-Doxycycline	100mg	Tab	PRZ	0.4560

(Interchangeable with Vibra-Tabs – GB)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02496003*	Taro-Testosterone Cypionate Injection	100mg/mL	Inj Sol-10mL Pk	TAR	34.8780/Vial

(Interchangeable with Depo-Testosterone – LU)

\*This DIN is no longer a Temporary Benefit.



# New Off-Formulary Interchangeable (OFI) Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	Unit Cost
02536765	Mint-Tizanidine	4mg	Tab	MIN	0.8758

(Interchangeable with Zanaflex)

# New Nutrition Products

**G.2 PEDIATRIC FORMULA, CHEMICALLY DEFINED –  
MONOMERIC (ELEMENTAL)**

**MAXIMUM = 35.15**

Product Name	Strength, Dosage Form, Package Size	PIN/NPN	Mfr	Cost (\$) Per 1000 Kcal	Cost (\$) Per Pkg	Amt (\$) MOH Pays	Amt (\$) Patient Pays
Alfamino Junior	1.0kcal/mL, Pd-400g Canister	09858320	NES	35.15	64.68	64.68	0.00

# Additional Limited Use Code & Clinical Criteria

## Addition to all strengths of LENALIDOMIDE capsules

### Limited Use Code & Clinical Criteria

#### Code 659

Multiple Myeloma – Induction Therapy for Transplant Eligible, Newly Diagnosed Multiple Myeloma

Lenalidomide in combination with bortezomib and dexamethasone (RVd) as induction therapy before an autologous stem cell transplantation in patients with previously untreated, transplant-eligible, newly diagnosed multiple myeloma. Funding is for a total of 4 cycles.

Recommended Dose: 15mg or 25mg daily depending on the treatment regimen as a single 15mg capsule or 25mg capsule

Patients should be dispensed the most appropriate strength of lenalidomide to achieve the dose recommendation and with the fewest number of capsules per day.

LU Authorization Period: 1 year

Note: Pharmacists and prescribers should be informed of a drug product's official indications and recommended dosage as set out in Health Canada's approved product monograph. Some aspects of this criteria may differ from the official indications and recommended dosage as described in the product monographs for lenalidomide or other products that may be used as part of combination therapy with lenalidomide. The Executive Officer's funding of drug products is informed by advice from expert committees that consider evidence regarding the safety, clinical efficacy, and cost-effectiveness of the drug products. Where there is a difference between a product monograph and the LU criteria described above, the LU criteria governs for the purpose of funding under the Ontario Drug Benefit Program.

# Limited Use Code & Clinical Criteria Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
09857294	Humira	40mg/0.8mL	Inj Sol-Pref Pen Pk	ABV
02258595	Humira	40mg/0.8mL	Inj Sol-Pref Syr Pk	ABV

## Code 417

Code and criteria ended as of the December 2023 formulary update.

## Code 660

Criteria are the same as Code 417, except for the Limited Use Authorization Period.

LU Authorization Period: Until January 30, 2024

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02242903	Enbrel	25mg/Vial	Inj Pd-Vial Pk	IMU
02274728	Enbrel	50mg/mL	Inj Pref Syr	IMU
09857394	Enbrel SureClick	50mg/mL	Pref AutoInj	IMU

## Code 418

Code and criteria ended as of the December 2023 formulary update.

## Code 661

Criteria are the same as Code 418, except for the Limited Use Authorization Period.

LU Authorization Period: Until January 30, 2024

## Limited Use Code & Clinical Criteria Changes (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02245397	NovoRapid	100U/mL	Inj Sol-10mL Pk	NOO

**Codes 388, 389, 390, 644:** LU codes and criteria ended as of the December 2023 formulary update.

**Codes 642, 643, 646:** These LU codes and criteria remain unchanged.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02244353	NovoRapid Penfill	100U/mL	Inj Sol-5x3mL Pk	NOO
02377209	NovoRapid FlexTouch	100U/mL	Inj Sol-Prefil 5X3mL Pk Disposable Pen	NOO

**Code 628:** LU code and criteria ended as of the December 2023 formulary update.

**Codes 642, 643:** These LU codes and criteria remain unchanged.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02294338	Lantus Solostar	100U/mL	Inj Sol-5x3mL Pk	SAV
02251930	Lantus-(Cartridge)	100U/mL	Inj Sol-5x3mL Pk	SAV

**Code 614:** LU code and criteria ended as of the December 2023 formulary update.

**Codes 642, 643:** These LU codes and criteria remain unchanged.

## Limited Use Code & Clinical Criteria Changes (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02229704	Humalog	100U/mL	Inj Sol-10mL Pk	LIL

**Code 599:** LU code and criteria ended as of the December 2023 formulary update.

**Codes 642, 643, 646:** These LU codes and criteria remain unchanged.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02403412	Humalog Kwikpen	100U/mL	Inj Sol-5x3mL Pk	LIL
09853715	Humalog	100U/mL	Inj Sol-5x3mL Pk	LIL
02470152	Humalog	100U/mL	Inj Sol-Pref Pen 5x3mL Pk (Junior KwikPen)	LIL

**Code 599:** LU code and criteria ended as of the December 2023 formulary update.

**Codes 642, 643:** These LU codes and criteria remain unchanged.

# Changes to Limited Use Criteria & Therapeutic Notes (TN) Associated with Therapies for HIV/AIDS

## Change to Limited Use Criteria

All generic drug products in the same interchangeable category as the brand reference product below also have the LU criteria change.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02247128	Viread	300mg	Tab	GIL

### Code 522

#### Current LU Criteria

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

#### Revised LU Criteria

For HIV/AIDS.

## Change to Therapeutic Note (TN)

All generic drug products in the same interchangeable categories as the brand reference products below also have the TN change.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02192691	3TC	10mg/mL	O/L	VIH
02192683	3TC	150mg	Tab	VIH
02247825	3TC	300mg	Tab	VIH

#### Current TN

For the treatment of HIV/AIDS. The prescriber must be approved for the Facilitated Access to HIV/AIDS Drug Products mechanism. Reimbursement will not be provided for the treatment of hepatitis.

#### Revised TN

Reimbursement will not be provided for the treatment of hepatitis.

## Changes to Limited Use Criteria & Therapeutic Notes (TN) Associated with Therapies for HIV/AIDS (Continued)

### Therapeutic Notes (TN) Removed

All generic drug products in the same interchangeable categories as the brand reference products below also have their entire existing TN removed.

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02300699	Atripla	600mg/300mg/200mg	Tab	BQU
02478579	Biktarvy	50mg & 200mg & 25mg	Tab	GIL
02497220	Cabenuva	200mg/mL & 300mg/mL	Inj Sol-2mL Kit	VIH
02497247	Cabenuva	200mg/mL & 300mg/mL	Inj Sol-3mL Kit	VIH
02299844	Celsentri	150mg	Tab	VIH
02299852	Celsentri	300mg	Tab	VIH
02239213	Combivir	150mg & 300mg	Tab	VIH
02374129	Complera	200mg & 25mg & 300mg	Tab	GIL
02482592	Delstrigo	100mg & 300mg & 300mg	Tab	MEK
02491753	Dovato	50mg & 300mg	Tab	VIH
02370603	Edurant	25mg	Tab	JAN
02449498	Genvoya	150mg & 150mg & 200mg & 10mg	Tab	GIL
02306778	Intelence	100mg	Tab	JAN
02375931	Intelence	200mg	Tab	JAN
02475774	Juluca	50mg & 25mg	Tab	VIH
02243644	Kaletra	80mg/mL & 20mg/mL	O/L	ABV
02312301	Kaletra	100mg & 25mg	Tab	ABV
02285533	Kaletra	200mg & 50mg	Tab	ABV
02269341	Kivexa	600mg & 300mg	Tab	VIH
02357593	Norvir	100mg	Tab	ABB
02461463	Odefsey	200mg & 25mg & 25mg	Tab	GIL
02481545	Pifeltro	100mg	Tab	MEK
02338432	Prezista	75mg	Tab	JAN
02369753	Prezista	150mg	Tab	JAN
02324024	Prezista	600mg	Tab	JAN
02393050	Prezista	800mg	Tab	JAN
02426501	Prezcobix	800mg & 150mg	Tab	JAN
02238348	Rescriptor	100mg	Tab	PFI



## Changes to Limited Use Criteria & Therapeutic Notes (TN) Associated with Therapies for HIV/AIDS (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02248610	Reyataz	150mg	Cap	BQU
02248611	Reyataz	200mg	Cap	BQU
02397137	Stribild	150mg & 150mg & 200mg & 300mg	Tab	GIL
02246045	Sustiva	600mg	Tab	BQU
02261553	Telzir	50mg/mL	Oral Susp	VIH
02261545	Telzir	700mg	Tab	VIH
02414945	Tivicay	50mg	Tab	VIH
02430932	Triumeq	50mg & 600mg & 300mg	Tab	VIH
02244757	Trizivir	300mg & 150mg & 300mg	Tab	VIH
02274906	Truvada	200mg & 300mg	Tab	GIL
02244596	Videx EC	125mg	Enteric Coated Cap	BQU
02244597	Videx EC	200mg	Enteric Coated Cap	BQU
02244598	Videx EC	250mg	Enteric Coated Cap	BQU
02244599	Videx EC	400mg	Enteric Coated Cap	BQU
02238617	Viracept	250mg	Tab	PFI
02248761	Viracept	625mg	Tab	PFI
02497204	Vocabria	30mg	Tab	VIH
02301881	Isentress	400mg	Tab	MFC
02465337	Isentress HD	600mg	Tab	MEK
02238748	Viramune	200mg	Tab	BOE
02367289	Viramune XR	400mg	ER Tab	BOE
02216086	Zerit	15mg	Cap	BQU
02216094	Zerit	20mg	Cap	BQU
02216108	Zerit	30mg	Cap	BQU
02216116	Zerit	40mg	Cap	BQU
02240358	Ziagen	20mg/mL	O/L	VIH
02240357	Ziagen	300mg	Tab	VIH

# Manufacturer Name Changes

DIN/PIN	Product Name	Strength	Dosage Form	Current Mfr	New Mfr
00254142	Dulcolax	5mg	Ent Tab	SAC	SCO
00003875	Dulcolax	10mg	Sup	SAC	SCO
02213834	Nasacort AQ	55mcg/Metered Dose	Nas Sp-120 Dose Pk (with Preservative)	SAV	SCO
02377012	Resotran	1mg	Tab	JAN	AMD
02377020	Resotran	2mg	Tab	JAN	AMD

# Product Name and Manufacturer Name Changes

DIN/PIN	Current Product Name	Current Mfr	New Product Name	New Mfr	Strength	Dosage Form
02259893	Tizanidine	AAP	Apo-Tizanidine	APX	4mg	Tab

# Drug Benefit Price (DBP) Changes

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02147602	Apo-Acebutolol	100mg	Tab	APX	0.1871
02147610	Apo-Acebutolol	200mg	Tab	APX	0.2808
02147629	Apo-Acebutolol	400mg	Tab	APX	0.5348
00874256	Apo-Doxy-Tabs	100mg	Tab	APX	0.4560
02533081	Auro-Dapagliflozin / Metformin	5mg & 1000mg	Tab	AUR	0.6432
02290332	Benazepril	5mg	Tab	AAP	0.9485
02290340	Benazepril	10mg	Tab	AAP	0.9938
02273918	Benazepril	20mg	Tab	AAP	1.2875
02162695	Cytovene	500mg/Vial	Pd Inj-10mL Pk	CHE	46.8199/Pk
02244126	Dovobet	50mcg/g & 0.5mg/g	Oint	LEO	2.0193/g
02319012	Dovobet Gel	50mcg/g & 0.5mg/g	Top Gel	LEO	2.0148/g
01976133	Dovonex	50mcg/g	Oint	LEO	1.1507/g
02351242	Doxycycline Tablets	100mg	Tab	SAI	0.4560
02270811	Finacea	15%	Top Gel	LEO	0.8074/g
00009911	Fleet Enema	160mg & 60mg/mL	Rect Sol (with Preservative)	CBF	0.0313/mL
00107875	Fleet Enema Mineral Oil	100%	Enema	CBF	0.0452/mL
00108065	Fleet Enema Pediatric	160mg & 60mg/mL	Ped Rect Sol	CBF	0.0630/mL
00586668	Fucidin	2%	Cr	LEO	1.0320/g
00586676	Fucidin	2%	Oint	LEO	1.0320/g
00465283	Hydrea	500mg	Cap	BQU	1.0723
01911481	Inhibace	5mg	Tab	CHE	1.0487
02181479	Inhibace Plus	5mg/12.5mg	Tab	CHE	1.0484
09857367	Innohep	2500IU/0.25mL	Inj Pref Syr	LEO	6.7299
02358158	Innohep	3500IU/0.35mL	Inj Pref Syr	LEO	9.4115
02358166	Innohep	4500IU/0.45mL	Inj Pref Syr	LEO	12.1040
02429462	Innohep	8000IU/0.4mL	Inj Pref Syr	LEO	20.9331
02231478	Innohep	10000IU/0.5mL	Inj Pref Syr	LEO	27.4497
02429470	Innohep	12000IU/0.6mL	Inj Pref Syr	LEO	32.9703

# Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP/Unit Price
02358174	Innohep	14000IU/0.7mL	Inj Pref Syr	LEO	38.4649
02429489	Innohep	16000IU/0.8mL	Inj Pref Syr	LEO	43.9609
02358182	Innohep	18000IU/0.9mL	Inj Pref Syr	LEO	49.4500
02167840	Innohep	10000IU/mL	Inj-2mL Pk	LEO	50.8074/Pk
02229515	Innohep	20000IU/mL	Inj-2mL Pk	LEO	108.3686/Pk
02488353	Mar-Tropium	20mg	Tab	MAR	0.4072
02283778	Mylan-Cilazapril	1mg	Tab	MYL	0.3426
00771368	Nix Creme Rinse	1%	Cr Rinse	IPL	0.1701/mL
02229315	PDP-Desonide	0.05%	Cr	PEN	0.2857/g
02229323	PMS-Desonide	0.05%	Oint	PMS	0.2853/g
01990403	PMS-Amantadine HCL	100mg	Cap	PMS	0.5662
02244149	Protopic	0.03%	Oint	LEO	3.1602/g
02244148	Protopic	0.1%	Oint	LEO	3.3804/g
09857427	Resource Diabetic 1.05	1.06kcal/mL	Liq-250mL Pk	NES	2.0352/Pk
00382825	Rivotril	0.5mg	Tab	HLR	0.2605
00382841	Rivotril	2mg	Tab	HLR	0.4492
02244792	Sandoz Morphine SR	60mg	SR Tab	SDZ	1.2180
00026158	Senokot	8.6mg	Tab	PFP	0.0464
02390442	Taro-Clarithromycin	125mg/5mL	Ped Gran	TAR	0.2388
02390450	Taro-Clarithromycin	250mg/5mL	Susp	TAR	0.4685
02204517	Teva-Acebutolol	100mg	Tab	TEV	0.1871
02204525	Teva-Acebutolol	200mg	Tab	TEV	0.2808
02204533	Teva-Acebutolol	400mg	Tab	TEV	0.5348
02158574	Teva-Doxycycline	100mg	Tab	TEV	0.4560
02302780	Teva-Morphine SR	60mg	SR Tab	TEV	1.2180
02306085	Valcyte	50mg/mL	Pd for Oral Sol-100mL Pk	CHE	288.5205/Pk
02245777	Valcyte	450mg	Tab	CHE	25.9688

# Discontinued Products

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

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02484676	Sandoz Efavirenz/Emtricitabine/Tenofovir	600mg/300mg/200mg	Tab	SDZ

# Delisted Products

DIN/PIN	Product Name	Strength	Dosage Form	Mfr
02435632	Accel-Celecoxib	100mg	Cap	ACC
02435640	Accel-Celecoxib	200mg	Cap	ACC
02242518	Actonel	5mg	Tab	WAR
02291134	Apo-Cilazapril	1mg	Tab	APX
02522284	M-Darunavir	600mg	Tab	MAT
02522292	M-Darunavir	800mg	Tab	MAT
01937219	Novamilor	5mg & 50mg	Tab	TEV
02337630	Toctino	10mg	Cap	GSK
02337649	Toctino	30mg	Cap	GSK

