

---

---

# BULLETIN # 114

---

---

## Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on

**October 22, 2021 AND November 25, 2021**



The amended Manitoba Drug Benefits Formulary and Manitoba Drug Interchangeability Formulary will be available on the Manitoba Health website

<http://www.gov.mb.ca/health/mdbif> on the effective dates of October 22, 2021 AND November 25, 2021

Bulletin 114 is currently available for download:

<http://www.gov.mb.ca/health/mdbif/bulletin114.pdf>

Please also refer to the psv/excel files\* found on the Manitoba Health website under "Notices" here:

<https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>

**Note: The PSV file for Bulletin #114 will be effective November 25, 2021 ONLY.**

**There will be NO PSV FILE to accompany the changes effective October 22, 2021**

\*The psv/excel files contain the following information: DIN, PRODUCT NAME, UNIT PRICE (List Price + 5%) & LOWEST GENERIC PRICE (List Price + 5%)

<b>Inside This Issue</b>	
<b>EFFECTIVE OCTOBER 22, 2021</b>	
Part 2 Additions	Page 1
Exception Drug Status Additions**	Page 2 - 4
<b>EFFECTIVE NOVEMBER 25, 2021</b>	
Part 1 Additions	Page 5 - 7
Part 2 Additions	Page 7 - 8
Exception Drug Status Additions**	Page 8 - 11
New Interchangeable Categories	Page 12 - 13
New Interchangeable Products	Page 13 - 17
Product Deletions	Page 17 - 19
Category Deletions	Page 20
Interchangeable Product Price Changes	Page 20 - 21
Discontinued Products	Page 21 - 23

\*\* Effective October 18, 2021, "Part 3 Exception Drug Status" or "Part 3 Benefits" will be referred to as "Exception Drug Status" or "EDS Benefits"

## The following changes will take effect on October 22, 2021

### Part 2 Additions

02274906	<b>Truvada</b>	emtricitabine/tenofovir	200/300 mg	Tablets	GIL
02496356	<b>AG-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	ANP
02452006	<b>Apo-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	APX
02487012	<b>Jamp-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	JPC
02443902	<b>Mylan-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	MYL
02461110	<b>pms-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	PMS
02399059	<b>Teva-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablets	TEV

#### ***New Additional Criteria***

For use as pre-exposure prophylaxis (PrEP) of human immunodeficiency virus type 1 (HIV-1) in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults that are HIV-negative and at high risk for infection, if provided in the context of a sexual health program by a prescriber experienced in the treatment and prevention of HIV-1 infection.

#### **Inclusion Criteria:**

- 1) Men Who Have Sex with Men (MSM), Trans Women and Gender Diverse People
  - Condomless anal sex within the last 6 months and any of:
    - Infectious syphilis or bacterial STI (gonorrhea or chlamydia) in the past 12 months
    - nPEP (non-occupational HIV post-exposure prophylaxis) more than once
    - Ongoing sexual relationship with HIV positive partner(s) with substantial risk of transmissible HIV (e.g. viral load >40 copies/mL) or HIV status unknown but from a higher risk population, e.g. MSM, persons who inject drugs (PWID))
    - HIRI-MSM risk score  $\geq$  11.
- 2) Heterosexual People
  - Recommended for the HIV-negative person with ongoing exposure to HIV-positive partner(s) involving condomless vaginal or anal sex, where the HIV-positive partner(s) has a substantial risk of having transmissible HIV (i.e. not on or not adherent to antiretroviral treatment)
  - Consider PrEP for the HIV-negative person in similar situations where the HIV-positive partner(s) has a lower, but non-negligible risk of transmissible HIV:
    - viral load detectable (>40 copies/mL) or
    - viral load usually undetectable (2 sequential measurements of HIV viral load  $\leq$  40 copies/ml as the result on at least 2 occasions separated in time by 4 to 6 months) but concomitant STI present at time of exposure or
    - HIV status unknown, but from a high-prevalence population - MSM, PWID, countries with high HIV prevalence.
- 3) People Who Inject Drugs (PWID)
  - PrEP may be considered when there is ongoing or anticipation of ongoing sharing of injection drug use paraphernalia (needles, syringes, spoons, foil, cotton filters etc.) with a person with a non-negligible risk of HIV infection:
    - Detectable viral load or
    - HIV status unknown but from a high-prevalence population - MSM, PWID, countries with a high HIV prevalence.

#### **Exclusion Criteria:**

- Not indicated for those in a monogamous relationship with a single partner with no or negligible risk of having transmissible HIV (e.g. HIV negative, HIV positive but virus suppressed with viral load  $\leq$  40 copies/mL, or HIV status unknown but risk profile similar to the general population).

## Exception Drug Status Additions

02451379 02463040 02483831 02483858	<b>Orkambi</b>	ivacaftor/lumacaftor	125 mg/200 mg 125 mg/100 mg 125 mg/100 mg 188 mg/150 mg	Tablet Tablet Sachet Sachet	VEP
--	----------------	----------------------	--	--------------------------------------	-----

For the treatment of cystic fibrosis (CF) in patients who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

**Initiation criteria:**

- Patient is 2 years of age or older; AND
- Confirmed diagnosis of cystic fibrosis and homozygous for F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene; AND
- Patient has demonstrated adherence to their prescribed cystic fibrosis therapeutic regimen; AND
- Patient meets ONE or more of the following:
  - Patient has experienced 1 or more pulmonary exacerbation(s) per year requiring IV antibiotics; OR
  - Patient has experienced 3 or more pulmonary exacerbations per year requiring therapy with oral antibiotics; OR
  - Patient is 6 -11 years of age and has an absolute decline in FEV1 % predicted of  $\geq 5\%$  within a 12 month period, sustained over at least 4 months, in spite of optimized medical therapies (for example: FEV1 decline from 90% predicted to 85% predicted); OR
  - Patient is 12 years of age or older with a baseline FEV1 of  $\leq 70\%$  predicted, and has an absolute decline in FEV1 % predicted of  $\geq 5\%$  within a 12 month period, sustained over at least 4 months, in spite of optimized medical therapies (for example: FEV1 decline from 60% predicted to 55% predicted); OR
  - Patient is 12 years of age or older with a baseline FEV1 of  $> 70\%$  predicted, and has an absolute decline in FEV1 % predicted of  $\geq 10\%$  within a 12 month period, sustained over at least 4 months, in spite of optimized medical therapies (for example: FEV1 decline from 80% predicted to 70% predicted)

For initial coverage, the following pre-treatment measurements MUST be provided:

1. Weight, height, and body mass index (BMI); AND
  2. Number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months (OR number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months); AND
  3. Number of CF-related hospitalizations in the previous 6 months; AND
- For patients 6 years of age and older:
4. Baseline spirometry measurements of FEV1 in litres and % predicted (within the last 30 days), AND
  5. Change in FEV1 demonstrating decline in FEV1 % predicted prior to starting therapy (as defined in initiation criteria); AND
  6. Cystic Fibrosis Questionnaire Child (CFQ-C) and Cystic Fibrosis Questionnaire-Parent (CFQ-P) for those 6-11 years of age OR Cystic Fibrosis Questionnaire Revised (CFQ-R) respiratory domain score for those 12 years of age and older.

*This drug must be prescribed by a clinical specialist affiliated with a Canadian cystic fibrosis centre.*

*Patients will only be eligible for coverage of ONE cystic fibrosis CFTR modulator at a time.*

*Initial approval duration: 7 months.*

**Renewal criteria:**

At the time of the first renewal:

- Patient continues to demonstrate adherence to their prescribed cystic fibrosis therapeutic regimen;
- AND
- Patient has demonstrated at least ONE of the following after 6 months of treatment with Orkambi:
    - A decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the 6 month period prior to initiating treatment (OR a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6 month period prior to initiating treatment); OR
    - Decreased number of CF-related hospitalizations compared with the 6 month period prior to initiating treatment; OR
    - No decline in BMI at 6 months compared with the baseline BMI assessment (those 2 to 5 years of age may also use BMI percentile); OR
    - For patients 6 years of age and older: No decline in FEV1 % predicted at 6 months compared with the baseline FEV1 assessment.
  - For patients 6 years of age and older: Patient must demonstrate improved or sustained quality of life through an age appropriate Cystic Fibrosis Questionnaire (for example: CFQ-C and CFQ-P scores for those 6-11 years of age and CFQ-R respiratory domain score for those 12 years of age and older).

*Renewal duration: 1 year*

**Continuation criteria:**

For subsequent renewals:

- Patient is continuing to benefit from therapy with Orkambi.

*The physician must provide evidence of continuing benefit from treatment with Orkambi.*

*Renewal duration: 1 year*

**Non-eligibility/Discontinuation criteria:**

- When intended for use in combination with other CFTR modulators; OR
- Patient is currently receiving invasive mechanical ventilation via endotracheal tube or tracheostomy tube; OR
- Patient is the previous recipient of a double lung transplant.

For coverage, dosing will be approved as follows:

Patients 2-5 years of age (weighing less than 14 kg): 1 packet of granules (containing lumacaftor 100 mg and ivacaftor 125 mg) every 12 hours.

Patients 2-5 years of age (weighing more than 14 kg): 1 packet of granules (containing lumacaftor 150 mg and ivacaftor 188 mg) every 12 hours.

Patients 6-11 years of age: 2 tablets (each containing lumacaftor 100 mg and ivacaftor 125 mg) every 12 hours.

Patients 12 years of age and older: 2 tablets (each containing lumacaftor 200 mg and ivacaftor 125 mg) every 12 hours.

02517140	<b>Trikafta</b>	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100 mg/50 mg/ 150 mg/75 mg	Tablet-Kit	VEP
----------	-----------------	--	-------------------------------	------------	-----

For the treatment of cystic fibrosis (CF) in patients who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene.

**Initiation criteria:**

- Patient is 12 years of age or older; AND
- Confirmed diagnosis of cystic fibrosis with at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene; AND
- Patient is optimized with best supportive care for their cystic fibrosis at the time of initiation; AND
- Patient has demonstrated adherence to their prescribed cystic fibrosis therapeutic regimen.

For initial coverage, the following pre-treatment measurements MUST be provided:

1. Baseline spirometry measurements of FEV1 in litres and % predicted (within the last 3 months); AND
2. Number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months OR number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months; AND
3. Number of CF-related hospitalizations in the previous 6 months; AND
4. Weight, height, and body mass index (BMI); AND
5. Cystic Fibrosis Questionnaire Revised (CFQ-R) respiratory domain score.

*This drug must be prescribed by a clinical specialist affiliated with a Canadian cystic fibrosis centre.*

Patients will only be eligible for coverage of **ONE** cystic fibrosis CFTR modulator at a time.

*Initial approval duration: 7 months*

**Renewal criteria:**

At the time of the first renewal:

- Patient continues to demonstrate adherence to their prescribed cystic fibrosis therapeutic regimen; AND
- Patient has demonstrated at least ONE of the following after 6 months of treatment with Trikafta:
  - Improvement in FEV1 % predicted by 5% predicted or more, relative to baseline; OR
  - A decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the 6 month period prior to initiating treatment OR a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6 month period prior to initiating treatment; OR
  - Decreased number of CF-related hospitalizations at 6 months compared with the 6 month period prior to initiating treatment; OR
  - No decline in BMI at 6 months compared with the baseline BMI assessment; OR
  - Improvement by 4 points or more in the CFQ-R respiratory domain score compared with the baseline score.

*Renewal duration: 1 year*

**Continuation criteria:**

For subsequent renewals:

- Patient is continuing to benefit from therapy with Trikafta

*The physician must provide evidence of continuing benefit from treatment with Trikafta.*

*Renewal duration: 1 year*

**Non-eligibility/Discontinuation criteria:**

- When intended for use in combination with other CFTR modulators; OR
- Patient has undergone lung transplantation.

For coverage, dosing will be approved as follows:

Patients 12 years of age and older: 2 tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 tablet (ivacaftor 150 mg) in the evening.

<b>The following changes will take effect on November 25, 2021</b>
--

### Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02512335	<b>Accel-Hyoscine</b>	hyoscine	10 mg	Tablet	ACC
02449838 02449846 02449854 02449870 02449900	<b>ACH-Pregabalin</b>	pregabalin	25 mg 50 mg 75 mg 150 mg 300 mg	Capsule	ACH
02274183 02274191 02274205	<b>ACT Levetiracetam</b> <i>(moved from Part 3)</i>	levetiracetam	250 mg 500 mg 750 mg	Tablet	TEV
02432684 02432692	<b>AG-Donepezil</b>	donepezil	5 mg 10 mg	Tablet	ANP
02487608 02487616 02487632	<b>AG-Olanzapine FC</b>	olanzapine	2.5 mg 5 mg 10 mg	Tablet	ANP
02505363 02505371	<b>AG-Ursodiol</b>	ursodiol	250 mg 500 mg	Tablet	ANP
02475839 02475847	<b>AG-Zopiclone</b>	zopiclone	5 mg 7.5 mg	Tablet	ANP
02285924 02285932 02285940	<b>Apo-Levetiracetam</b> <i>(moved from Part 3)</i>	levetiracetam	250 mg 500 mg 750 mg	Tablet	APX
02501635 02501643 02501651 02501678	<b>Apo-Quetiapine Fumarate</b>	quetiapine	25 mg 100 mg 200 mg 300 mg	Tablet	APX
02506688 02506718 02506726 02506734 02506750 02506785	<b>Aripiprazole</b>	aripiprazole	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	Tablet	SAH
02499223	<b>Auro-Indomethacin</b>	indomethacin	50 mg	Capsule	AUP
02375249 02375257 02375265	<b>Auro-Levetiracetam</b> <i>(moved from Part 3)</i>	levetiracetam	250 mg 500 mg 750 mg	Tablet	AUP
02319012	<b>Dovobet</b> <i>(moved from Part 3)</i>	betamethasone/ calcipotriol	0.5 mg/50 mcg	Gel	LEO
02244126	<b>Dovobet</b>	betamethasone/ calcipotriol	0.5 mg/50 mcg	Ointment	LEO
01976133	<b>Dovonex</b> <i>(moved from Part 2)</i>	calcipotriol	50 mcg/g	Ointment	LEO
02470292 02470306 02470314 02470322 02470330 02470349 02470357	<b>Foquest</b>	methylphenidate HCL	25 mg 35 mg 45 mg 55 mg 70 mg 85 mg 100 mg	Capsule	ELV

02507749 02507757	<b>Jamp Famotidine</b>	famotidine	20 mg 40 mg	Tablet	JPC
02512467	<b>Jamp Lamivudine HBV</b>	lamivudine	100 mg	Tablet	JPC
02403005 02403021 02403048	<b>Jamp Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	JPC
02243768	<b>K-Citra 10</b>	potassium citrate	1080 mg	Tablet	SFD
02247027 02247028 02247029	<b>Keppra</b> (move from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	UCB
02399776 02399784 02399792	<b>Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	ACH
02454653 02454661 02454688	<b>Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	PMS
02353342 02353350 02353369	<b>Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	SAH
02442531 02442558 02442566	<b>Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	SIP
02468026 02468034	<b>M-Amlodipine</b>	amlodipine	5 mg 10 mg	Tablet	MNP
02471167 02471175 02471183 02471191	<b>M-Atorvastatin</b>	atorvastatin	10 mg 20 mg 40 mg 80 mg	Tablet	MNP
02479923 02479931	<b>M-Clindamycin</b>	clindamycin	150 mg 300 mg	Capsule	MNP
02471418 02471426	<b>M-Escitalopram</b>	escitalopram	10 mg 20 mg	Tablet	MNP
02482924 02482932 02482940	<b>M-Perindopril</b>	perindopril	2 mg 4 mg 8 mg	Tablet	MNP
02467291 02467305 02467313 02467321	<b>M-Pregabalin</b>	pregabalin	25 mg 50 mg 75 mg 150 mg	Capsule	MNP
02471280 02471299 02471302	<b>M-Venlafaxine XR</b>	venlafaxine	37.5 mg 75 mg 150 mg	Capsule	MNP
02517795	<b>Mar-Metoclopramide</b>	metoclopramide	5 mg	Tablet	MAR
02390760	<b>Med-Cyproterone</b>	cyproterone acetate	50 mg	Tablet	GMP
02508109	<b>Mint-Letrozole</b>	letrozole	2.5 mg	Tablet	MPH
02442388 02442396 02442418	<b>Mint-Levetiracetam</b>	levetiracetam	250 mg 500 mg 750 mg	Tablet	MPH
02440202 02440210 02440229	<b>NAT-Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	NAT
02499193 02499207 20499215	<b>NRA-Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	NRA

02508273 02508281 02508303	<b>NRA-Olmesartan HCTZ</b>	olmesartan/HCTZ	20 mg/12.5 mg 40 mg/12.5 mg 40 mg/25 mg	Tablet	NRA
02510677 02510685 02510693 02510707 02517015	<b>NRA-Quetiapine XR</b>	quetiapine	50 mg 150 mg 200 mg 300 mg 400 mg	Extended Release Tablets	NRA
02473941	<b>Odan-Sodium Polystyrene Sulfonate</b>	sodium polystyrene sulfonate	1 mEq/g	Powder for Suspension	ODN
02509601 02509636 02509628	<b>Olmesartan/HCTZ</b>	olmesartan/HCTZ	20 mg/12.5 mg 40 mg/12.5 mg 40 mg/25 mg	Tablet	SAH
02284065 02284073	<b>pms-Amlodipine</b>	amlodipine	5 mg 10 mg	Tablet	PMS
02296101 02296128 02296136	<b>pms-Levetiracetam</b>	levetiracetam	250 mg 500 mg 750 mg	Tablet	PMS
02482274 02482282 02482290	<b>Riva-Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	RIV
02461986 02461994 02462001	<b>Sandoz Levetiracetam</b> (moved from Part 3)	levetiracetam	250 mg 500 mg 750 mg	Tablet	SDZ
02494264 02494272 02494280	<b>Taro-Budesonide</b>	budesonide	0.125 mg/mL 0.25 mg/mL 0.5 mg/mL	Inhalation Solution	TAR
02427419	<b>Teva-Betamethasone/ Calcipotriol</b>	betamethasone/ calcipotriol	0.5 mg/50 mcg	Ointment	TEV
02506564 02506572	<b>Trurapi</b>	insulin aspart	100 U	Injection	SAA
02384523 02384531 02384558 02384566	<b>Valsartan</b>	valsartan	40 mg 80 mg 160 mg 320 mg	Tablet	SIP

## Part 2 Additions

02481030	<b>Auro-Zolmitriptan</b>	zolmitriptan	2.5 mg	Tablet	AUP
----------	--------------------------	--------------	--------	--------	-----

For the treatment of ACUTE migraine attacks in patients where standard therapy has failed - to a maximum of 144 tablets per benefit year.

02466139	<b>Clarithromycin</b>	clarithromycin	500 mg	Tablet	SAH
02471388 02471396	<b>M-Clarithromycin</b>	clarithromycin	250 mg 500 mg	Tablet	MNP

For treatment of patients:

- Not responding to or intolerant of alternative antibiotics (eg. amoxicillin and erythromycin);
- With mycobacterial infections due to mycobacterium avium and mycobacterium intracellulare; and
- In combination therapy in the treatment of H. Pylori.
- with pneumonia;
- with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin.



02502429	<b>Jamp Prasugrel</b>	prasugrel HCl	10 mg	Tablet	JPC
----------	-----------------------	---------------	-------	--------	-----

In combination with acetylsalicylic acid (ASA) for patients with:

- (a) ST segment elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI) who have not received antiplatelet therapy prior to arrival in the catheterization lab; or
- (b) Acute coronary syndrome (CS) who have failed on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, non ST segment elevation myocardial infarction (NSTEMI) managed or unstable angina (UA) after prior revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).

02502038	<b>M-Azithromycin</b>	azithromycin	250 mg	Tablet	MNP
----------	-----------------------	--------------	--------	--------	-----

For the treatment of patients:

- (a) not responding to or intolerant of alternative antibiotics (e.g. amoxicillin and erythromycin);
- (b) with mycobacterial infections due to the mycobacterium avium and mycobacterium intracellulare;
- (c) with sexually transmitted disease due to Chlamydia
- (d) with pneumonia;
- (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin

02505797 02505819	<b>Mint-Levofloxacin</b>	levofloxacin	250 mg 500 mg	Tablet	MPH
----------------------	--------------------------	--------------	------------------	--------	-----

- a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
- b) Treatment of gram-negative infections resistant to standard therapy;
- c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
- d) Treatment of bacterial prostatitis;
- e) Treatment of respiratory infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides;
- f) Treatment of diabetic foot infections;
- g) Treatment of community acquired pneumonia with co-morbid illness or failure of first-line therapy;
- h) Treatment of pneumonia in long-term care patients.

02304368	<b>pms-Desmopressin</b>	desmopressin	0.1 mg	Tablet	PMS
----------	-------------------------	--------------	--------	--------	-----

For the treatment of:

- (a) diabetes insipidus; and
- (b) enuresis in children refractory to alternate agents.

## Exception Drug Status Additions

The following products will be considered for Pharmacare reimbursement upon an individual prescriber/patient request basis.

02489287 02489295 02489309 02489317	<b>ACH-Lacosamide</b>	lacosamide	50 mg 100 mg 150 mg 200 mg	Tablet	ACH
--	-----------------------	------------	-------------------------------------	--------	-----

For use as an adjunctive therapy in patients in the management of refractory partial-onset seizures (POS) in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy and who meet all of the following criteria:

- (a) are under the care of a physician experienced in the treatment of epilepsy,
- (b) are currently receiving two or more antiepileptic drugs, and
- (c) in whom all other antiepileptic drugs are ineffective or not appropriate.

02507927 02507935 02507943 02507951 02507978 02507986	<b>Apo-Lenalidomide</b>	lenalidomide	2.5 mg 5 mg 10 mg 15 mg 20 mg 25 mg	Capsule	APX
02493837 02493845 02493861 02493888 02493896 02493918	<b>NAT-Lenalidomide</b>	lenalidomide	2.5 mg 5 mg 10 mg 15 mg 20 mg 25 mg	Capsule	NAT
02484714 02483017 02483025 02483033 02483041 02483068	<b>Reddy-Lenalidomide</b>	lenalidomide	2.5 mg 5 mg 10 mg 15 mg 20 mg 25 mg	Capsule	DRL
02518562 02518570 02518589 02518597 02518600 02518619	<b>Sandoz Lenalidomide</b>	lenalidomide	2.5 mg 5 mg 10 mg 15 mg 20 mg 25 mg	Capsule	SDZ

Please refer to Bulletins 64, 79, 88, 91, 99, 109 for prescribing criteria.

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin64.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin79.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin88.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin91.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin99.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin109.pdf>

Lenalidomide for any new initiation effective November 25, 2021 of a lenalidomide-based regimen will be dispensed at CancerCare Manitoba (CCMB).

02480824 02480832 02480840	<b>Cabometyx</b> (new indication)	cabozantinib	20 mg 40 mg 60 mg	Tablet	IPL
----------------------------------	--------------------------------------	--------------	-------------------------	--------	-----

For the treatment of adult patients with unresectable hepatocellular carcinoma (HCC) in the second-line setting after progression on sorafenib or lenvatinib.

Eligible patients should have an Eastern Cooperative Oncology Group (ECOG) Performance Status (PS) of 0 or 1 and a Child-Pugh class status of A.

Treatment with cabozantinib should continue until the patient no longer experiences clinical benefit or experiences unacceptable toxicity.

02497875 02497867	<b>Entyvio SC</b> (new formats)	vedolizumab	108 mg 108 mg	Pre-filled syringe Pre-filled pen	TAK
----------------------	------------------------------------	-------------	------------------	--------------------------------------	-----

Please refer to Bulletin 102 for prescribing criteria.

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin102.pdf>

02478374	<b>Erleada</b> (new indication)	apalutamide	60 mg	Tablet	JAN
----------	------------------------------------	-------------	-------	--------	-----

In combination with androgen deprivation therapy (ADT) for patients with metastatic castration sensitive prostate cancer.

Patients must be castration sensitive (i.e., no prior ADT or within six months of beginning ADT), with good performance status.

Treatment should be continued until unacceptable toxicity or disease progression.

02502682	<b>Idacio</b> (new format)	adalimumab	40 mg/0.8 mL	Pre-filled Syringe	KFC
----------	-------------------------------	------------	--------------	--------------------	-----

Please refer to Bulletin 112 for prescribing criteria.

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin112.pdf>

02509571	<b>Jamp Pilocarpine</b>	pilocarpine HCl	5 mg	Tablets	JPC
----------	-------------------------	-----------------	------	---------	-----

For the treatment of:

- (a) symptoms of xerostomia (dry mouth) due to salivary gland hypofunction caused by radiotherapy for cancer of the head and neck; or  
 (b) symptoms of xerostomia (dry mouth) and xerophthalmia (dry eyes) in patients with Sjogren's syndrome

02509938	<b>Jamp Pirfenidone</b>	pirfenidone	267 mg	Capsules	JPC
02488507	<b>Sandoz Pirfenidone</b>	pirfenidone	267 mg	Tablets	SDZ
02488515	<b>Sandoz Pirfenidone</b>	pirfenidone	801 mg	Tablets	SDZ

For the treatment of adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist.

Complete criteria may be obtained from the EDS office at Manitoba Health.

02442612 02442620	<b>Kalydeco</b> (new formulation)	ivacaftor	50 mg 75 mg	Sachet	VEP
----------------------	--------------------------------------	-----------	----------------	--------	-----

Please refer to Bulletin 79 and Bulletin 109 for prescribing criteria.

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin79.pdf>

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin109.pdf>

02512939	<b>Mint-Tenofovir</b>	tenofovir disoproxil fumarate	300 mg	Tablet	MPH
02512327	<b>Tenofovir</b>	tenofovir disoproxil fumarate	300 mg	Tablet	SAH

Please refer to Bulletin 64 for prescribing criteria.

<https://www.gov.mb.ca/health/mbbif/docs/bulletins/bulletin64.pdf>

02506440 02506459 02506467 02506475 02506483 02506491	<b>Noromby</b>	enoxaparin sodium	20 mg/0.2 mL 30 mg/0.3 mL 40 mg/0.4 mL 60 mg/0.6 mL 80 mg/0.8 mL 100 mg/mL	Injection	JUP
02506505 02506513	<b>Noromby HP</b>	enoxaparin sodium	120 mg/0.8 mL 150 mg/mL	Injection	JUP

Criteria may be obtained from the EDS office at Manitoba Health.

02514737 02514745 02514753 02514761 02514788	<b>Reddy-Dasatinib</b>	dasatinib	20 mg 50 mg 70 mg 80 mg 100 mg	Tablet	DRL
02478307 02478315 02478323 02478331 02478358	<b>Teva-Dasatinib</b>	dasatinib	20 mg 50 mg 70 mg 80 mg 100 mg	Tablet	TEV

According to CancerCare Manitoba treatment protocols.

02495007 02495015	<b>Rozlytrek</b>	entrectinib	100 mg 200 mg	Capsule	RCH
----------------------	------------------	-------------	------------------	---------	-----

For the first-line treatment of patients with ROS1-positive locally advanced or metastatic non-small cell lung cancer (NSCLC). Eligible patients include those with good performance status. Treatment with entrectinib should continue until disease progression or unacceptable toxicity.

02466198	<b>Teva-Febuxostat</b>	febuxostat	80 mg	Tablet	TEV
----------	------------------------	------------	-------	--------	-----

To lower serum uric acid levels in patients with gout who have documented hypersensitivity to allopurinol.

02407329	<b>Xtandi</b> (new indication)	enzalutamide	40 mg	Tablet	ASP
----------	-----------------------------------	--------------	-------	--------	-----

In combination with androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer (mCSPC).

Patients must be castration-sensitive (i.e., no prior ADT in the metastatic setting or within six months of beginning ADT), with good performance status and no risk factors for seizures.

Treatment should be continued until unacceptable toxicity or disease progression.

02489783	<b>Zejula</b>	niraparib	100 mg	Capsule	GSK
----------	---------------	-----------	--------	---------	-----

Maintenance treatment of adult patients with newly diagnosed epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

Eligible patients should have high-grade serous or endometrioid tumours classified as stage III or IV according to the International Federation of Gynecology and Obstetrics (FIGO) criteria.

Patients should have completed between 6 and 9 cycles of first-line platinum-based chemotherapy and be in complete or partial response. Maintenance therapy with niraparib should continue until unacceptable toxicity, disease progression, or completion of 3 years of therapy, whichever occurs first.

Reimbursement should be for patients who have good performance status.

Monotherapy for the maintenance treatment of adult patients with recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to platinum-based chemotherapy.

Eligible patients should have platinum-sensitive disease, which is defined as disease progression occurring at least six months after completion of platinum-based chemotherapy.

Patients must have completed at least two prior lines of platinum-based chemotherapy and be in response (complete or partial) to their most recent platinum-based chemotherapy regimen.

Patients must have received at least four cycles of their most recent platinum-based chemotherapy before starting treatment with niraparib. Maintenance therapy with niraparib should continue until unacceptable toxicity or disease progression.

Patients should have good performance status (PS) and no active or uncontrolled metastases in the central nervous system.

02371065 02457113	<b>Zytiga</b>	abiraterone	250 mg 500 mg	Tablet	JAN
02491397 02491400	<b>Apo-Abiraterone</b>	abiraterone	250 mg 500 mg	Tablet	APX
02502305	<b>Jamp-Abiraterone</b>	abiraterone	250 mg	Tablet	JPC
02503980 02503999	<b>Mar-Abiraterone</b>	abiraterone	250 mg 500 mg	Tablet	MAR
02494132	<b>NAT-Abiraterone</b>	abiraterone	250 mg	Tablet	NAT
02492601 02501503	<b>pms-Abiraterone</b>	abiraterone	250 mg 500 mg	Tablet	PMS
02477114	<b>Reddy-Abiraterone</b>	abiraterone	250 mg	Tablet	DRL
02486393	<b>Sandoz Abiraterone</b>	abiraterone	250 mg	Tablet	SDZ

Abiraterone and prednisone in combination with androgen deprivation therapy (ADT), for patients with:

- Metastatic, castration-sensitive\* prostate cancer (mCSPC) AND
- Good performance status

\* Patients must be castration-sensitive (no prior ADT for mCSPC or within 6 months of beginning ADT)

- Treatment is continued until disease progression or unacceptable toxicity.

## New Interchangeable Categories

<b>Betamethasone/Calcipotriol - 0.5 mg/50 mcg - Ointment</b>					<b>\$</b>	<b>\$ + 5%</b>
02244126	Dovobet	LEO	1.7210	1.8071		
02427419	Teva-Betamethasone/ Calcipotriol	TEV	1.2545	1.3172		

<b>Budesonide - 0.25 mg/mL - Inhalation Solution</b>					<b>\$</b>	<b>\$ + 5%</b>
01978918	Pulmicort	AZC	0.4733	0.4970		
02494272	Taro-Budesonide	TAR	0.3593	0.3773		

<b>Hyoscine - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
00363812	Buscopan	SAC	0.3550	0.3728		
02512335	Accel-Hyoscine	ACC	0.2711	0.2847		

<b>Lenalidomide - 2.5 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02459148	Revlimid	CEL	329.5000	345.9750		
02507927	Apo-Lenalidomide	APX	82.3750	86.4938		
02493837	NAT-Lenalidomide	NAT	82.3750	86.4938		
02484714	Reddy-Lenalidomide	DRL	82.3750	86.4938		
02518562	Sandoz Lenalidomide	SDZ	82.3750	86.4938		

<b>Lenalidomide - 5 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02304899	Revlimid	CEL	340.0000	357.0000		
02507935	Apo-Lenalidomide	APX	85.0000	89.2500		
02493845	NAT-Lenalidomide	NAT	85.0000	89.2500		
02483017	Reddy-Lenalidomide	DRL	85.0000	89.2500		
02518570	Sandoz Lenalidomide	SDZ	85.0000	89.2500		

<b>Lenalidomide - 10 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02304902	Revlimid	CEL	361.0000	379.0500		
02507943	Apo-Lenalidomide	APX	90.2500	94.7625		
02493861	NAT-Lenalidomide	NAT	90.2500	94.7625		
02483025	Reddy-Lenalidomide	DRL	90.2500	94.7625		
02518589	Sandoz Lenalidomide	SDZ	90.2500	94.7625		

<b>Lenalidomide - 15 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02317699	Revlimid	CEL	382.0000	401.1000		
02507951	Apo-Lenalidomide	APX	95.5000	100.2750		
02493888	NAT-Lenalidomide	NAT	95.5000	100.2750		
02483033	Reddy-Lenalidomide	DRL	95.5000	100.2750		
02518597	Sandoz Lenalidomide	SDZ	95.5000	100.2750		

<b>Lenalidomide - 20 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02440601	Revlimid	CEL	403.0000	423.1500		
02507978	Apo-Lenalidomide	APX	100.7500	105.7875		
02493896	NAT-Lenalidomide	NAT	100.7500	105.7875		
02483041	Reddy-Lenalidomide	DRL	100.7500	105.7875		
02518600	Sandoz Lenalidomide	SDZ	100.7500	105.7875		

<b>Lenalidomide - 25 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02317710	Revlimid	CEL	424.0000	445.2000		
02507986	Apo-Lenalidomide	APX	106.0000	111.3000		
02493918	NAT-Lenalidomide	NAT	106.0000	111.3000		
02483068	Reddy-Lenalidomide	DRL	106.0000	111.3000		
02518619	Sandoz Lenalidomide	SDZ	106.0000	111.3000		

<b>Methotrexate - 2.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02182963	Apo-Methotrexate	APX	0.6325	0.6641		
02170698	pms-Methotrexate	PMS	0.6325	0.6641		

<b>Metoclopramide - 5 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02230431	Metonia	PPI	0.0514	0.0540	
02517795	Mar-Metoclopramide	MAR	0.0514	0.0540	

<b>Pirfenidone - 267 mg - Capsules</b>				<b>\$</b>	<b>\$ + 5%</b>
02393751	Esbriet	HLR	13.6250	14.3063	
02464489	Esbriet Tablets	HLR	13.2127	13.8733	
02509938	Jamp Pirfenidone	JPC	6.7120	7.0476	
02488507	Sandoz Pirfenidone Tablets	SDZ	6.7120	7.0476	

<b>Pirfenidone - 801 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02464500	Esbriet	HLR	39.6378	41.6197	
02488515	Sandoz Pirfenidone	SDZ	20.1360	21.1428	

<b>Zolmitriptan - 2.5 mg - Orally Disintegrating Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02243045	Zomig Rapimelt	AZC	14.8111	15.5517	
02342545	Teva-Zolmitriptan OD	TEV	3.5375	3.7144	
02362996	Sandoz Zolmitriptan ODT	SDZ	3.5375	3.7144	

## New Interchangeable Products

The following products have been added to existing interchangeable drug categories:

<b>Amlodipine - 5 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02468026	M-Amlodipine	MNP	0.1343	0.1410	
02284065	pms-Amlodipine	PMS	0.1343	0.1410	

<b>Amlodipine - 10 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02468034	M-Amlodipine	MNP	0.1993	0.2093	
02284073	pms-Amlodipine	PMS	0.1993	0.2093	

<b>Aripiprazole - 2 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506688	Aripiprazole	SAH	0.8092	0.8497	

<b>Aripiprazole - 5 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506718	Aripiprazole	SAH	0.9046	0.9498	

<b>Aripiprazole - 10 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506726	Aripiprazole	SAH	1.0754	1.0129	

<b>Aripiprazole - 15 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506734	Aripiprazole	SAH	1.2692	1.3327	

<b>Aripiprazole - 20 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506750	Aripiprazole	SAH	1.0017	1.0518	

<b>Aripiprazole - 30 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02506785	Aripiprazole	SAH	1.0017	1.0518	

<b>Atorvastatin - 10 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02471167	M-Atorvastatin	MNP	0.1743	0.1831	

<b>Atorvastatin - 20 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02471175	M-Atorvastatin	MNP	0.2179	0.2288	

<b>Atorvastatin - 40 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02471183	M-Atorvastatin	MNP	0.2342	0.2459	

<b>Atorvastatin - 80 mg - Tablets</b>				<b>\$</b>	<b>\$ + 5%</b>
02471191	M-Atorvastatin	MNP	0.2342	0.2459	

<b>Azithromycin - 250 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02502038	M-Azithromycin	MNP	0.9410	0.9881		
<b>Budesonide - 0.125 mg/mL - Inhalation Solution</b>					<b>\$</b>	<b>\$ + 5%</b>
02494264	Taro-Budesonide	TAR	0.1143	** 0.1200		
<b>Budesonide - 0.5 mg/mL - Inhalation Solution</b>					<b>\$</b>	<b>\$ + 5%</b>
02494280	Taro-Budesonide	TAR	0.4559	** 0.4787		
<b>Clarithromycin - 250 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02471388	M-Clarithromycin	MNP	0.4208	0.4418		
<b>Clarithromycin - 500 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02466139	Clarithromycin	SAH	0.8318	0.8734		
02471396	M-Clarithromycin	MNP	0.8318	0.8734		
<b>Clindamycin - 150 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02479923	M-Clindamycin	MNP	0.2436	0.2558		
<b>Clindamycin - 300 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02479931	M-Clindamycin	MNP	0.4872	0.5116		
<b>Cyproterone - 50 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02390760	Med-Cyproterone	GMP	1.4000	** 1.4700		
<b>Dasatinib - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02514737	Reddy-Dasatinib	DRL	9.6713	** 10.1549		
02478307	Teva-Dasatinib	TEV	9.6713	** 10.1549		
<b>Dasatinib - 50 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02514745	Reddy-Dasatinib	DRL	19.4642	** 20.4374		
02478315	Teva-Dasatinib	TEV	19.4642	** 20.4374		
<b>Dasatinib - 70 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02514753	Reddy-Dasatinib	DRL	21.4511	** 22.5237		
02478323	Teva-Dasatinib	TEV	21.4511	** 22.5237		
<b>Dasatinib - 80 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02514761	Reddy-Dasatinib	DRL	34.5075	** 36.2329		
02478331	Teva-Dasatinib	TEV	34.5075	** 36.2329		
<b>Dasatinib - 100 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02514788	Reddy-Dasatinib	DRL	38.9021	** 40.8472		
02478358	Teva-Dasatinib	TEV	38.9021	** 40.8472		
<b>Desmopressin - 0.1 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02304368	pms-Desmopressin	PMS	0.6609	0.6939		
<b>Donepezil - 5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02432684	AG-Donepezil	ANP	0.4586	0.4815		
<b>Donepezil - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02432692	AG-Donepezil	ANP	0.4586	0.4815		
<b>Escitalopram - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02471418	M-Escitalopram	MNP	0.3109	0.3310		
<b>Escitalopram - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02471426	M-Escitalopram	MNP	0.3310	0.3476		
<b>Famotidine - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>

02507749	Jamp Famotidine	JPC	0.2830	0.2972
<b>Famotidine - 40 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02507757	Jamp Famotidine	JPC	0.5228	0.5489
<b>Febuxostat - 80 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02466198	Teva-Febuxostat	TEV	0.3975	** 0.4174
<b>Indomethacin - 50 mg - Capsules</b>			<b>\$</b>	<b>\$ + 5%</b>
02499223	Auro-Indomethacin	AUP	0.1234	** 0.1296
<b>Lacosamide - 50 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02489287	ACH-Lacosamide	ACH	0.6313	0.6629
<b>Lacosamide - 100 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02489295	ACH-Lacosamide	ACH	0.8750	0.9188
<b>Lacosamide - 150 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02489309	ACH-Lacosamide	ACH	1.1763	1.2351
<b>Lacosamide - 200 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02489317	ACH-Lacosamide	ACH	1.4500	1.5225
<b>Lamivudine - 100 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02512467	Jamp Lamivudine	JPC	2.6154	** 2.7462
<b>Letrozole - 2.5 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02508109	Mint-Letrozole	MPH	1.3780	1.4469
<b>Levetiracetam - 250 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02442388	Mint-Levetiracetam	MPH	0.3210	0.3371
02296101	pms-Levetiracetam	PMS	0.3210	0.3371
<b>Levetiracetam - 500 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02442396	Mint-Levetiracetam	MPH	0.3911	0.4107
02296128	pms-Levetiracetam	PMS	0.3911	0.4107
<b>Levetiracetam - 750 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02442418	Mint-Levetiracetam	MPH	0.5416	0.5687
02296136	pms-Levetiracetam	PMS	0.5416	0.5687
<b>Levofloxacin - 250 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02505797	Mint-Levofloxacin	MPH	1.5032	** 1.5784
<b>Levofloxacin - 500 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02505819	Mint-Levofloxacin	MPH	1.7130	** 1.7987
<b>Olanzapine - 2.5 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02487608	AG-Olanzapine	ANP	0.1772	0.1861
<b>Olanzapine - 5 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02487616	AG-Olanzapine	ANP	0.3544	0.3721
<b>Olanzapine - 10 mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02487632	AG-Olanzapine	ANP	0.7088	0.7442
<b>Olmesartan/Hydrochlorothiazide - 20 mg/12.5mg - Tablets</b>			<b>\$</b>	<b>\$ + 5%</b>
02509601	Olmesartan/HCTZ	SAH	0.3019	0.3170
02508273	NRA-Olmesartan HCTZ	NRA	0.3019	0.3170



<b>Olmesartan/Hydrochlorothiazide - 40 mg/12.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02509636	Olmesartan/HCTZ	SAH		0.3019	0.3170	
02508281	NRA-Olmesartan HCTZ	NRA		0.3019	0.3170	
<b>Olmesartan/Hydrochlorothiazide - 40 mg/25 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02509628	Olmesartan/HCTZ	SAH		0.3019	0.3170	
02508303	NRA-Olmesartan HCTZ	NRA		0.3019	0.3170	
<b>Perindopril - 2 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02482924	M-Perindopril	MNP		0.1632	0.1714	
<b>Perindopril - 4 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02482932	M-Perindopril	MNP		0.2042	0.2144	
<b>Perindopril - 8 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02482940	M-Perindopril	MNP		0.2831	0.2973	
<b>Pilocarpine - 5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02509571	Jamp Pilocarpine	JPC		0.7321	** 0.7687	
<b>Pregabalin - 25 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02467291	M-Pregabalin	MNP		0.1481	0.1555	
02449838	ACH-Pregabalin	ACH		0.1481	0.1555	
<b>Pregabalin - 50 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02467305	M-Pregabalin	MNP		0.2324	0.2440	
02449846	ACH-Pregabalin	ACH		0.2324	0.2440	
<b>Pregabalin - 75 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02467313	M-Pregabalin	MNP		0.3007	0.3157	
02449854	ACH-Pregabalin	ACH		0.3007	0.3157	
<b>Pregabalin - 150 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02467321	M-Pregabalin	MNP		0.4145	0.4352	
02449870	ACH-Pregabalin	ACH		0.4145	0.4352	
<b>Pregabalin - 300 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02449900	ACH-Pregabalin	ACH		0.4145	0.4352	
<b>Quetiapine - 25 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02501635	Apo-Quetiapine Fumarate	APX		0.0494	0.0519	
<b>Quetiapine - 100 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02501643	Apo-Quetiapine Fumarate	APX		0.1318	0.1384	
<b>Quetiapine - 200 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02501651	Apo-Quetiapine Fumarate	APX		0.2647	0.2779	
<b>Quetiapine - 300 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02501678	Apo-Quetiapine Fumarate	APX		0.3863	0.4056	
<b>Quetiapine - 50 mg - Extended Release Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02510677	NRA-Quetiapine XR	NRA		0.2501	0.2626	
<b>Quetiapine - 150 mg - Extended Release Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02510685	NRA-Quetiapine XR	NRA		0.4926	0.5172	
<b>Quetiapine - 200 mg - Extended Release Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02510693	NRA-Quetiapine XR	NRA		0.6661	0.6994	

<b>Quetiapine - 300 mg - Extended Release Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02510707	NRA-Quetiapine XR	NRA	0.9776	1.0265	
<b>Quetiapine - 400 mg - Extended Release Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02517015	NRA-Quetiapine	NRA	1.3270	1.3934	
<b>Sodium Polystyrene Sulfonate - 1 mEq/g - Oral Powder</b>					<b>\$</b>	<b>\$ + 5%</b>
	02473941	Odan-Sodium Polystyrene Sulfonate	ODN	0.0648	0.0680	
<b>Tenofovir Disoproxil Fumarate - 300 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02512939	Mint-Tenofovir	MPH	4.8884	5.1328	
	02512327	Tenofovir	SAH	4.8884	5.1328	
<b>Ursodiol - 250 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02505363	AG-Ursodiol	ANP	0.3813	0.4009	
<b>Ursodiol - 500 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02505371	AG-Ursodiol	ANP	0.7242	0.7604	
<b>Valsartan - 40 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02384523	Valsartan	SIP	0.2211	0.2322	
<b>Valsartan - 80 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02384531	Valsartan	SIP	0.2159	0.2267	
<b>Valsartan - 160 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02384558	Valsartan	SIP	0.2159	0.2267	
<b>Valsartan - 320 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02384566	Valsartan	SIP	0.2098	0.2203	
<b>Venlafaxine - 37.5 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02471280	M-Venlafaxine XR	MNP	0.0913	0.0959	
<b>Venlafaxine - 75 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02471299	M-Venlafaxine XR	MNP	0.1825	0.1916	
<b>Venlafaxine - 150 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02471302	M-Venlafaxine XR	MNP	0.1927	0.2023	
<b>Zolmitriptan - 2.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02481030	Auro-Zolmitriptan	AUP	3.5375	3.7144	
<b>Zopiclone - 5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02475839	AG-Zopiclone	ANP	0.0990	0.1040	
<b>Zopiclone - 7.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02475847	AG-Zopiclone	ANP	0.1250	0.1313	

\*\* The price has resulted in a change to the lowest price in the category.

## Product Deletions

(as identified for deletion in Bulletin # 112)

The following products have been deleted.

02234510	282	acetylsalicylic acid/codeine	375/30/15 mg	Tablet
02237618 02155990	Adalat XL	nifedipine	20 mg 60 mg	Tablet
02267217	Asacol	mesalazine	800 mg	Tablet

02241113	Avandia	rosiglitazone	4 mg	Tablet
02212277 02212285	Ceftin	cefuroxime	250 mg 500 mg	Tablet
02155966	Cipro	ciprofloxacin	500 mg	Tablet
01968440 01992872	Cyclen	norgestimate	-	Tablet
00402516	DDAVP Rhinyle	desmopressin acetate	0.1 mg/mL	Nasal Solution
02212218	Fortaz	ceftazidime	1 G	Powder for Solution
02216965	Invirase	saquinavir	200 mg	Capsule
02279320	Invirase	saquinavir	500 mg	Tablet
00000841	Isopto Carpine	pilocarpine HCL	1 %	Ophthalmic Solution
02454408	Lynparza	olaparib	50 mg	Capsule
00899348	Manerix	moclobemide	100 mg	Tablet
02162806 02163527 02163535	Minitran	nitroglycerin	0.2 mg/hr 0.4 mg/hr 0.6 mg/hr	Transdermal Patch
01980696 01964437 01964429	Morphine Sulfate	morphine sulfate	1 mg/mL 2 mg/mL 5 mg/mL	Injection
00850314 00850322 00850330	Morphine Sulfate	morphine sulfate	2 mg/mL 10 mg/mL 15 mg/mL	Injection
80027202 00225819	Phosphate Novartis	-	-	Tablet
02453754 02453762	Praluent	alirocumab	75 mg/mL 150 mg/mL	Injection
00893757 02222051	Pravachol	pravastatin sodium	20 mg 40 mg	Tablet
02043394 02043408 02043424	Premarin	conjugated estrogen	0.3 mg 0.625 mg 1.25 mg	Tablet
02242878 02242879	Premplus	conjugated estrogen/ medroxyprogesterone	0.625/2.5 mg 0.625/5 mg	Tablet
00804533	Prevex HC	hydrocortisone	1 %	Cream
00638676 00638684	Procan SR	procainamide HCL	500 mg 750 mg	Tablet
02256711	Ranitidine	ranitidine	50 mg/2 mL	Injection
00839213	Sandostatin	octreotide	500 mcg/mL	Injection
00584274	Sinequan	doxepin	150 mg	Capsule
00632228 00632201	Statex	morphine sulfate	5 mg 10 mg	Suppository
02162504	Synalar	fluocinolone acetonide	0.01 %	Topical Solution
02049961 02049988	Tenoretic	atenolol/chlorthalidone	50/25 mg 100/25 mg	Tablet
02162776	Ticlid	ticlopidine	250 mg	Tablet
02028700 02029421	Tri-Cyclen	ethinyl estradiol/ norgestimate	-	Tablet
02258560 02258587	Tri-Cyclen LO	ethinyl estradiol/ norgestimate	-	Tablet

00027944	Valisone	betamethasone	0.1 %	Lotion
00497541 00497568	Vitamin K <sup>1</sup>	vitamin k <sup>1</sup>	2 mg/mL 10 mg/mL	Injection
02393603	ACT Nabilone	nabilone	1mg	Capsule
02262754	ACT Paroxetine	paroxetine	20 mg	Tablet
02295385	Apo-Glimepiride	glimepiride	2 mg	Tablet
02383055 02383063	Bisoprolol	bisoprolol	5 mg 10 mg	Tablet
02351102 02351110	Famotidine	famotidine	20 mg 40 mg	Tablet
02023822	Gentamicin	gentamicin sulfate	0.3 %	Ophthalmic Solution
02386496	Jamp-Candesartan	candesartan	4 mg	Tablet
02380722 02380730	Jamp-Metformin (Blackberry)	metformin	500 mg 850 mg	Tablet
02353229 02353237	Lovastatin	lovastatin	20 mg 40 mg	Tablet
02350890	Morphine SR	morphine sulfate	30 mg	Tablet
00811882	pms-Chloral Hydrate	chloral hydrate	500 mg	Capsule
02358085 02358093	Ran-Nabilone	nabilone	0.5 mg 1 mg	Capsule
02403617	Ran-Omeprazole	omeprazole	20 mg	Capsule
02230386	Sandoz Cortimyxin	hydrocortisone/neomycin/ polymyxin b	10 mg/3.5 mg/ 10000 U/mL	Otic Solution
02261960	Sandoz Diclofenac	diclofenac sodium	50 mg	Tablet
02237313 02237314	Sandoz Minocycline	minocycline	50 mg 100 mg	Capsule
02291401 02291428 02291436	Sandoz Ramipril	ramipril	2.5 mg 5 mg 10 mg	Capsule
02248529	Sandoz Triflurdine	triflurdine	1 %	Ophthalmic Solution
02008203	Sandoz Zopiclone	zopiclone	7.5 mg	Tablet
02350475 02350483 02350491 02350505	Terazosin	terazosin HCl	1 mg 2 mg 5 mg 10 mg	Tablet
02246063	Testosterone Cypionate	testosterone cypionate	100 mg/mL	Injection

## Category Deletions

- Atenolol/Chlorthalidone - 50 mg/25 mg - Tablets
- Ethinyl Estradiol/Nogestimate - 0.025 mg/0.18 mg, /0.025 mg/0.215 mg, 0.025 mg/0.250 mg - Tablets
- Fenofibrate - 100 mg - Tablets
- Fluocinonide - 0.05 % - Topical Cream
- Framycetin Sulfate/Esculin/Hydrocortisone/Dibucaine HCl - 10 mg/10 mg/5 mg/5 mg - Suppositories
- Lansoprazole/Amoxicillin/Clarithromycin - 30 mg/500 mg/500 mg - Kit
- Metoprolol Tartrate - 200 mg - Tablets
- Nifedipine - 60 mg - Extended Release Tablets
- Nitrofurantoin - 100 mg - Capsules
- Pramoxine HCl/Hydrocortisone Acetate/Zinc Sulfate - 10 mg/5 mg/5 mg per g - Ointment
- Pramoxine HCl/Hydrocortisone Acetate/Zinc Sulfate - 20 mg/10 mg/10 mg - Suppositories
- Rosiglitazone - 4 mg - Tablets
- Sodium Cromoglycate - 2 % - Ophthalmic Solution

## Interchangeable Product Price Changes

The following changes in prices have occurred:

(\$    (\$ + 5%)

02068109	Sennatab	sennosides a and b	8.6 mg	Tablets	0.0737	0.0774
00704431	Androcur	cyproterone acetate	50 mg	Tablets	1.4000	** 1.4700
02248572	ACT Lovastatin	lovastatin	20 mg	Tablets	0.4919	** 0.5165
02248573	ACT Lovastatin	lovastatin	40 mg	Tablets	0.8985	** 0.9434
02243611	Apo-Alpraz	alprazolam	1 mg	Tablets	0.3069	** 0.3222
02470705	Apo-Dasatinib	dasatinib	20 mg	Tablets	9.6713	** 10.1549
02470713	Apo-Dasatinib	dasatinib	50 mg	Tablets	19.4642	** 20.4374
02481499	Apo-Dasatinib	dasatinib	70 mg	Tablets	21.4511	** 22.5237
02481502	Apo-Dasatinib	dasatinib	80 mg	Tablets	34.5075	** 36.2329
02470721	Apo-Dasatinib	dasatinib	100 mg	Tablets	38.9021	** 40.8472
02461544	Apo-Deferasirox	deferasirox	125 mg	Tablet for Suspension	5.2408	5.5028
02461552	Apo-Deferasirox	deferasirox	250 mg	Tablet for Suspension	10.4820	11.0061
02461560	Apo-Deferasirox	deferasirox	500 mg	Tablet for Suspension	20.9649	22.0131
02393239	Apo-Lamivudine HBV	lamivudine	100 mg	Tablets	2.6154	2.7462
02284707	Apo-Levofloxacin	levofloxacin	250 mg	Tablets	1.5032	** 1.5784
02284715	Apo-Levofloxacin	levofloxacin	500 mg	Tablets	1.7130	** 1.7987
02244726	Apo-Medroxy	medroxyprogesterone acetate	2.5 mg	Tablets	0.1183	0.1242
02244727	Apo-Medroxy	medroxyprogesterone acetate	5 mg	Tablets	0.2365	0.2483
02286610	Apo-Mirtazepine	mirtazepine	15 mg	Tablets	0.2310	0.2426
00755877	Apo-Pindol	pindolol	5 mg	Tablets	0.3699	0.3884
00755885	Apo-Pindol	pindolol	10 mg	Tablets	0.6315	0.6631
02393468	Apo-Rizatriptan	rizatriptan	5 mg	Tablets	7.4100	7.7805
02411695	Auro-Mirtazepine	mirtazepine	15 mg	Tablets	0.2310	0.2426
02411717	Auro-Mirtazepine	mirtazepine	45 mg	Tablets	0.6930	0.7277
02245898	Cyproterone	cyproterone acetate	50 mg	Tablets	1.4000	** 1.4700

02490870	Jamp Febuxostat	febuxostat	80 mg	Tablets	0.3975	** 0.4174
02429233	Jamp-Rizatriptan IR	rizatriptan	5 mg	Tablets	7.4100	7.7805
02220172	Lovastatin	lovastatin	20 mg	Tablets	0.4919	** 0.5165
02220180	Lovastatin	lovastatin	40 mg	Tablets	0.8985	** 0.9434
02496119	M-Pilocarpine	pilocarpine HCl	5 mg	Tablets	0.7321	** 0.7687
02473607	Mar-Febuxostat	febuxostat	80 mg	Tablets	0.3975	** 0.4174
02461536	Mint-Indomethacin	indomethacin	50 mg	Capsules	0.1234	** 0.1296
02464454	Sandoz Deferasirox	deferasirox	125 mg	Tablet for Suspension	5.2408	5.5028
02464462	Sandoz Deferasirox	deferasirox	250 mg	Tablet for Suspension	10.4820	11.0061
02464470	Sandoz Deferasirox	deferasirox	500 mg	Tablet for Suspension	20.9649	22.0131
02298635	Sandoz Levofloxacin	levofloxacin	250 mg	Tablets	1.5032	** 1.5784
02298643	Sandoz Levofloxacin	levofloxacin	500 mg	Tablets	1.7130	** 1.7987
02244790	Sandoz Morphine SR	morphine sulfate	15 mg	Sustained Release Tablets	0.4145	0.4352
02499282	Taro-Dasatinib	dasatinib	20 mg	Tablets	9.6713	** 10.1549
02499304	Taro-Dasatinib	dasatinib	50 mg	Tablets	19.4642	** 20.4374
02499312	Taro-Dasatinib	dasatinib	70 mg	Tablets	21.4511	** 22.5237
02499320	Taro-Dasatinib	dasatinib	80 mg	Tablets	34.5075	** 36.2329
02499339	Taro-Dasatinib	dasatinib	100 mg	Tablets	38.9021	** 40.8472
00869007	Teva-Pindolol	pindolol	5 mg	Tablets	0.3699	0.3884
00869015	Teva-Pindolol	pindolol	10 mg	Tablets	0.6315	0.6631

\*\* The price has resulted in a change to the lowest price in the category.

## Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 115.

00505781	Anugesic HC	pramoxine HCl/ hydrocortisone acetate/ zinc sulfate	10 mg/5 mg/5 mg per g	Ointment
00476242	Anugesic HC	pramoxine HCl/ hydrocortisone acetate/ zinc sulfate	20 mg/10 mg/ 10 mg	Suppository
02238525	HP-Pac	lansoprazole/amoxicillin/ clarithromycin	30 mg/500 mg/ 500 mg	Kit
00745626	Humatrope	somatropin	5 mg	Powder for Solution
02229692 02229693	Humatrope	somatropin	6.7 mg 13.3 mg	Liquid
02161923	Lidex	fluocinonide	0.05 %	Cream
00455881	Lioresal	baclofen	10 mg	Tablet
02063662	Macrobid	nitrofurantoin	100 mg	Capsule
00037605	Micronor	norethindrone	0.35mg	Tablet

02230621	Opticrom	sodium cromoglycate	2 %	Ophthalmic Solution
02243684	Zyvoxam	linezolid	600 mg	Tablet
02370646	ACT Diltiazem CD	diltiazem HCl	240 mg	Capsule
02250012 02250020	ACT Meloxicam	meloxicam	7.5 mg 15 mg	Tablet
02177153	Apo-Bromazepam	bromazepam	1.5mg	Tablet
01999559	Apo-Capto	captopril	6.25 mg	Tablet
00522678	Apo-Naproxen	naproxen	125 mg	Tablet
00713325	Apo-Procainamide	procainamide HCl	250 mg	Capsule
02254522	Apo-Quinine	quinine sulfate	300 mg	Capsule
02280396	Apo-Risperidone	risperidone	1 mg/mL	Oral Solution
02393484 02393492	Apo-Rizatriptan RPD	rizatriptan	5 mg 10 mg	Orally Disintegrating Tablet
02409682	Apo-Voriconazole	voriconazole	200 mg	Tablet
02389096 02389118	Mar-Olanzapine ODT	olanzapine	10 mg 15 mg	Orally Disintegrating Tablet
02350912	Morphine SR	morphine	60 mg	Sustained Release Tablet
02383047	Mylan-Esomeprazole	esomeprazole	40 mg	Tablet
02278081 02278103	pms-Famciclovir	famciclovir	125 mg 250 mg	Tablet
02236466	pms-Domperidone	domperidone	10 mg	Tablet
02268035	Ran-Carvedilol	carvedilol	6.25 mg	Tablet
02336480 02336502	Ran-Ranitidine	ranitidine	150 mg 300 mg	Tablet
02260107	Sandoz Anagrelide	anagrelide HCl	0.5 mg	Capsule
02386275 02386283	Sandoz Bosentan	bosentan	62.5 mg 125 mg	Tablet
02248171	Sandoz Citalopram	citalopram	40 mg	Tablet
02359316	Sandoz Clopidogrel	clopidogrel	75 mg	Tablet
02288044 02288052	Sandoz Fenofibrate S	fenofibrate	100 mg 160 mg	Tablet
02479486 02479494	Sandoz Fluoxetine	fluoxetine	10 mg 20 mg	Capsule
02303396 02303418	Sandoz Metoprolol SR	metoprolol tartrate	100 mg 200 mg	Extended Release Tablet
02242527	Sandoz Proctomyxin HC	framycetin sulfate/esculin/ hydrocortisone/dibucaine HCl	10 mg/10 mg/ 5 mg/5 mg	Ointment
02242528	Sandoz Proctomyxin HC	framycetin sulfate/esculin/ hydrocortisone/dibucaine HCl	10 mg/10 mg/ 5 mg/5 mg	Suppository
02313995 02314002	Sandoz Quetiapine	quetiapine	25 mg 100 mg	Tablet
02263025 02263033	Sandoz Sumatriptan	sumatriptan	50 mg 100 mg	Tablet
02247373	Teva-Alendronate	alendronate	10 mg	Tablet

Effective: October 22, 2021 AND November 25, 2021

02464144			2 mg	
02464152			5 mg	
02464160	Teva-Aripiprazole	aripiprazole	10 mg	Tablet
02464179			15 mg	
02464195			30 mg	