

Ontario Drug Benefit Formulary/Comparative Drug Index

Edition 43

Summary of Changes – March 2020

Effective March 31, 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
02478382	Truxima	100mg/10mL	Vial Pk	RITUXIMAB	CEH	337.6135/Vial
02478390	Truxima	500mg/50mL	Vial Pk	RITUXIMAB	CEH	1688.0780/Vial

Reason For Use Code and Clinical Criteria

Code 575

For the treatment of adults with severe active rheumatoid arthritis (RA) (greater than or equal to 5 swollen joints, and rheumatoid factor positive and/or anti-CCP positive, and radiographic evidence of rheumatoid arthritis) who meet ALL the following criteria:

1. Patient has experienced failure to respond, documented intolerance, or contraindication to optimal use of one of the following disease modifying, anti-rheumatic (DMARD) regimens:
 - 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.)
2. Patient has experienced failure to respond, documented intolerance, or contraindication to an adequate trial of at least ONE anti-TNF agent (e.g., adalimumab, etanercept, infliximab, golimumab, certolizumab pegol).
3. Patient is not using rituximab in a maintenance setting.
4. Patient is not using a treatment course of rituximab earlier than 6 months after the completion of a prior course of rituximab.
5. Rituximab is not used in combination with another biologic to treat the patient's RA.

New Single Source Products (Continued)

6. Treatment must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

One course of treatment is 1000mg followed two weeks later by the second 1000mg dose

LU Authorization Period: 3 months

Code 576

For the re-treatment of patients with severe active rheumatoid arthritis (RA) (greater than or equal to 5 swollen joints, and rheumatoid factor positive and/or anti-CCP positive, and radiographic evidence of rheumatoid arthritis) who meet ALL the following criteria:

1. Patient has met the initiation criteria for rituximab in accordance with RFU 575;
2. Patient has experienced loss of effect after having responded to the prior treatment course of rituximab (Response is defined as a 20% reduction in the swollen joint count compared to the joint count prior to the first, pre-treatment course evaluated at 3 to 4 months following the administered course AND improvement in 2 swollen joints); AND
3. Patient is not using rituximab in a maintenance setting; AND
4. Patient is not using a treatment course of rituximab earlier than 6 months after the completion of a prior course of rituximab; AND
5. Rituximab is not used in combination with another biologic to treat the patient's RA.
6. Treatment must be prescribed by a rheumatologist or a prescriber with expertise in rheumatology.

One course of re-treatment is 1000mg followed two weeks later by the second 1000mg dose.

LU Authorization Period: 3 months

New Single Source Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Generic Name	Mfr	DBP
02490226	Vyvanse	10mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	2.2769
02490234	Vyvanse	20mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	2.8322
02490242	Vyvanse	30mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	3.3875
02490250	Vyvanse	40mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	3.9429
02490269	Vyvanse	50mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	4.4982
02490277	Vyvanse	60mg	Chew Tab	LISDEXAMFETAMINE DIMESYLATE	SHI	5.0535

Therapeutic Notes:

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients aged 6 to 17 years who meet the following criteria:

Notes: Patients greater than 6 years of age diagnosed with ADHD according to DSM-IV criteria and where symptoms are not due to other medical conditions which affect concentration, and who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following:

- 1) Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; AND
- 2) Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics or a general practitioner with expertise in ADHD; AND
- 3) Have been tried on methylphenidate immediate release (IR) or methylphenidate slow release (SR) or Dexedrine IR or Dexedrine SR (Spansules), and have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers, or societal barriers.

New Single Source Products (Continued)

Administrative barriers include:

- inability of a school to dose the child at lunch;
- the school lunch hour does not coincide with the dosing schedule;
- poor compliance with noon or afternoon doses;
- the patient is unable to swallow tablets.

Societal barriers include:

- the patient or patient's caregiver(s) has(have) a history of substance abuse or diversion of listed immediate-release alternatives;
- the patient or patient's caregiver(s) is/are at risk of substance abuse or diversion of listed immediate-release alternatives.

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
02487241	Apo-Darunavir	600mg	Tab	APX	12.8910
02487268	Apo-Darunavir	800mg	Tab	APX	17.4885

(Interchangeable with Prezista – GB with TN)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02454505	Med-Latanoprost-Timolol	50mcg/mL & 5mg/mL	Oph Sol-2.5mL Pk	GMP	11.0700

(Interchangeable with Xalacom – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02453355	Jamp Latanoprost	0.005%	Oph Sol-2.5mL Pk	JPC	9.5830

(Interchangeable with Xalatan – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02453770	Jamp-Latanoprost/Timolol	50mcg/mL & 5mg/mL	Oph Sol-2.5mL Pk	JPC	11.0700

(Interchangeable with Xalacom – LU)

New Multi-Source Products (Continued)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02494078	Mar-Acarbose	50mg	Tab	MAR	0.2021
02494086	Mar-Acarbose	100mg	Tab	MAR	0.2799

(Interchangeable with Glucobay – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02485907	Mint-Entecavir	0.5mg	Tab	MIN	5.5000

(Interchangeable with Baraclude – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02495600	Wixela Inhub	250mcg & 50mcg	Inh-60 Dose Pk	MYL	76.1400
02495619	Wixela Inhub	500mcg & 50mcg	Inh-60 Dose Pk	MYL	108.0900

(Interchangeable with Advair Diskus – LU)

DIN/PIN	Product Name	Strength	Dosage Form	Mfr	DBP
02489058	Riva-Dapsone	100mg	Tab	RIA	0.7031

(Interchangeable with Dapsone – GB)

Revision of Limited Use Criteria

The prescriber information of the current Limited Use (LU) criteria for drugs used to treat Hepatitis C has been revised.

Revisions are only to the portions related to the prescriber. There are no changes to the clinical content of the Limited Use criteria or the LU codes.

Criteria Revision:

LEDIPASVIR & SOFOSBUVIR (Harvoni)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 482 Code 483 Code 484	02432226	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

SOFOSBUVIR (Sovaldi)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 485 Code 486 Code 487	02418355	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

Revision of Limited Use Criteria (Continued)

SOFOSBUVIR & VELPATASVIR (Epclusa)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 488	02456370	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

ELBASVIR & GRAZOPREVR (Zepatier)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 489 Code 490	02451131	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

DACLATASVIR (Daklinza)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 493	02444747 02444755	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

Revision of Limited Use Criteria (Continued)

SOFOBUVIR & VELPATASVIR & VOXILAPREVIR (Vosevi)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 524	02467542	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

GLECAPREVIR & PIBRENTASVIR (Maviret)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 550 Code 551 Code 552	02467550	Treatment is prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with chronic hepatitis C).	Treatment is prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

RIBAVIRIN (Ibavyr)

LU Code	DIN	Section of Current Criteria Being Revised	Revised Criteria
Code 494	02425890 02425904 02439212	The requesting physician is a hepatologist, gastroenterologist or an infectious disease specialist, or otherwise experienced in treating hepatitis C.	Treatment must be prescribed by a hepatologist, gastroenterologist, infectious disease specialist or other prescriber experienced in treating chronic hepatitis C.

Manufacturer Name Changes

DIN/PIN	Brand Name	Current Mfr	New Mfr	Strength	Dosage Form
02244981*	Tracleer	ACT	JAN	62.5mg	Tab
02244982*	Tracleer	ACT	JAN	125mg	Tab

* 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
00784400	Apo-Amilzide	APX	AA-Amilzide	AAP	5mg & 50mg	Tab
00584215	Apo-Cimetidine	APX	Cimetidine	AAP	200mg	Tab
00487872	Apo-Cimetidine	APX	Cimetidine	AAP	300mg	Tab
00600059	Apo-Cimetidine	APX	Cimetidine	AAP	400mg	Tab
00600067	Apo-Cimetidine	APX	Cimetidine	AAP	600mg	Tab
00749494	Apo-Cimetidine	APX	Cimetidine	AAP	800mg	Tab
01912046	Apo-Flurbiprofen	APX	Flurbiprofen	AAP	50mg	Tab
01912038	Apo-Flurbiprofen	APX	Flurbiprofen	AAP	100mg	Tab

Generic Name Change

DIN/PIN	Brand Name	Current Generic Name	New Generic Name	Strength	Dosage Form	Mfr
02474018	Mezera	MESALAZINE	5-AMINOSALICYLIC ACID	1g	Sup	AVP

Drug Benefit Price (DBP) Changes

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
00445282	Sulfatrim-DS	800mg/160mg	Tab	AAP	0.2074
01912046	Flurbiprofen	50mg	Tab	AAP	0.4530
00884502	Lupron Depot PDS	3.75mg	Inj-Kit	ABB	366.5200
02239834	Lupron Depot PDS	11.25mg	Inj-Kit	ABB	1092.0200
00603708	Rythmol	150mg	Tab	ABB	1.3173
00603716	Rythmol	300mg	Tab	ABB	2.3220
02172062	Synthroid	0.025mg	Tab	ABB	0.0979
02172070	Synthroid	0.05mg	Tab	ABB	0.0673
02172089	Synthroid	0.075mg	Tab	ABB	0.1059
02172097	Synthroid	0.088mg	Tab	ABB	0.1059
02172100	Synthroid	0.1mg	Tab	ABB	0.0831
02171228	Synthroid	0.112mg	Tab	ABB	0.1117
02172119	Synthroid	0.125mg	Tab	ABB	0.1133
02172127	Synthroid	0.15mg	Tab	ABB	0.0893
02172135	Synthroid	0.175mg	Tab	ABB	0.1213
02172143	Synthroid	0.2mg	Tab	ABB	0.0949
02172151	Synthroid	0.3mg	Tab	ABB	0.1308
02240432	Teveten	400mg	Tab	SPH	0.7638
02243942	Teveten	600mg	Tab	SPH	1.1677
02292165**	Duodopa	20mg/mL & 5mg/mL	Intestinal Gel (100mL Cassette)	ABV	169.8100

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02258595	Humira	40mg/0.8mL	Inj Sol-Pref Syr Pk	ABV	785.4500
09857294	Humira	40mg/0.8mL	Inj Sol-Pref Pen Pk	ABV	785.4500
09854785**	Humira (Pediatric)	40mg/0.8mL	Inj Sol-Vial Pk For Pediatric Use	ABV	785.4500
02458039**	Venclexta	10mg	Tab	ABV	7.0000
02458047**	Venclexta	50mg	Tab	ABV	35.0000
02458055**	Venclexta	100mg	Tab	ABV	70.0000
02458063**	Venclexta	10mg & 50mg & 100mg	Tabs (Starter Kit Pk)	ABV	1813.0000
02245623	Apo-Amoxi Clav	875mg/125mg	Tab	APX	1.1103
02244393	Apo-Cefuroxime	250mg	Tab	APX	0.8388
02249324	Apo-Methylphenidate	10mg	Tab	APX	0.2216
02248500	Apo-Quinapril	10mg	Tab	APX	0.4642
02248501	Apo-Quinapril	20mg	Tab	APX	0.4642
02248502	Apo-Quinapril	40mg	Tab	APX	0.4642
02344823	Auro-Cefuroxime	250mg	Tab	AUR	0.8388
02445158	Creon Minimicrospheres Micro	5000 & 5100 & 320 Units/100mg	Gran - 100mg/Scoop	BGP	0.1763
00443832	Depakene	50mg/mL	O/L	BGP	0.1276
00596418	Epival	125mg	Ent Tab	BGP	0.3244
00596426	Epival	250mg	Ent Tab	BGP	0.5833
00596434	Epival	500mg	Ent Tab	BGP	1.1672

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
01934317	Isoptin SR	180mg	LA Tab	BGP	1.8064
00742554	Isoptin SR	240mg	LA Tab	BGP	2.4090
01919342	Luvox	50mg	Tab	BGP	0.9911
01919369	Luvox	100mg	Tab	BGP	1.7823
02422425*	Zoledronic Acid for Inj. Concentrate	4mg/5mL	Inj Sol-5mL Pk (Preservative-Free)	DRR	415.5600
00402516	DDAVP	0.1mg/mL	Nas Sol-2.5mL Pk	FEI	52.0375
00836362	DDAVP	10mcg/Metered Dose	Nas Sp-2.5mL Pk	FEI	52.0375
02284995	DDAVP Melt	60mcg	ODT	FEI	1.0502
02285002	DDAVP Melt	120mcg	ODT	FEI	2.1011
02285010	DDAVP Melt	240mcg	ODT	FEI	3.7819
02337029	Firmagon	80mg	Pd for Inj-Vial Pk	FEI	274.1760
02337037	Firmagon	120mg	Pd for Inj-Vial Pk	FEI	370.9440
02099683	Pentasa	500mg	DR Tab	FEI	0.6087
02399466	Pentasa	1g	ER Tab	FEI	1.2172
02153564	Pentasa	1g	Sup	FEI	2.1361
02153521	Pentasa	1g/100mL	Enema	FEI	5.1253
02153556	Pentasa	4g/100mL	Enema	FEI	6.4597
02254794	Pico-Salax	3.5g & 12g & 10mg	Pd for Sol-12g Sachet	FEI	11.2200

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02269074	Lipidil EZ	48mg	Tab	FOU	0.4518
02269082	Lipidil EZ	145mg	Tab	FOU	1.1569
02481227	Mar-Dapsone	100mg	Tab	MAR	0.7031
02243595	Asmanex Twisthaler	200mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	38.8380
02243596	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-30 Dose Pk	MEK	38.8320
09857431	Asmanex Twisthaler	400mcg/Metered Dose	Pd Inh-60 Dose Pk	MEK	77.6640
02333856	Janumet	500mg & 50mg	Tab	MEK	1.7334
02333864	Janumet	850mg & 50mg	Tab	MEK	1.7334
02333872	Janumet	1000mg & 50mg	Tab	MEK	1.7334
02416786	Janumet XR	500mg & 50mg	ER Tab	MEK	1.7334
02416794	Janumet XR	1000mg & 50mg	ER Tab	MEK	1.7334
02416808	Janumet XR	1000mg & 100mg	ER Tab	MEK	3.4667
02424622**	Posanol	100mg	DR Tab	MEK	50.1212
02361752	Zenhale	100mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	97.8600
02361760	Zenhale	200mcg & 5mcg	Metered Dose Inh-120 Dose Pk	MEK	118.5840
02388839	Januvia	25mg	Tab	MFC	3.1956
02388847	Januvia	50mg	Tab	MFC	3.1956
02303922	Januvia	100mg	Tab	MFC	3.1956

Drug Benefit Price (DBP) Changes (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr	DBP/ Unit Price
02293269	Campral	333mg	DR Tab	MYL	0.8736
02340569	PMS-Quinapril	10mg	Tab	PMS	0.4642
02340577	PMS-Quinapril	20mg	Tab	PMS	0.4642
02340585	PMS-Quinapril	40mg	Tab	PMS	0.4642
00584991	PMS-Methylphenidate	10mg	Tab	PMS	0.2216
02342154	PMS-Ramipril HCTZ	10mg/12.5mg	Tab	PMS	0.2634
02342170	PMS-Ramipril HCTZ	10mg/25mg	Tab	PMS	0.2634
02449455	Ran-Ramipril HCTZ	10mg/12.5mg	Tab	RAN	0.2634
02449471	Ran-Ramipril HCTZ	10mg/25mg	Tab	RAN	0.2634
02482584	Sandoz Amoxi-Clav Tablets	875mg/125mg	Tab	SDZ	1.1103
02245345	Androgel 1%	2.5g	Foil Packet	SPH	2.3504
02245346	Androgel 1%	5.0g	Foil Packet	SPH	4.1562
02253631	Teveten Plus	600mg & 12.5mg	Tab	SPH	1.1677
02165503	Prevacid	15mg	DR Cap	TPA	2.1080
02165511	Prevacid	30mg	DR Cap	TPA	2.1080
02063662	MacroBID	100mg	Cap	WAR	0.5974

* Off-Formulary Interchangeable (OFI) Product

** Exceptional Access Program (EAP) Product

Discontinued Products

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

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02404990	Auro-Anastrozole	1mg	Tab	AUR
02404400	Auro-Letrozole	2.5mg	Tab	AUR
02231675	Combivent UDV	500mcg/2.5mg/2.5mL	Inh Sol-2.5mL Amp Pk	JAN
02349124	Effient	10mg	Tab	LIL
02229552	Diarr-eze	2mg	Caplet	PMS
02300079	PMS-Enalapril	2.5mg	Tab	PMS
02300087	PMS-Enalapril	5mg	Tab	PMS
02300095	PMS-Enalapril	10mg	Tab	PMS
02300109	PMS-Enalapril	20mg	Tab	PMS
02303949	PMS-Escitalopram	10mg	Tab	PMS
02303965	PMS-Escitalopram	20mg	Tab	PMS
02245480	PMS-Flavoxate	200mg	Tab	PMS
02282348	PMS-Fluconazole	150mg	Cap	PMS
02239619	PMS-Indapamide	1.25mg	Tab	PMS
02423944*	PMS-Olanzapine ODT	20mg	Rapid Dissolve Tab	PMS
02310260	PMS-Omeprazole DR Tab	20mg	Tab	PMS
02231536	PMS-Pindolol	5mg	Tab	PMS
02231537	PMS-Pindolol	10mg	Tab	PMS
02154463	PMS-Piroxicam	20mg	Sup	PMS

Discontinued Products (Continued)

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02290111	PMS-Pramipexole	0.25mg	Tab	PMS
02290138*	PMS-Pramipexole	0.5mg	Tab	PMS
02290146	PMS-Pramipexole	1mg	Tab	PMS
02290154	PMS-Pramipexole	1.5mg	Tab	PMS
02342146	PMS-Ramipril-HCTZ	5mg & 12.5mg	Tab	PMS
02291789	PMS-Risperidone ODT	1mg	ODT	PMS
02291797	PMS-Risperidone ODT	2mg	ODT	PMS
02370697	PMS-Risperidone ODT	3mg	ODT	PMS
02370700	PMS-Risperidone ODT	4mg	ODT	PMS
02312999*	PMS-Valsartan	40mg	Tab	PMS
02313006	PMS-Valsartan	80mg	Tab	PMS
00846341	Sibelium	5mg	Cap	PMS
02192284	Cyclocort	0.10%	Cr	STI

* Off-Formulary Interchangeable (OFI) Product

Delisted Products

DIN/PIN	Brand Name	Strength	Dosage Form	Mfr
02243986	Apo-Amoxi Clav	25mg & 6.25mg/mL	O/L	APX
02239288	Apo-Flunisolide	0.025%	Nas Sp-25mL Pk	APX
02248398	Apo-Ofloxacin	0.3%	Oph Sol	APX
02263866	Co Etidrocal	400mg/500mg	Tab-90 Tablets Kit	COB
02242656	Ratio-Cefuroxime	250mg	Tab	RPH
02100509	Teva-Flurbiprofen	50mg	Tab	TEV
00510645	Teva-Trimel DS	800mg/160mg	Tab	TEV

