

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

Edition 43

Summary of Changes – December 2024  
Effective December 30, 2024

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

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# New Single Source Products

Generic Name: AFLIBERCEPT

| DIN/PIN  | Product Name | Strength   | Dosage Form            | Mfr | DBP            |
|----------|--------------|------------|------------------------|-----|----------------|
| 02545004 | Eylea HD     | 8mg/0.07mL | Inj Sol-0.07mL Vial Pk | BAH | 1250.0000/Vial |

## Reason For Use Code and Clinical Criteria

### Code 694

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a treatment-naïve eye.

Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in intravitreal injections.

Patients receiving concurrent administration of other anti-VEGF intravitreal injections are not eligible for reimbursement.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

Coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Eylea HD. Coverage will not be provided for patients who have failed to respond to other anti-VEGF agents.

Recommended Dose: Treatment should be initiated with a monthly intravitreal injection for the first 3 consecutive doses, followed by one injection every 8 to 16 weeks.

LU Authorization Period: 1 year

## New Single Source Products (Continued)

### Code 695

For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and a hemoglobin A1c of less than 12 percent.

Patients receiving concurrent administration of other anti-VEGF intravitreal injections are not eligible for reimbursement.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

Coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to Eylea HD. Coverage will not be provided for patients who have failed to respond to other anti-VEGF agents.

**Recommended Dose:** Treatment should be initiated with a monthly intravitreal injection for the first 3 consecutive doses, followed by one injection every 8 to 16 weeks.

LU Authorization Period: 1 year

# 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    |
|----------|--------------|----------|-------------|-----|--------|
| 02548879 | Apixaban     | 2.5mg    | Tab         | SAI | 0.4084 |
| 02548887 | Apixaban     | 5mg      | Tab         | SAI | 0.4084 |

(Interchangeable with Eliquis – GB)

| DIN/PIN  | Product Name | Strength | Dosage Form | Mfr | DBP    |
|----------|--------------|----------|-------------|-----|--------|
| 02351102 | Famotidine   | 20mg     | Tab         | SAI | 0.2658 |
| 02351110 | Famotidine   | 40mg     | Tab         | SAI | 0.4834 |

(Interchangeable with Pepcid – GB)

| DIN/PIN  | Product Name       | Strength | Dosage Form | Mfr | DBP    |
|----------|--------------------|----------|-------------|-----|--------|
| 02429772 | Jamp Gliclazide-MR | 60mg     | ER Tab      | JPC | 0.0632 |

(Interchangeable with Diamicon MR – GB)

| DIN/PIN  | Product Name     | Strength | Dosage Form | Mfr | DBP    |
|----------|------------------|----------|-------------|-----|--------|
| 02545772 | Mar-Ethosuximide | 250mg    | Cap         | MAR | 0.2628 |

(Interchangeable with Zarontin – GB)

## New Multi-Source Products (Continued)

| DIN/PIN  | Product Name              | Strength | Dosage Form | Mfr | DBP    |
|----------|---------------------------|----------|-------------|-----|--------|
| 02524090 | Mint-Ondansetron Solution | 4mg/5mL  | Oral Sol    | MIN | 0.7952 |

(Interchangeable with Zofran – LU)

| DIN/PIN  | Product Name      | Strength | Dosage Form | Mfr | DBP    |
|----------|-------------------|----------|-------------|-----|--------|
| 02547171 | Odan-Ethosuximide | 250mg    | Cap         | ODN | 0.2628 |

(Interchangeable with Zarontin – GB)

| DIN/PIN  | Product Name       | Strength  | Dosage Form | Mfr | DBP    |
|----------|--------------------|-----------|-------------|-----|--------|
| 02549190 | Odan-Valproic Acid | 250mg/5mL | Sol         | ODN | 0.0398 |

(Interchangeable with Depakene – GB)

| DIN/PIN  | Product Name     | Strength | Dosage Form | Mfr | DBP    |
|----------|------------------|----------|-------------|-----|--------|
| 02546949 | Mint-Varenicline | 0.5mg    | Tab         | MIN | 0.4618 |
| 02546957 | Mint-Varenicline | 1 mg     | Tab         | MIN | 0.4618 |

(Interchangeable with Champix – LU)

# New Off-Formulary Interchangeable (OFI) Products

| DIN/PIN  | Product Name          | Strength | Dosage Form | Mfr | Unit Cost |
|----------|-----------------------|----------|-------------|-----|-----------|
| 02549883 | Apo-Bilastine Tablets | 20mg     | Tab         | APX | 1.1240    |
| 02544369 | GLN-Bilastine         | 20mg     | Tab         | GLP | 1.1243    |
| 02546795 | Jamp Bilastine        | 20mg     | Tab         | JPC | 1.0217    |
| 02547279 | Mar-Bilastine         | 20mg     | Tab         | MAR | 1.1240    |
| 02548410 | M-Bilastine           | 20mg     | Tab         | MAT | 1.1240    |
| 02551934 | NRA-Bilastine         | 20mg     | Tab         | NRA | 1.1243    |
| 02536269 | Sandoz Bilastine      | 20mg     | Tab         | SDZ | 1.1240    |

(Interchangeable with Blexten)

| DIN/PIN  | Product Name   | Strength | Dosage Form | Mfr | Unit Cost |
|----------|----------------|----------|-------------|-----|-----------|
| 02551810 | Apo-Vilazodone | 10mg     | Tab         | APX | 3.0482    |
| 02551829 | Apo-Vilazodone | 20mg     | Tab         | APX | 3.0482    |
| 02551837 | Apo-Vilazodone | 40mg     | Tab         | APX | 4.0577    |

(Interchangeable with Viibryd)

| DIN/PIN  | Product Name     | Strength | Dosage Form | Mfr | Unit Cost |
|----------|------------------|----------|-------------|-----|-----------|
| 02430517 | Citalopram       | 10mg     | Tab         | JPC | 0.4464    |
| 02409003 | Natco-Citalopram | 10mg     | Tab         | NAT | 0.4464    |

(Interchangeable with Celexa)

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

| DIN/PIN  | Product Name        | Strength | Dosage Form                | Mfr | Unit Cost |
|----------|---------------------|----------|----------------------------|-----|-----------|
| 02547562 | Icatibant Injection | 30mg/3mL | Inj Sol-Pref Syr<br>3mL Pk | JPC | 2025.0000 |

(Interchangeable with Firazyr)

| DIN/PIN  | Product Name     | Strength | Dosage Form | Mfr | Unit Cost |
|----------|------------------|----------|-------------|-----|-----------|
| 02545357 | Jamp Sumatriptan | 50mg     | Tab         | JPC | 9.0650    |
| 02545365 | Jamp Sumatriptan | 100mg    | Tab         | JPC | 9.9866    |

(Interchangeable with Imitrex)

| DIN/PIN  | Product Name   | Strength | Dosage Form | Mfr | Unit Cost |
|----------|----------------|----------|-------------|-----|-----------|
| 02531887 | Mint-Memantine | 10mg     | Tab         | MIN | 1.6357    |

(Interchangeable with Ebixa)

| DIN/PIN  | Product Name     | Strength | Dosage Form | Mfr | Unit Cost |
|----------|------------------|----------|-------------|-----|-----------|
| 02550377 | NRA-Prucalopride | 1mg      | Tab         | NRA | 2.0145    |
| 02550385 | NRA-Prucalopride | 2mg      | Tab         | NRA | 3.1025    |

(Interchangeable with Resotran)

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

| DIN/PIN  | Product Name    | Strength | Dosage Form | Mfr | Unit Cost |
|----------|-----------------|----------|-------------|-----|-----------|
| 02512777 | Sandoz AFAtinib | 20mg     | Tab         | SDZ | 58.1088   |
| 02512785 | Sandoz AFAtinib | 30mg     | Tab         | SDZ | 58.1088   |
| 02512793 | Sandoz AFAtinib | 40mg     | Tab         | SDZ | 58.1088   |

(Interchangeable with Giotrif)

| DIN/PIN  | Product Name      | Strength | Dosage Form | Mfr | Unit Cost |
|----------|-------------------|----------|-------------|-----|-----------|
| 02330474 | Sandoz Amlodipine | 2.5mg    | Tab         | SDZ | 0.0767    |

(Interchangeable with Norvasc)

# 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 |
|------------------------------------|-------------------------------------|----------|-----|-------------------------|-------------------|-------------------|-----------------------|
| Essential Care Junior (Unflavored) | 1.0 kcal/mL Pd-400g Pouch Pk        | 09858354 | CAM | 29.24                   | 57.78             | 57.78             | 0.00                  |

## H. PEDIATRIC FORMULA, OTHERS MAXIMUM = N/A

| Product Name | Strength, Dosage Form, Package Size | PIN/NPN  | Mfr | Cost (\$) Per 1000 Kcal | Cost (\$) Per Pkg | Amt (\$) MOH Pays | Amt (\$) Patient Pays |
|--------------|-------------------------------------|----------|-----|-------------------------|-------------------|-------------------|-----------------------|
| Renastep     | 2 kcal/mL-200mL Pk bottle           | 09858353 | VIT | 23.08                   | 9.23              | 9.23              | 0.00                  |

# Transition from Off-Formulary Interchangeable (OFI) to Limited Use (LU)

| DIN/PIN  | Product Name                 | Strength | Dosage Form             | Mfr | DBP     |
|----------|------------------------------|----------|-------------------------|-----|---------|
| 02245619 | Copaxone                     | 20mg/mL  | Inj Sol Pref Syr-1mL Pk | TEI | 50.6522 |
| 02541440 | Glatiramer Acetate Injection | 20mg/mL  | Inj Sol Pref Syr-1mL Pk | MYL | 27.8587 |

## Reason For Use Code and Clinical Criteria

### Code 691

As monotherapy for the treatment of patients with relapsing remitting multiple sclerosis (RRMS) meeting ALL the following criteria:

- Recent neurological examination consistent with the diagnosis of RRMS; AND
- Lesions typical of multiple sclerosis on brain magnetic resonance imaging (MRI); AND
- Experienced at least 2 clinical attacks in their lifetime with one attack occurring within the prior year; AND
- EDSS score less than or equal to 6.0 prior to start of treatment; AND
- Prescribed by a neurologist who is experienced in the treatment of Multiple Sclerosis.

Note: Transition from another Disease Modifying therapy (DMT) is permitted in those who are deemed to have met the above criteria prior to initiation of the other DMT and if glatiramer acetate is used as monotherapy.

LU Authorization Period: 1 year

# Transition from Off-Formulary Interchangeable (OFI) to Limited Use (LU) (Continued)

## Code 692

As monotherapy for the treatment of patients who have experienced a single demyelinating event/ Clinically Isolated Syndrome (CIS) meeting ALL the following criteria:

- CIS occurred within the prior 12 months; AND
- Recent neurological examination; AND
- Lesions typical of CIS confirmed on brain magnetic resonance imaging (MRI); AND
- EDSS score less than or equal to 6.0 prior to start of treatment; AND
- Prescribed by a neurologist who is experienced in the treatment of Multiple Sclerosis

Note: Transition from another Disease Modifying therapy (DMT) is permitted in those who are deemed to have met the above criteria prior to initiation of the other DMT and if glatiramer acetate is used as monotherapy.

LU Authorization Period: 1 year

## Code 693

Renewal of therapy for patients diagnosed with relapsing remitting multiple sclerosis (RRMS) or a single demyelinating event /Clinically Isolated Syndrome (CIS) who meet ALL the following criteria:

- Used as monotherapy for the treatment of RRMS or CIS; AND
- EDSS score less than or equal to 6.0; AND
- Disease activity is stabilized as determined by a neurological exam and the number of clinical relapses experienced while on treatment; AND
- Prescribed by a neurologist experienced in the treatment of Multiple Sclerosis (MS) OR a prescriber in consultation with a neurologist overseeing the patient's MS.

LU Authorization Period: 1 year

# Limited Use Code & Clinical Criteria Changes

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

**Codes 642, 643:** LU codes and criteria ended as of the December 2024 formulary update.

**Code 646:** This LU code 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 |

**Codes 642, 643:** LU code and criteria ended as of the December 2024 formulary update.

\*Products delisted from the formulary effective December 2024 formulary update.

| DIN/PIN  | Product Name  | Strength | Dosage Form          | Mfr |
|----------|---------------|----------|----------------------|-----|
| 02245689 | Lantus-(Vial) | 100U/mL  | Inj Sol-10mL Vial Pk | SAV |

**Codes 642, 643:** LU codes and criteria ended as of the December 2024 formulary update.

**Code 644:** This LU code and criteria remain unchanged.

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

| 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 |

**Codes 642, 643:** LU code and criteria ended as of the December 2024 formulary update.

\*Products delisted from the formulary effective December 2024 formulary update.

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

**Codes 642, 643:** LU code and criteria ended as of the December 2024 formulary update.

**Code 646:** This LU code 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<br>(Junior KwikPen) | LIL |

**Codes 642, 643:** LU code and criteria ended as of the December 2024 formulary update.

\*Products delisted from the formulary effective December 2024 formulary update.

# Revision of Limited Use Criteria

| DIN/PIN  | Product Name | Strength | Dosage Form                                  | Mfr |
|----------|--------------|----------|--|-----|
| 02525267 | Bimzelx      | 160mg/mL | Inj Sol-1mL Pref Syr (Preservative-Free)     | UCB |
| 02525275 | Bimzelx      | 160mg/mL | Inj Sol-1mL Pref Autoinj (Preservative-Free) | UCB |

## Revised Clinical Criteria

### Code 641

The existing paragraph on approvals is replaced by the paragraph below. No other changes to the criteria.

Approvals will allow for standard dosing for Bimzelx, which is 320mg subcutaneously every 4 weeks for the first 16 weeks, and every 8 weeks thereafter. A dose of 320mg every 4 weeks after the first 16 weeks may be considered in patients with a body weight of 120kg or more who did not achieve a complete skin response. For patients with no improvement after 16 weeks of treatment at the Health Canada approved dose, higher or more frequent doses are not recommended and the physician should consider switching to an alternative biologic agent.

| DIN/PIN  | Product Name | Strength   | Dosage Form                    | Mfr |
|----------|--------------|------------|--------------------------------|-----|
| 02480522 | Xydalba      | 500mg/Vial | Pd for Sol (Preservative-Free) | EVL |

### Code 677

The existing paragraph is replaced by the paragraph below. No other changes to the criteria.

4. Patient is deemed to be at high risk of nonadherence to a standard antibiotic treatment for MRSA ABSSSI or treatment with dalbavancin rather than a standard antibiotic treatment for MRSA ABSSSI will avoid the need for hospitalization OR will limit the need for prolonged hospitalization; AND

| DIN/PIN  | Product Name               | Strength | Dosage Form      | Mfr |
|----------|----------------------------|----------|------------------|-----|
| 02343541 | Prolia (Preservative Free) | 60mg/mL  | Inj Sol-Pref Syr | AMG |

**Code 690**

Only for a patient who is established on Prolia (denosumab) therapy prior to November 29, 2024 and who is or becomes palliative requiring end-of-life care during the biosimilar transition period between November 29, 2024 to August 29, 2025.

Patient must also meet the following criteria:

- The patient is a postmenopausal female or male with osteoporosis and Prolia (denosumab) is being used to increase the bone mass in the patient;
- The patient is at high risk\* for fracture; and
- One of the following applies to the patient:
  - o The patient has failed other available osteoporosis therapy (i.e., fragility fracture or evidence of a decline in bone mineral density below pre-treatment baseline levels) despite adherence to the therapy for one year; or
  - o bisphosphonates are contraindicated for the patient due to hypersensitivity, abnormalities of the esophagus (e.g., esophageal stricture or achalasia), or inability to stand or sit upright for at least 30 minutes.

\*High risk of fracture is defined as one of the following:

- o 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;
- o a high 10-year fracture risk (greater than or equal to 20%) based on the CAROC or FRAX tool; or
- o 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.

Funded duration: One period of up to 12 months beginning on the date of the first prescription with RFU code 690 is dispensed for the patient.

NOTE: In all cases, patients receiving Prolia must not be receiving concomitant bisphosphonate therapy. The recommended dose of PROLIA (denosumab) is a single SC injection of 60 mg, once every 6 months.

LU Authorization Period: 12 months from date of authorization.

# Manufacturer Name Changes

| DIN/PIN  | Product Name | Strength | Dosage Form | Current Mfr | New Mfr |
|----------|--------------|----------|-------------|-------------|---------|
| 02459418 | Revlimid     | 2.5mg    | Cap         | CEL         | BQU     |
| 02304899 | Revlimid     | 5mg      | Cap         | CEL         | BQU     |
| 02304902 | Revlimid     | 10mg     | Cap         | CEL         | BQU     |
| 02317699 | Revlimid     | 15mg     | Cap         | CEL         | BQU     |
| 02440601 | Revlimid     | 20mg     | Cap         | CEL         | BQU     |
| 02317710 | Revlimid     | 25mg     | Cap         | CEL         | BQU     |

# Product Name and Manufacturer Name Changes

| DIN/PIN  | Current Product Name | Current Mfr | New Product Name | New Mfr | Strength | Dosage Form |
|----------|----------------------|-------------|------------------|---------|----------|-------------|
| 02255529 | Co Fluvoxamine       | COB         | Teva-Fluvoxamine | TEV     | 50mg     | Tab         |
| 02255537 | Co Fluvoxamine       | COB         | Teva-Fluvoxamine | TEV     | 100mg    | Tab         |

# Drug Benefit Price (DBP) Changes

| DIN/PIN  | Product Name               | Strength           | Dosage Form     | Mfr | DBP/Unit Price |
|----------|----------------------------|--------------------|-----------------|-----|----------------|
| 00771376 | AA-Diltiaz                 | 30mg               | Tab             | AAP | 0.2168         |
| 02231329 | Apo-Fluvoxamine            | 50mg               | Tab             | APX | 0.5410         |
| 02231330 | Apo-Fluvoxamine            | 100mg              | Tab             | APX | 0.9728         |
| 02291967 | Apo-Ondansetron            | 4mg/5mL            | O/L             | APX | 0.7952         |
| 02243324 | Apo-Propafenone            | 150mg              | Tab             | APX | 0.6306         |
| 02255529 | Co Fluvoxamine             | 50mg               | Tab             | COB | 0.5410         |
| 02255537 | Co Fluvoxamine             | 100mg              | Tab             | COB | 0.9728         |
| 02244126 | Dovobet                    | 50mcg/g & 0.5mg/g  | Oint            | LEO | 2.1425         |
| 02319012 | Dovobet Gel                | 50mcg/g & 0.5mg/g  | Top Gel         | LEO | 2.1375         |
| 01976133 | Dovonex                    | 50mcg/g            | Oint            | LEO | 1.2208         |
| 02270811 | Finacea                    | 15%                | Top Gel         | LEO | 0.8566         |
| 00586668 | Fucidin                    | 2%                 | Cr              | LEO | 1.0950         |
| 00586676 | Fucidin                    | 2%                 | Oint            | LEO | 1.0950         |
| 09857367 | Innohep                    | 2500IU/0.25mL      | Inj Pref Syr    | LEO | 7.1400         |
| 02358158 | Innohep                    | 3500IU/0.35mL      | Inj Pref Syr    | LEO | 9.9860         |
| 02358166 | Innohep                    | 4500IU/0.45mL      | Inj Pref Syr    | LEO | 12.8420        |
| 02429462 | Innohep                    | 8000IU/0.4mL       | Inj Pref Syr    | LEO | 22.2100        |
| 02231478 | Innohep                    | 10000IU/0.5mL      | Inj Pref Syr    | LEO | 29.1240        |
| 02429470 | Innohep                    | 12000IU/0.6mL      | Inj Pref Syr    | LEO | 34.9820        |
| 02358174 | Innohep                    | 14000IU/0.7mL      | Inj Pref Syr    | LEO | 40.8110        |
| 02429489 | Innohep                    | 16000IU/0.8mL      | Inj Pref Syr    | LEO | 46.6430        |
| 02358182 | Innohep                    | 18000IU/0.9mL      | Inj Pref Syr    | LEO | 52.4660        |
| 02167840 | Innohep                    | 10000IU/mL         | Inj-2mL Pk      | LEO | 53.9070        |
| 02229515 | Innohep                    | 20000IU/mL         | Inj-2mL Pk      | LEO | 114.9800       |
| 02539411 | Jamp Amoxi Clav Suspension | 200mg & 28.5mg/5mL | Susp            | JPC | 0.1007         |
| 02542587 | Jamp Ipratropium HFA       | 20mcg/Metered Dose | Inh-200 Dose Pk | JPC | 11.2530        |
| 02490617 | Jamp Ondansetron           | 4mg/5mL            | O/L             | JPC | 0.7952         |
| 02517469 | Jamp Quinapril             | 20mg               | Tab             | JPC | 0.4642         |
| 02517477 | Jamp Quinapril             | 40mg               | Tab             | JPC | 0.4642         |

# Drug Benefit Price (DBP) Changes (Continued)

| DIN/PIN  | Product Name         | Strength       | Dosage Form          | Mfr | DBP/Unit Price |
|----------|----------------------|----------------|----------------------|-----|----------------|
| 02549433 | Mar-Eszopiclone      | 1mg            | Tab                  | MAR | 1.4365         |
| 02549441 | Mar-Eszopiclone      | 2mg            | Tab                  | MAR | 1.4365         |
| 02549468 | Mar-Eszopiclone      | 3mg            | Tab                  | MAR | 1.4365         |
| 02457172 | Mylan-Propafenone    | 150mg          | Tab                  | MYL | 0.6306         |
| 09853588 | Peptamen Junior      |                | Liq-250mL Pk         | NES | 8.8150         |
| 09857562 | Peptamen Junior 1.5  | 1.5Kcal/mL     | Liq - 250mL Tetra Pk | NES | 13.2224        |
| 09857101 | Peptamen with Prebio | 1kcal/mL       | Liq-250mL Pk         | NES | 8.8150         |
| 09857102 | Peptamen with Prebio | 1kcal/mL       | Liq-1500mL Pk        | NES | 52.8900        |
| 02324253 | PMS-Hydrocodone      | 1mg/mL         | O/L                  | PMS | 0.0617/mL      |
| 02340577 | PMS-Quinapril        | 20mg           | Tab                  | PMS | 0.4642         |
| 02340585 | PMS-Quinapril        | 40mg           | Tab                  | PMS | 0.4642         |
| 09854401 | Portagen             | 1.02kcal/mL    | Pd-454g Pk           | MJN | 55.7800        |
| 02244148 | Protopic             | 0.1%           | Oint                 | LEO | 3.5866         |
| 02244149 | Protopic             | 0.03%          | Oint                 | LEO | 3.3530         |
| 09857369 | PurAmino A+          | 5kcal/g        | Pd-400g Pk           | MJN | 55.7900        |
| 02371081 | Xeomin               | 50 LD50 Units  | Pd for Inj-Vial Pk   | MEZ | 169.4550       |
| 02324032 | Xeomin               | 100 LD50 Units | Pd for Inj-Vial Pk   | MEZ | 338.9100       |

# Discontinued Product

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

| DIN/PIN  | Product Name | Strength   | Dosage Form    | Mfr |
|----------|--------------|------------|----------------|-----|
| 02132664 | Fragmin      | 10000IU/mL | Inj Sol-1mL Pk | PFI |
| 02262800 | Strattera    | 10mg       | Cap            | LIL |
| 02262819 | Strattera    | 18mg       | Cap            | LIL |
| 02262827 | Strattera    | 25mg       | Cap            | LIL |
| 02262835 | Strattera    | 40mg       | Cap            | LIL |
| 02262843 | Strattera    | 60mg       | Cap            | LIL |

# Delisted Products

| DIN/PIN  | Product Name  | Strength          | Dosage Form                                | Mfr |
|----------|---|-------------------|--|-----|
| 02464276 | Adlyxine  | 0.05mg/mL         | Inj Sol-Pref Pen 3mL Pk                    | SAC |
| 02464284 | Adlyxine  | 0.1mg/mL          | Inj Sol-Pref Pen 3mL Pk                    | SAC |
| 02248501 | Apo-Quinapril   | 20mg              | Tab  | APX |
| 02248502 | Apo-Quinapril   | 40mg              | Tab  | APX |
| 02221861 | Anandron  | 50mg              | Tab  | CHE |
| 02291177 | Champix   | 0.5mg             | Tab  | PFI |
| 02291185 | Champix   | 1.0mg             | Tab  | PFI |
| 09857519 | Champix   | 0.5mg & 1.0mg     | Tab (Starter Pack-53 Tabs)                 | PFI |
| 02287153 | Fosrenol  | 500mg             | Chew Tab                                   | TAK |
| 02287161 | Fosrenol  | 750mg             | Chew Tab                                   | TAK |
| 02287188 | Fosrenol  | 1000mg            | Chew Tab                                   | TAK |
| 09857633 | FreeStyle Libre Reader<br>Flash Glucose Monitoring<br>System - Reader |                   |  | ABD |
| 09857632 | FreeStyle Libre Sensor<br>Flash Glucose Monitoring<br>System - Sensor |                   |  | ABD |
| 09853715 | Humalog   | 100U/mL           | Inj Sol-5x3mL Pk                           | LIL |
| 02403412 | Humalog Kwikpen   | 100U/mL           | Inj Sol-5x3mL Pk                           | LIL |
| 02470152 | Humalog   | 100U/mL           | Inj Sol-Pref Pen 5x3mL Pk (Junior KwikPen) | LIL |
| 02294338 | Lantus Solostar   | 100U/mL           | Inj Sol-5x3mL Pk                           | SAV |
| 02251930 | Lantus-(Cartridge)  | 100U/mL           | Inj Sol-5x3mL Pk                           | SAV |
| 02489368 | Latanoprost&Timolol<br>Ophthalmic Solution                            | 50mcg/mL & 5mg/mL | Oph Sol-2.5mL Pk                           | TCI |
| 02244353 | NovoRapid Penfill   | 100U/mL           | Inj Sol-5x3mL Pk                           | NOO |
| 02377209 | NovoRapid FlexTouch   | 100U/mL           | Inj Sol-Prefil 5X3mL Pk Disposable Pen     | NOO |
| 02294559 | PMS-Propafenone   | 150mg             | Tab  | PMS |
| 02343053 | Propafenone   | 150mg             | Tab  | SAI |
| 00862924 | Teva-Diltazem   | 30mg              | Tab  | TEV |
| 09853308 | Vivonex Pediatric   |                   | Pd-48.7g Pk                                | NES |

