
BULLETIN # 131

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on

March 13, 2024 AND April 1, 2024



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 date of April 1, 2024

Bulletin 131 is currently available for download:

<http://www.gov.mb.ca/health/mdbif/bulletin127.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 #131 will be effective April 1, 2024 ONLY.

There will be NO PSV FILE to accompany the changes effective March 13, 2024

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

Inside This Issue	
EFFECTIVE MARCH 13, 2024	
Exception Drug Status Additions	Page 1-2
EFFECTIVE APRIL 1, 2024	
Part 1 Additions	Page 3-4
Exception Drug Status Additions	Page 4-9
New Interchangeable Categories	Page 9-10
New Interchangeable Products	Page 10-11
Interchangeable Product Price Changes	Page 12-23
Product Deletions	Page 23-24
Discontinued Products	Page 24

The following changes will take effect on March 13, 2024

Exception Drug Status Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02517140	Trikafta <i>(new indication)</i>	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100mg/50mg/ 75mg & 150mg	Tablet-Kit	VEP
02526670	Trikafta <i>(new indication)</i>	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	50mg/25mg/ 37.5mg & 75mg	Tablet-Kit	VEP
02542277	Trikafta <i>(new strength/format)</i>	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100mg/50mg/ 75mg & 75mg	Granules	VEP
02542285	Trikafta <i>(new strength/format)</i>	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	80mg/40mg/ 60mg & 59.5mg	Granules	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 2 years of age or older; **AND**
- Confirmed diagnosis of cystic fibrosis (CF) 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 CF at the time of initiation; **AND**
- Patient has demonstrated adherence to their prescribed CF therapeutic regimen.

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

1. 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**
2. Weight, height, and body mass index (BMI) (BMI z score in children); **AND**

For patients 6 years of age and older:

3. Baseline spirometry measurements of FEV1 in litres and % predicted (within the last 3 months); **AND**
4. Number of CF-related hospitalizations in the previous 6 months; **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:

For 6 years of age and older: 7 months

For 2 to 5 years of age: 1 year

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 (or 1 year for patients 2 to 5 years of age) of treatment with Trikafta:
 - 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**
 - No decline in BMI (BMI z score in children) compared with the baseline BMI assessment; **OR**
 - Improvement in FEV1 % predicted by 5% predicted or more, relative to baseline; **OR**
 - Decreased number of CF-related hospitalizations at 6 months compared with the 6 month period prior to initiating treatment; **OR**
 - Improvement by 4 points or more in the CFQ-R respiratory domain score compared with the baseline score.
- Additionally, for patients 2 to 5 years of age, renewal will be considered if the physician can provide evidence of clinical benefit from treatment with elexacaftor/tezacaftor/ivacaftor.

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: 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.

Patients 6 to < 12 years of age weighing ≥ 30 kg: 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.

Patients 6 to < 12 years of age weighing < 30 kg: 2 tablets (each containing elexacaftor 50 mg, tezacaftor 25 mg and ivacaftor 37.5 mg) in the morning and 1 tablet (ivacaftor 75 mg) in the evening.

Patients 2 to 5 years of age weighing ≥ 14 kg: 1 packet of granules (containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 packet of granules (ivacaftor 75 mg) in the evening.

Patients 2 to 5 years of age weighing < 14 kg: 1 packet of granules (containing elexacaftor 80 mg, tezacaftor 40 mg and ivacaftor 60 mg) in the morning and 1 packet of granules (ivacaftor 59.5 mg) in the evening.

The following changes will take effect on April 1, 2024

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02541564	Atenolol	atenolol	25mg	Tablet	SIP
02497743	Auro-Cephalexin	cephalexin	125mg/5mL	Powder for suspension	AUP
02513986 02513994 02514001 02514028 02514036	Auro-Lurasidone	lurasidone hydrochloride	20mg 40mg 60mg 80mg 120mg	Tablet	AUP
02141574	Erythromycin	erythromycin	5mg/g	oph-oint	PSN
02528436 02528444	Jamp Cephalexin Suspension	cephalexin	125mg/5mL 250mg/5mL	powder for suspension	JPC
02508893 02508907	Jamp Escitalopram	escitalopram	10mg 20mg	Tablet	JPC
02517450 02517469 02517477	Jamp Quinapril	quinapril	10mg 20mg 40mg	Tablet	JPC
02428911 02428938	Jamp Solifenacin Succinate	solifenacin succinate	5mg 10mg	Tablet	JPC
02352419	Jamp Tamsulosin	Tamsulosin Hydrochloride	0.4mg	Capsule (Sustained-Release)	JPC
02345277	Jamp Topiramate	topiramate	200mg	Tablet	JPC
02524481	Mezera <i>(new format)</i>	mesalazine	500mg	Tablet (Delayed Release)	AVP
02479532	Mint-Atorvastatin	atorvastatin	80mg	Tablet	MPH
02476932	Mint-Candesartan	candesartan cilexetil	32mg	Tablet	MPH
02536943 02536951 02536978 02536986 02536994 02537001 02537028 02537036	pms-Methylphenidate CR	methylphenidate hydrochloride	10mg 15mg 20mg 30mg 40mg 50mg 60mg 80mg	Capsule (Extended-Release)	PMS

Blood Glucose Test Strips (BGTS)

PINs Specific to Approved Quantity per Benefit Year					
PIN (3650)	PIN (1600)	PIN (400)	PIN (200)	Product	MFR
00936511	00916011	00970400	00971200	Tykess	TYK

* Abbreviation of Manufacturers' Name

Exception Drug Status Additions

02512963	Brukinsa (new indication)	zanubrutinib	80mg	Capsule	BSG
----------	-------------------------------------	--------------	------	---------	-----

Chronic lymphocytic leukemia

For the treatment of adult (≥ 18 years) patients with chronic lymphocytic leukemia (CLL) who meet one of the following criteria:

- Previously untreated CLL for whom fludarabine-based treatment is inappropriate, or
- Relapsed or refractory (R/R) CLL who have received at least one prior systemic therapy

Patients must have a good ECOG performance status.

Patients must not have any of the following:

- Prior progression on a BTK inhibitor
- Prolymphocytic leukemia or Richter's transformation

02540185	Erleada (new strength)	apalutamide	240mg	Tablet	JAN
----------	----------------------------------	-------------	-------	--------	-----

See Bulletin #106 and #114 for prescribing criteria:

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin106.pdf>

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin114.pdf>

02489597	Evenity	romosozumab	105mg/1.17mL	Pre-filled Syringe	AGA
----------	----------------	-------------	--------------	--------------------	-----

For the treatment of osteoporosis in postmenopausal women only if the following criteria are met:

- History of osteoporotic fracture; AND
- High risk for future fracture, defined as a 10-year fracture risk $\geq 20\%$ as defined by the Fracture Risk (FRAX) tool; AND
- Treatment naive to osteoporosis medications, except calcium and/or vitamin D.

Maximum duration of reimbursement is 12 months.

Note:

Romosozumab will not be reimbursed if prescribed concurrently with other osteoporosis medications, except calcium and/or vitamin D.

02539837	Febuxostat	febuxostat	80mg	Tablet	SAH
----------	-------------------	------------	------	--------	-----

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

02492164	Hyrimoz <i>(new indication)</i>	adalimumab	40mg/0.8mL	Injection <i>Pre-filled Syringe</i>	SDZ
02492156	Hyrimoz <i>(new indication)</i>	adalimumab	40mg/0.8mL	Injection <i>Pre-filled Autoinjector</i>	SDZ
02505258	Hyrimoz <i>(new indication)</i>	adalimumab	20mg/0.4mL	Injection <i>Pre-filled Syringe</i>	SDZ
02542358	Hyrimoz <i>(new strength)</i>	adalimumab	80mg/0.8mL	Injection <i>Pre-filled Syringe</i>	SDZ
02542366	Hyrimoz <i>(new strength)</i>	adalimumab	80mg/0.8mL	Injection <i>Pre-filled Autoinjector</i>	SDZ
02542323	Hyrimoz <i>(new strength)</i>	adalimumab	40mg/0.4mL	Injection <i>Pre-filled Syringe</i>	SDZ
02542331	Hyrimoz <i>(new strength)</i>	adalimumab	40mg/0.4mL	Injection <i>Pre-filled Autoinjector</i>	SDZ
02542315	Hyrimoz <i>(new strength)</i>	adalimumab	20mg/0.2mL	Injection <i>Pre-filled Syringe</i>	SDZ

Crohn's Disease

For treatment of moderate to severely active Crohn's Disease in patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Request for coverage must be made by a specialist in gastroenterology.

For Adults: Hyrimoz will be a preferred adalimumab option for all adalimumab-naïve patients prescribed an adalimumab product for Crohn's Disease.

For Pediatrics: Hyrimoz will be a preferred adalimumab option for all adalimumab-naïve patients prescribed an adalimumab product for Crohn's Disease

Preferred means the first adalimumab product to be considered for reimbursement for adalimumab-naïve patients. Patients will not be permitted to switch from Hyrimoz to another adalimumab product or vice versa, if:

- Previously trialed and deemed unresponsive to adalimumab.

See Bulletin #112 for all other prescribing criteria:

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

02496348	Nubeqa <i>(new indication)</i>	darolutamide	300mg	Tablet	BAY
----------	--	--------------	-------	--------	-----

Metastatic castration-sensitive prostate cancer

In combination with docetaxel and androgen deprivation therapy (ADT) for the treatment of patients with metastatic castration-sensitive prostate cancer who are chemotherapy eligible and have a good performance status. Eligible patients must not have received prior treatment with an androgen receptor axis-targeted therapy, chemotherapy, or immunotherapy for prostate cancer and must not have received ADT in the metastatic setting for more than 6 months or within 1 year of completing adjuvant ADT in the nonmetastatic setting.

02533979 02533987 02533995	Qulipta	atogepant	10mg 30mg 60mg	Tablet	ABV
----------------------------------	----------------	-----------	----------------------	--------	-----

For the prevention of migraine in patients who have a confirmed diagnosis of episodic migraine: headaches for less than 15 days per month for more than 3 months of which at least 4 days per month are with migraine.

Initiation criteria:

- The patient must have experienced an inadequate response ¹, intolerance, or contraindication to at least two oral prophylactic migraine medications² of different classes; AND
- The patient must be under the care of a physician who has appropriate experience in the management of migraine headaches; AND
- The physician must provide the number of headache and migraine days per month at the time of initial request for reimbursement.

Initial approval duration: 6 months

Initial Renewal criteria:

- Reduction of at least 50% in the average number of migraine days per month compared with baseline.

Renewal duration: 6 months

Subsequent Renewal criteria:

- Maintenance of 50% reduction in the average number of migraine days per month from baseline.

¹Inadequate response to oral prophylactic therapies is defined as less than a 30% reduction in frequency of headache days to an adequate dose and duration of at least two prophylactic medications, which must be of a different class.

²Oral prophylactic medication alternatives include:

- beta blockers
- tricyclic antidepressants
- verapamil or flunarizine
- sodium valproate or divalproex sodium
- topiramate
- gabapentin

Combined use with other calcitonin gene-related peptide (CGRP) inhibitors will not be reimbursed.

02522845	Saphnelo	anifrolumab	150mg/mL	Injection	AZC
----------	-----------------	-------------	----------	-----------	-----

For the treatment of adult patients with moderate to severe autoantibody positive, systemic lupus erythematosus (SLE), only if the following criteria are met:

Initiation Criteria:

- Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) score of at least 6 prior to treatment initiation with anifrolumab; AND
- Inadequately controlled with oral corticosteroids (OCS) at a dose of at least 10 mg/day of prednisone or its equivalent, in addition to standard therapy¹.

The pre-treatment baseline SLEDAI-2K score must be provided. If the British Isles Lupus Activity Group (BILAG)-2004 will be used for assessment on renewal, then a pre-treatment baseline BILAG-2004 assessment of organ systems must also be provided. The same scale should be used both at baseline and all subsequent renewals.

Initial approval: 12 months

Exclusion Criteria:

- Severe or unstable neuropsychiatric SLE; OR
- Active severe SLE nephritis

Renewal Criteria:

- Decrease in OCS dose to ≤ 7.5 mg/day of prednisone or its equivalent²; AND
- Reduction in disease activity as measured by:
 - o Reduction in the SLEDAI-2K score to 5 or less; OR
 - o BILAG-2004 score improvement³ in organ systems and no new worsening⁴.

Subsequent Renewal Criteria:

Initial response achieved after the first 12 months of therapy with anifrolumab has been maintained.

Renewal approval: 12 months

¹Standard therapy includes using an immunosuppressive drug (e.g., azathioprine, hydroxychloroquine, methotrexate, mycophenolate) with or without non-steroidal anti-inflammatory drugs (NSAIDs).

²Patients whose OCS dose remains > 7.5 mg/day of prednisone or equivalent but has decreased by at least 50% from baseline could be considered to have achieved the OCS dose reduction.

³BILAG improvement in organ systems is defined as a reduction of all baseline severe (BILAG-2004 A) or moderately severe (BILAG-2004 B) to lower rating levels.

⁴BILAG worsening in organ systems is defined as ≥ 1 new BILAG-2004 A or ≥ 2 new BILAG-2004 B items.

Combined use with other biologics for the treatment of SLE will not be reimbursed.

Request for coverage must be made by a specialist in rheumatology.

02522632	Taro-Perampanel	perampanel	2mg	Tablet	TAR
02522640			4mg		
02522659			6mg		
02522667			8mg		
02522675			10mg		
02522683			12mg		

See Bulletin #78 and #106 for prescribing criteria:

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin78.pdf>

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin106.pdf>

02529548	Tezspire	tezepelumab	110mg/mL	Pre-filled Syringe	AZC
02529556	Tezspire	tezepelumab	110mg/mL	Pre-filled Pen	AZC

As an add-on maintenance treatment for patients aged 12 years and older with severe asthma, if all the following criteria are met:

Initiation criteria:

- Asthma inadequately controlled with high-dose inhaled corticosteroids (ICS), defined as greater or equal to 500 mcg of fluticasone propionate or equivalent daily, and one or more additional asthma controller(s) (e.g., long-acting beta agonists [LABA]).
- Patient has experienced two or more clinically significant asthma exacerbations¹ in the past 12 months.

Administration criteria:

- Tezepelumab should not be used in combination with other biologics used to treat asthma.
- A baseline assessment of asthma symptom control using a validated asthma control questionnaire must be completed prior to initiation of tezepelumab treatment.
- Tezepelumab should be initiated and monitored by an allergist or respirologist with experience managing severe asthma.

¹ Clinically significant asthma exacerbations are defined as worsening of asthma resulting in administration of systemic corticosteroids for at least three days, or hospitalization.

Renewal criteria:

- The effects of treatment should be assessed every 12 months to determine whether reimbursement should continue.
- Reimbursement of treatment should be discontinued if:
 - o The 12-month asthma control questionnaire score has not improved from baseline, when baseline represents the initiation of treatment; OR
 - o The asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently; OR
 - o The number of clinically significant asthma exacerbations has increased within the previous 12 months; OR
 - o In patients on maintenance treatment with oral corticosteroids (OCS), there has been no decrease in the OCS dose in the first 12 months of treatment; OR
 - o In patients on maintenance treatment with OCS, the reduction in the dose of OCS achieved after the first 12 months of treatment is not maintained or improved subsequently.

02491559 02533448 02533456	Ultomiris	ravulizumab	10mg/ml 300mg/3ml 1100mg/11ml	Injection	ALP
----------------------------------	------------------	-------------	-------------------------------------	-----------	-----

For the treatment of Paroxysmal Nocturnal Hemoglobinuria (PNH) and Atypical Hemolytic Uremic Syndrome (aHUS). Complete criteria may be obtained from the EDS office at Manitoba Health.

02506009	Zeposia	ozanimod	0.23mg & 0.46mg	Capsules (initiation pack)	SQU
02505991	Zeposia	ozanimod	0.92mg	Capsule	SQU

Ulcerative Colitis

For the treatment of patients over 18 years of age with moderate to severely active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.

Request for coverage must be made by a specialist in gastroenterology.

New Interchangeable Categories

Cephalexin - 125mg/mL - Oral Suspension **\$** **\$ + 5%**

02497743	Auro-Cephalexin	AUP	0.1535	0.1612
02528436	Jamp Cephalexin Suspension	JPC	0.1535	0.1612
02469170	Lupin-Cephalexin	LPC	0.1535	0.1612

Cephalexin - 250mg/mL - Oral Suspension **\$** **\$ + 5%**

02528444	Jamp Cephalexin Suspension	JPC	0.2573	0.2702
02469189	Lupin-Cephalexin	LPC	0.2573	0.2702

Erythromycin - 5mg/g - Ophthalmic Ointment **\$** **\$ + 5%**

02141574	Erythromycin	PSN	4.2000	4.4100
01912755	PDP-Erythromycin	PPI	4.2000	4.4100

Methylphenidate Hydrochloride - 10mg - Extended Release Capsules **\$** **\$ + 5%**

02277166	Biphentin	ELV	0.9324	0.9790
02536943	pms-Methylphenidate CR	PMS	0.6993	0.7343

Methylphenidate Hydrochloride - 15mg - Extended Release Capsules **\$** **\$ + 5%**

02277131	Biphentin	ELV	1.3370	1.4039
02536951	pms-Methylphenidate CR	PMS	1.0028	1.0529

Methylphenidate Hydrochloride - 20mg - Extended Release Capsules **\$** **\$ + 5%**

02277158	Biphentin	ELV	1.7230	1.8092
02536978	pms-Methylphenidate CR	PMS	1.2923	1.3569

Methylphenidate Hydrochloride - 30mg - Extended Release Capsules **\$** **\$ + 5%**

02277174	Biphentin	ELV	2.3675	2.4859
02536986	pms-Methylphenidate CR	PMS	1.7756	1.8644

Methylphenidate Hydrochloride - 40mg - Extended Release Capsules **\$** **\$ + 5%**

02277182	Biphentin	ELV	3.0160	3.1668
02536994	pms-Methylphenidate CR	PMS	2.2620	2.3751

Methylphenidate Hydrochloride - 50mg - Extended Release Capsules **\$** **\$ + 5%**

02277190	Biphentin	ELV	3.6600	3.8430
02537001	pms-Methylphenidate CR	PMS	2.7450	2.8823

Methylphenidate Hydrochloride - 60mg - Extended Release Capsules					\$	\$ + 5%
02277204	Biphentin	ELV		4.2590	4.4720	
02537028	pms-Methylphenidate CR	PMS		3.1943	3.3540	

Methylphenidate Hydrochloride - 80mg - Extended Release Capsules					\$	\$ + 5%
02277212	Biphentin	ELV		5.6150	5.8958	
02537036	pms-Methylphenidate CR	PMS		4.2113	4.4219	

Perampanel - 2mg - Tablets					\$	\$ + 5%
02404516	Fycompa	EIS		10.3869	10.9062	
02522632	Taro-Perampanel	TAR		7.7902	8.1797	

Perampanel - 4mg - Tablets					\$	\$ + 5%
02404524	Fycompa	EIS		10.3869	10.9062	
02522640	Taro-Perampanel	TAR		7.7902	8.1797	

Perampanel - 6mg - Tablets					\$	\$ + 5%
02404532	Fycompa	EIS		10.3869	10.9062	
02522659	Taro-Perampanel	TAR		7.7902	8.1797	

Perampanel - 8mg - Tablets					\$	\$ + 5%
02404540	Fycompa	EIS		10.3869	10.9062	
02522667	Taro-Perampanel	TAR		7.7902	8.1797	

Perampanel - 10mg - Tablets					\$	\$ + 5%
02404559	Fycompa	EIS		10.3869	10.9062	
02522675	Taro-Perampanel	TAR		7.7902	8.1797	

Perampanel - 12mg - Tablets					\$	\$ + 5%
02404567	Fycompa	EIS		10.3869	10.9062	
02522683	Taro-Perampanel	TAR		7.7902	8.1797	

Tamsulosin - 0.4mg - Sustained Release Capsules					\$	\$ + 5%
02352419	Jamp Tamsulosin	JPC		0.4750	0.4988	
02319217	Sandoz Tamsulosin	SDZ		0.4750	0.4988	

New Interchangeable Products

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

Atenolol - 25mg - Tablets					\$	\$ + 5%
02541564	Atenolol	SIP		0.0441	0.0463	

Atorvastatin - 80mg - Tablets					\$	\$ + 5%
02479532	Mint-Atorvastatin	MPH		0.2342	0.2459	

Candesartan - 32mg - Tablets					\$	\$ + 5%
02476932	Mint-Candesartan	MPH		0.2281	0.2395	

Escitalopram - 10mg - Tablets					\$	\$ + 5%
02508893	Jamp Escitalopram	JPC		0.3109	0.3264	

Escitalopram - 20mg - Tablets					\$	\$ + 5%
02508907	Jamp Escitalopram	JPC	0.3310	0.3476		
Febuxostat - 80mg - Tablets					\$	\$ + 5%
02539837	Febuxostat	SAH	0.3975	0.4174		
Lurasidone Hydrochloride - 20mg - Tablets					\$	\$ + 5%
02513986	Auro-Lurasidone	AUP	1.2250	1.2863		
Lurasidone Hydrochloride - 40mg - Tablets					\$	\$ + 5%
02513994	Auro-Lurasidone	AUP	1.2250	1.2863		
Lurasidone Hydrochloride - 60mg - Tablets					\$	\$ + 5%
02514001	Auro-Lurasidone	AUP	1.2250	1.2863		
Lurasidone Hydrochloride - 80mg - Tablets					\$	\$ + 5%
02514028	Auro-Lurasidone	AUP	1.2250	1.2863		
Lurasidone Hydrochloride - 120mg - Tablets					\$	\$ + 5%
02514036	Auro-Lurasidone	AUP	1.2250	1.2863		
Methylphenidate Hydrochloride - 18mg - Tablet					\$	\$ + 5%
02441934	ACT Methylphenidate ER	TEV	1.0493	1.1018		
Methylphenidate Hydrochloride - 27mg - Tablet					\$	\$ + 5%
02441942	ACT Methylphenidate ER	TEV	1.2109	1.2714		
Methylphenidate Hydrochloride - 36mg - Tablet					\$	\$ + 5%
02441950	ACT Methylphenidate ER	TEV	1.3726	1.4412		
Methylphenidate Hydrochloride - 54mg - Tablet					\$	\$ + 5%
02441969	ACT Methylphenidate ER	TEV	1.6958	1.7806		
Quinapril - 10 mg - Tablets					\$	\$ + 5%
02517450	Jamp Quinapril	JPC	0.2321	**0.2437		
Quinapril - 20 mg - Tablets					\$	\$ + 5%
02517469	Jamp Quinapril	JPC	0.2321	**0.2437		
Quinapril - 40 mg - Tablets					\$	\$ + 5%
02517477	Jamp Quinapril	JPC	0.2321	**0.2437		
Solifenacin Succinate - 5 mg - Tablets					\$	\$ + 5%
02428911	Jamp Solifenacin Succinate	JPC	0.3041	0.3193		
Solifenacin Succinate - 10 mg - Tablets					\$	\$ + 5%
02428938	Jamp Solifenacin Succinate	JPC	0.3041	0.3193		
Topiramate - 200 mg - Tablets					\$	\$ + 5%
02345277	Jamp Topiramate	JPC	0.6748	0.7085		

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

Interchangeable Product Price Changes

The following changes in prices have occurred:

(\$ (\$ + 5%)

02192683	3TC	lamivudine	150 mg	Tablet	6.4470	6.7694
02247825	3TC	lamivudine	300 mg	Tablet	12.9435	13.5907
02248808	Adderall XR	mixed salts amphetamine	5 mg	Extended Release Capsule	2.3465	2.4638
02248809	Adderall XR	mixed salts amphetamine	10 mg	Extended Release Capsule	2.6667	2.8000
02248810	Adderall XR	mixed salts amphetamine	15 mg	Extended Release Capsule	2.9869	3.1362
02248811	Adderall XR	mixed salts amphetamine	20 mg	Extended Release Capsule	3.3071	3.4725
02248812	Adderall XR	mixed salts amphetamine	25 mg	Extended Release Capsule	3.6274	3.8088
02248813	Adderall XR	mixed salts amphetamine	30 mg	Extended Release Capsule	3.9477	4.1451
00028606	Aldactone	spironolactone	25 mg	Tablet	0.2717	0.2853
00285455	Aldactone	spironolactone	100 mg	Tablet	0.6343	0.6660
02239665	Alertec	modafinil	100 mg	Tablet	1.8404	1.9324
02221829	Altace	ramipril	1.25 mg	Capsule	0.9599	1.0079
02221837	Altace	ramipril	2.5 mg	Capsule	1.0799	1.1339
02221845	Altace	ramipril	5 mg	Capsule	1.1082	1.1636
02221853	Altace	ramipril	10 mg	Capsule	1.4238	1.4950
02224135	Arimidex	anastrozole	1 mg	Tablet	6.0387	6.3406
02242705	Aromasin	exemestane	25 mg	Tablet	6.1810	6.4901
01917056	Arthrotec	diclofenac/ misoprostol	50 mg/200 mcg	Tablet	0.7130	0.7487
02229837	Arthrotec	diclofenac/ misoprostol	75 mg/200 mcg	Tablet	0.9704	1.0189
02239090	Atacand	candesartan	4 mg	Tablet	0.9124	0.9580
02239091	Atacand	candesartan	8 mg	Tablet	1.5165	1.5923
02239092	Atacand	candesartan	16 mg	Tablet	1.5165	1.5923

Bulletin #131
Effective: April 1, 2024

02311658	Atacand	candesartan	32 mg	Tablet	1.5165	1.5923
02244021	Atacand Plus	candesartan/HCTZ	16/12.5 mg	Tablet	1.5165	1.5923
02041413	Ativan	lorazepam	0.5 mg	Tablet	0.0474	0.0498
02041421	Ativan	lorazepam	1 mg	Tablet	0.0559	0.0587
02041448	Ativan	lorazepam	2 mg	Tablet	0.0876	0.0920
02041456	Ativan	lorazepam	0.5 mg	Sublingual Tablet	0.1373	0.1442
02041464	Ativan	lorazepam	1 mg	Sublingual Tablet	0.1726	0.1812
02041472	Ativan	lorazepam	2 mg	Sublingual Tablet	0.2682	0.2816
02241818	Avalide	irbesartan/ hydrochlorothiazide	150 mg/12.5 mg	Tablet	1.3166	1.3824
02241819	Avalide	irbesartan/ hydrochlorothiazide	300 mg/12.5 mg	Tablet	1.3166	1.3824
02247813	Avodart	dutasteride	0.5 mg	Capsule	2.0850	2.1893
02083523	Bezalip SR	bezafibrate	400 mg	Tablet	2.7511	2.8887
02146908	Biaxin	clarithromycin	125 mg/5 mL	Oral Suspension	0.3296	0.3461
02244641	Biaxin	clarithromycin	250 mg/5 mL	Oral Suspension	0.6466	0.6789
01984853	Biaxin	clarithromycin	250 mg	Tablet	1.8512	1.9438
02126710	Biaxin	clarithromycin	500 mg	Tablet	3.6192	3.8002
02368544	Brilinta	ticagrelor	90 mg	Tablet	1.6876	1.7720
02273233	Caduet	amlodipine/atorvastatin	5/10 mg	Tablet	2.6874	2.8218
02273241	Caduet	amlodipine/atorvastatin	5/20 mg	Tablet	3.1691	3.3276
02273268	Caduet	amlodipine/atorvastatin	5/40 mg	Tablet	3.3498	3.5173
02273276	Caduet	amlodipine/atorvastatin	5/80 mg	Tablet	3.3498	3.5173
02273284	Caduet	amlodipine/atorvastatin	10/10 mg	Tablet	2.8373	2.9792
02273292	Caduet	amlodipine/atorvastatin	10/20 mg	Tablet	3.5372	3.7141
02273306	Caduet	amlodipine/atorvastatin	10/40 mg	Tablet	3.7058	3.8911
02273314	Caduet	amlodipine/atorvastatin	10/80 mg	Tablet	3.7058	3.8911
00461733	Carbolith	lithium carbonate	150 mg	Capsule	0.1524	0.1600

Bulletin #131
Effective: April 1, 2024

00236683	Carbolith	lithium carbonate	300 mg	Capsule	0.1184	0.1243
02239941	Celebrex	celecoxib	100 mg	Capsule	0.7908	0.8303
02239942	Celebrex	celecoxib	200 mg	Capsule	1.5821	1.6612
02239607	Celexa	citalopram	20 mg	Tablet	1.7236	1.8098
02239608	Celexa	citalopram	40 mg	Tablet	1.7236	1.8098
02192748	Cellcept	mycophenolate mofetil	250 mg	Capsule	2.1617	2.2698
02237484	Cellcept	mycophenolate mofetil	500 mg	Tablet	4.3235	4.5397
02256193	Cesamet	nabilone	0.5 mg	Capsule	4.0815	4.2856
00548375	Cesamet	nabilone	1 mg	Capsule	8.1624	8.5705
02263238	Cipralex	escitalopram	10 mg	Tablet	2.1870	2.2964
02263254	Cipralex	escitalopram	20 mg	Tablet	2.3352	2.4520
02252716	Ciprodex	ciprofloxacin/ dexamethasone	0.3%/0.1%	Otic Solution	4.0654	4.2687
02238830	Clavulin 400	amoxicillin/clavulanic acid	400 mg/57 mg/ 5 mL	Oral Suspension	0.3534	0.3711
01916858	Clavulin-500 F	amoxicillin/clavulanic acid	500/125 mg	Tablet	1.8676	1.9610
02238829	Clavulin-875	amoxicillin/clavulanic acid	875/125 mg	Tablet	2.7227	2.8588
02247732	Concerta	methylphenidate	18 mg	Tablet	3.1348	3.2915
02250241	Concerta	methylphenidate	27 mg	Tablet	3.6177	3.7986
02247733	Concerta	methylphenidate	36 mg	Tablet	4.1007	4.3057
02247734	Concerta	methylphenidate	54 mg	Tablet	5.0663	5.3196
02123274	Coversyl	perindopril	2 mg	Tablet	0.7621	0.8002
02123282	Coversyl	perindopril	4 mg	Tablet	0.9540	1.0017
02246624	Coversyl	perindopril	8 mg	Tablet	1.3359	1.4027
02246568	Coversyl Plus LD	perindopril/indapamide	2 mg/0.625 mg	Tablet	0.9936	1.0433
02246569	Coversyl Plus	perindopril/indapamide	4 mg/1.25 mg	Tablet	1.1499	1.2074
02321653	Coversyl Plus HD	perindopril/indapamide	8 mg/2.5 mg	Tablet	1.2834	1.3476
02182815	Cozaar	losartan	25 mg	Tablet	1.9923	2.0919

Bulletin #131
Effective: April 1, 2024

02182874	Cozaar	losartan	50 mg	Tablet	1.9923	2.0919
02182882	Cozaar	losartan	100 mg	Tablet	1.9923	2.0919
02265540	Crestor	rosuvastatin	5 mg	Tablet	1.4418	1.5139
02247162	Crestor	rosuvastatin	10 mg	Tablet	1.5312	1.6078
02247163	Crestor	rosuvastatin	20 mg	Tablet	1.9055	2.0008
02247164	Crestor	rosuvastatin	40 mg	Tablet	2.2367	2.3485
02301482	Cymbalta	duloxetine	30 mg	Capsule	2.4525	2.5751
02301490	Cymbalta	duloxetine	60 mg	Capsule	4.9775	5.2264
02239064	Detrol	tolterodine	1 mg	Tablet	1.1287	1.1851
02239065	Detrol	tolterodine	2 mg	Tablet	1.1287	1.1851
02244612	Detrol LA	tolterodine	2 mg	Extended Release Capsule	2.2549	2.3676
02244613	Detrol LA	tolterodine	4 mg	Extended Release Capsule	2.2549	2.3676
01924516	Dexedrine	dextroamphetamine sulfate	5 mg	Tablet	0.8026	0.8427
01924559	Dexedrine	dextroamphetamine sulfate	10 mg	Sustained Release Capsule	1.1851	1.2444
01924567	Dexedrine	dextroamphetamine sulfate	15 mg	Sustained Release Capsule	1.4489	1.5213
02242987	Diamicron MR	gliclazide	30 mg	Tablet	0.1593	0.1673
02356422	Diamicron MR	gliclazide	60 mg	Tablet	0.2866	0.3009
02233542	Diane-35	ethinyl estradiol/ cyproterone acetate	0.035 mg/2 mg	Tablet	2.0882	2.1926
01950592	Dicetel	pinaverium	50 mg	Tablet	0.4138	0.4345
02230684	Dicetel	pinaverium	100 mg	Tablet	0.7215	0.7576
00022780	Dilantin	phenytoin sodium	100 mg	Capsule	0.1002	0.1052
00023450	Dilantin	phenytoin sodium	25 mg/mL	Oral Liquid	0.0642	0.0674
02270528	Diovan	valsartan	40 mg	Tablet	1.3464	1.4137
02244781	Diovan	valsartan	80 mg	Tablet	1.3802	1.4492
02244782	Diovan	valsartan	160 mg	Tablet	1.3803	1.4493
02289504	Diovan	valsartan	320 mg	Tablet	1.3433	1.4105

Bulletin #131
Effective: April 1, 2024

02241900	Diovan-HCT	valsartan/HCTZ	80/12.5 mg	Tablet	1.3728	1.4414
02241901	Diovan-HCT	valsartan/HCTZ	160/12.5 mg	Tablet	1.3778	1.4467
02246955	Diovan-HCT	valsartan/HCTZ	160/25 mg	Tablet	1.3832	1.4524
02308908	Diovan-HCT	valsartan/HCTZ	320/12.5 mg	Tablet	1.3757	1.4445
02308916	Diovan-HCT	valsartan/HCTZ	320/25 mg	Tablet	1.3757	1.4445
02242471	Dostinex	cabergoline	0.5 mg	Tablet	22.3871	23.5065
02319012	Dovobet	betamethasone dipropionate/calcipotriol	0.5 mg/50 mcg	Topical Gel	1.8653	1.9586
02244126	Dovobet	betamethasone dipropionate/calcipotriol	0.5 mg/50 mcg	Topical Ointment	1.9734	2.0721
02237279	Effexor XR	venlafaxine	37.5 mg	Capsule	1.1248	1.1810
02237280	Effexor XR	venlafaxine	75 mg	Capsule	2.2498	2.3623
02237282	Effexor XR	venlafaxine	150 mg	Capsule	2.3751	2.4939
00596418	Epival	divalproex sodium	125 mg	Tablet	0.3605	0.3785
00596426	Epival	divalproex sodium	250 mg	Tablet	0.6482	0.6806
00596434	Epival	divalproex sodium	500 mg	Tablet	1.2971	1.3620
02244000	Estradot	estradiol-17 β	50 mcg	Patch	3.3494	3.5169
02244001	Estradot	estradiol-17 β	75 mcg	Patch	3.5912	3.7708
02244002	Estradot	estradiol-17 β	100 mcg	Patch	3.7919	3.9815
02239028	Evista	raloxifene	60 mg	Tablet	2.1337	2.2404
02242115	Exelon	rivastigmine	1.5 mg	Capsule	3.0591	3.2121
02242116	Exelon	rivastigmine	3 mg	Capsule	3.0591	3.2121
02242117	Exelon	rivastigmine	4.5 mg	Capsule	3.0591	3.2121
02242118	Exelon	rivastigmine	6 mg	Capsule	3.0591	3.2121
02247521	Ezetrol	ezetimibe	10 mg	Tablet	2.0202	2.1212
02231384	Femara	letrozole	2.5 mg	Tablet	8.4211	8.8422
02244292	Flovent HFA	fluticasone propionate	125 mcg	Metered Dose Inhaler	0.4537	0.4764
02244293	Flovent HFA	fluticasone propionate	250 mcg	Metered Dose Inhaler	0.9074	0.9528

Bulletin #131
Effective: April 1, 2024

02099233	Glucophage	metformin HCL	500 mg	Tablet	0.2821	0.2962
02162849	Glucophage	metformin HCL	850 mg	Tablet	0.3815	0.4006
00465283	Hydrea	hydroxyurea	500 mg	Capsule	1.1141	1.1698
02230047	Hyzaar	losartan/ hydrochlorothiazide	50/12.5 mg	Tablet	1.9924	2.0920
02297841	Hyzaar	losartan/ hydrochlorothiazide	100/12.5 mg	Tablet	1.9507	2.0482
02241007	Hyzaar DS	losartan/ hydrochlorothiazide	100/25 mg	Tablet	1.9924	2.0920
02212153	Imitrex DF	sumatriptan	50 mg	Tablet	18.5012	19.4263
02212161	Imitrex DF	sumatriptan	100 mg	Tablet	20.3818	21.4009
00004596	Imuran	azathioprine	50 mg	Tablet	1.3213	1.3874
01911481	Inhibace	cilazapril monohydrate	5 mg	Tablet	1.0896	1.1441
02181479	Inhibace Plus	cilazapril/HCTZ	5/12.5 mg	Tablet	1.0893	1.1438
02323052	Inspra	eplerenone	25 mg	Tablet	3.1460	3.3033
02323060	Inspra	eplerenone	50 mg	Tablet	3.1460	3.3033
02026961	Kayexalate	Sodium Polystyrene sulfonate	1 mEq/g	Oral Powder	0.1923	0.2019
02142082	Lamictal	lamotrigine	25 mg	Tablet	0.5053	0.5306
02142104	Lamictal	lamotrigine	100 mg	Tablet	2.0184	2.1193
02142112	Lamictal	lamotrigine	150 mg	Tablet	2.9744	3.1231
02031116	Lamisil	terbinafine HCl	250 mg	Tablet	4.7366	4.9734
02230711	Lipitor	atorvastatin	10 mg	Tablet	2.0490	2.1515
02230713	Lipitor	atorvastatin	20 mg	Tablet	2.5611	2.6892
02230714	Lipitor	atorvastatin	40 mg	Tablet	2.7528	2.8904
02243097	Lipitor	atorvastatin	80 mg	Tablet	2.7529	2.8905
00846503	Losec	omeprazole	20 mg	Capsule	1.2361	1.2979
01919342	Luvox	fluvoxamine maleate	50 mg	Tablet	1.0819	1.1360
01919369	Luvox	fluvoxamine maleate	100 mg	Tablet	1.9454	2.0427
02268418	Lyrica	pregabalin	25 mg	Capsule	0.9627	1.0108

Bulletin #131
Effective: April 1, 2024

02268426	Lyrica	pregabalin	50 mg	Capsule	1.5101	1.5856
02268434	Lyrica	pregabalin	75 mg	Capsule	1.9538	2.0515
02268450	Lyrica	pregabalin	150 mg	Capsule	2.6932	2.8279
02268485	Lyrica	pregabalin	300 mg	Capsule	2.6932	2.8279
00899356	Manerix	moclobemide	150 mg	Tablet	0.8737	0.9174
02166747	Manerix	moclobemide	300 mg	Tablet	1.7158	1.8016
02217422	Mepron	atovaquone	750 mg/mL	Oral Suspension	3.5223	3.6984
00869961	Mestinon	pyridostigmine bromide	60 mg	Tablet	0.6235	0.6547
02240769	Micardis	telmisartan	40 mg	Tablet	1.2796	1.3436
02240770	Micardis	telmisartan	80 mg	Tablet	1.2796	1.3436
02244344	Micardis Plus	telmisartan/ HCTZ	80/12.5 mg	Tablet	1.2796	1.3436
02318709	Micardis Plus	telmisartan/ HCTZ	80/25 mg	Tablet	1.2796	1.3436
02042320	Min Ovral	ethinyl estradiol/levonorgestrel	0.03/0.15 mg	Tablet	0.9088	0.9542
02042339	Min Ovral	ethinyl estradiol/levonorgestrel	0.03/0.15 mg	Tablet	0.6816	0.7157
02237145	Mirapex	pramipexole	0.25 mg	Tablet	1.1894	1.2489
02150689	Neoral	cyclosporine	25 mg	Capsule	1.6294	1.7109
02150662	Neoral	cyclosporine	50 mg	Capsule	3.1780	3.3369
02150670	Neoral	cyclosporine	100 mg	Capsule	6.3586	6.6765
02084260	Neurontin	gabapentin	100 mg	Capsule	0.5260	0.5523
02084279	Neurontin	gabapentin	300 mg	Capsule	1.2587	1.3216
02084287	Neurontin	gabapentin	400 mg	Capsule	1.4999	1.5749
02239717	Neurontin	gabapentin	600 mg	Tablet	2.2880	2.4024
02244522	Nexium	esomeprazole	40 mg	Tablet	2.5641	2.6923
02199270	Nitoman	tetrabenazine	25 mg	Tablet	9.3420	9.8091
02231441	Nitrolingual Pumpspray	nitroglycerin	0.4 mg	Sublingual Spray	0.0800	0.0840
00878928	Norvasc	amlodipine	5 mg	Tablet	1.5813	1.6604

Bulletin #131
Effective: April 1, 2024

00878936	Norvasc	amlodipine	10 mg	Tablet	2.3081	2.4235
00474517	One Alpha	alfacalcidol	0.25 mcg	Capsule	0.6273	0.6587
00474525	One Alpha	alfacalcidol	1 mcg	Capsule	1.8781	1.9720
02375842	Onglyza	saxagliptin	2.5 mg	Tablet	2.6757	2.8095
02333554	Onglyza	saxagliptin	5 mg	Tablet	3.1939	3.3536
02243796	Pariet	rabeprazole	10 mg	Tablet	1.5222	1.5983
02243797	Pariet	rabeprazole	20 mg	Tablet	3.0444	3.1966
02027887	Paxil	paroxetine HCl	10 mg	Tablet	2.1926	2.3022
01940481	Paxil	paroxetine HCl	20 mg	Tablet	2.3401	2.4571
01940473	Paxil	paroxetine HCl	30 mg	Tablet	2.4857	2.6100
02230619	Pediapred	prednisolone sodium phosphate	5 mg/5 ml	Oral Solution	0.1500	0.1575
02238682	Plavix	clopidogrel	75 mg	Tablet	2.8180	2.9589
02165511	Prevacid	lansoprazole	30 mg	Capsule	2.3424	2.4595
02166704	Prometrium	progesterone	100 mg	Capsule	1.7686	1.8570
00708917	Provera	medroxyprogesterone acetate	2.5 mg	Tablet	0.2540	0.2667
00030937	Provera	medroxyprogesterone acetate	5 mg	Tablet	0.5219	0.5480
00729973	Provera	medroxyprogesterone acetate	10 mg	Tablet	1.0163	1.0671
02018985	Prozac	fluoxetine	10 mg	Capsule	2.3450	2.4623
00636622	Prozac	fluoxetine	20 mg	Capsule	2.3450	2.4623
02229099	Pulmicort	budesonide	0.125 mg/mL	Inhalation Suspension	0.2606	0.2736
01978918	Pulmicort	budesonide	0.25 mg/mL	Inhalation Suspension	0.5221	0.5482
01978926	Pulmicort	budesonide	0.5 mg/mL	Inhalation Suspension	1.0409	1.0929
02354586	Renvela	sevelamer carbonate	800 mg	Tablet	1.3124	1.3780
02017741	Resonium Calcium	calcium polystyrene sulfonate	999 mg/g	Powder for Solution	0.3529	0.3705
02279401	Revatio	sildenafil R	20 mg	Tablet	12.6794	13.3134
02242763	Rilutek	riluzole	50 mg	Tablet	10.5499	11.0774

Bulletin #131
Effective: April 1, 2024

00382825	Rivotril	clonazepam	0.5 mg	Tablet	0.2707	0.2842
00382841	Rivotril	clonazepam	2 mg	Tablet	0.4667	0.4900
00603708	Rythmol	propafenone	150 mg	Tablet	1.4379	1.5098
00603716	Rythmol	propafenone	300 mg	Tablet	2.5347	2.6614
02243878	Serc	betahistine	16 mg	Tablet	0.5467	0.5740
02247998	Serc	betahistine	24 mg	Tablet	0.8198	0.8608
02300184	Seroquel XR	quetiapine	50 mg	Extended Release Tablet	1.1021	1.1572
02321513	Seroquel XR	quetiapine	150 mg	Extended Release Tablet	2.1710	2.2796
02300192	Seroquel XR	quetiapine	200 mg	Extended Release Tablet	2.9357	3.0825
02300206	Seroquel XR	quetiapine	300 mg	Extended Release Tablet	4.3085	4.5239
02300214	Seroquel XR	quetiapine	400 mg	Extended Release Tablet	5.8488	6.1412
02247997	Singulair	montelukast	4 mg	Granules	1.6543	1.7370
02243602	Singulair	montelukast	4 mg	Tablet	1.6605	1.7435
02238216	Singulair	montelukast	5 mg	Tablet	1.8944	1.9891
02238217	Singulair	montelukast	10 mg	Tablet	2.7710	2.9096
02070847	Soriatane	acitretin	10 mg	Capsule	2.9879	3.1373
02070863	Soriatane	acitretin	25 mg	Capsule	5.2484	5.5108
02047454	Sporanox	itraconazole	100 mg	Capsule	6.2143	6.5250
00594652	Statex	morphine sulfate	5 mg	Tablet	0.1289	0.1353
00594644	Statex	morphine sulfate	10 mg	Tablet	0.1992	0.2092
02262819	Strattera	atomoxetine	18 mg	Capsule	3.9126	4.1082
02262843	Strattera	atomoxetine	60 mg	Capsule	5.5078	5.7832
02279347	Strattera	atomoxetine	80 mg	Capsule	5.9757	6.2745
00015741	Tapazole	methimazole	5 mg	Tablet	0.3696	0.3881
02269015	Tarceva	erlotinib	100 mg	Tablet	58.4642	61.3874
02269023	Tarceva	erlotinib	150 mg	Tablet	87.6965	92.0813

Bulletin #131
Effective: April 1, 2024

02194333	Tegretol	carbamazepine	100 mg/5 mL	Oral Suspension	0.1051	0.1104
00010405	Tegretol	carbamazepine	200 mg	Tablet	0.5440	0.5712
00773611	Tegretol CR	carbamazepine	200 mg	Extended Release Tablet	0.5485	0.5759
00755583	Tegretol CR	carbamazepine	400 mg	Extended Release Tablet	1.0970	1.1519
02231150	Tiazac ER	diltiazem HCl	120 mg	Extended Release Capsule	1.1742	1.2329
02231151	Tiazac ER	diltiazem HCl	180 mg	Extended Release Capsule	1.5686	1.6470
02231152	Tiazac ER	diltiazem HCl	240 mg	Extended Release Capsule	2.0805	2.1845
02231154	Tiazac ER	diltiazem HCl	300 mg	Extended Release Capsule	2.6057	2.7360
02231155	Tiazac ER	diltiazem HCl	360 mg	Extended Release Capsule	3.1372	3.2941
02256746	Tiazac XC	diltiazem HCl	180 mg	Extended Release Tablet	1.3885	1.4579
02256754	Tiazac XC	diltiazem HCl	240 mg	Extended Release Tablet	1.8439	1.9361
02256762	Tiazac XC	diltiazem HCl	300 mg	Extended Release Tablet	1.8384	1.9303
02256770	Tiazac XC	diltiazem HCl	360 mg	Extended Release Tablet	1.8438	1.9360
02239630	Tobi	tobramycin	60 mg/mL	Inhalation Solution	12.1641	12.7723
02230893	Topamax	topiramate	25 mg	Tablet	2.1608	2.2688
02230894	Topamax	topiramate	100 mg	Tablet	4.0521	4.2547
02230896	Topamax	topiramate	200 mg	Tablet	5.9831	6.2823
02244981	Tracleer	bosentan	62.5 mg	Tablet	81.5017	85.5768
02244982	Tracleer	bosentan	125 mg	Tablet	81.5017	85.5768
02242068	Trileptal	oxcarbazepine	300 mg	Tablet	1.0302	1.0817
02242069	Trileptal	oxcarbazepine	600 mg	Tablet	2.0620	2.1651
00718149	Tryptan	l-tryptophan	500 mg	Capsule	0.9531	1.0008
02029456	Tryptan	l-tryptophan	500 mg	Tablet	0.9531	1.0008
00654531	Tryptan	l-tryptophan	1 G	Tablet	1.9152	2.0110
02245777	Valcyte	valganciclovir	450 mg	Tablet	26.9816	28.3307
02219492	Valtrex	valacyclovir	500 mg	Tablet	4.2693	4.4828

Bulletin #131
Effective: April 1, 2024

02241497	Ventolin HFA	salbutamol sulfate	100 mcg	Metered Dose Inhaler	0.0389	0.0408
02374900	Visanne	dienogest	2 mg	Tablet	2.1876	2.2970
00417270	Visken	pindolol	5 mg	Tablet	0.8077	0.8481
00443174	Visken	pindolol	10 mg	Tablet	1.3792	1.4482
00632724	Voltaren	diclofenac sodium	50 mg	Suppository	1.8303	1.9218
01940414	Voltaren Ophtha	diclofenac sodium	0.1 %	Ophthalmic Solution	3.9839	4.1831
00881635	Voltaren Rapide	diclofenac potassium	50 mg	Tablet	1.2374	1.2993
02352303	Votrient	pazopanib	200 mg	Tablet	38.6556	40.5884
02246619	Xalacom	latanoprost/timolol maleate	50 mcg/5 mg/mL	Ophthalmic Solution	15.4664	16.2397
02231493	Xalatan	latanoprost	0.005 %	Ophthalmic Solution	13.6642	14.3474
00548359	Xanax	alprazolam	0.25 mg	Tablet	0.3382	0.3551
00548367	Xanax	alprazolam	0.5 mg	Tablet	0.4048	0.4250
00723770	Xanax	alprazolam	1 mg	Tablet	0.7356	0.7724
02245565	Xatral	alfuzosin	10 mg	Tablet	1.0900	1.1445
02298597	Zeldox	ziprasidone	20 mg	Capsule	2.0888	2.1932
02298600	Zeldox	ziprasidone	40 mg	Capsule	2.3928	2.5124
02298619	Zeldox	ziprasidone	60 mg	Capsule	2.3928	2.5124
02298627	Zeldox	ziprasidone	80 mg	Capsule	2.3928	2.5124
02132702	Zoloft	sertraline HCl	25 mg	Capsule	0.9851	1.0344
01962817	Zoloft	sertraline HCl	50 mg	Capsule	1.9700	2.0685
01962779	Zoloft	sertraline HCl	100 mg	Capsule	2.0955	2.2003
02238660	Zomig	zolmitriptan	2.5 mg	Tablet	16.3506	17.1681
02243045	Zomig Rapimelt	zolmitriptan	2.5 mg	Orally Disintegrating Tablet	16.3506	17.1681
00569771	Zovirax	acyclovir	5 %	Ointment	17.9243	18.8205
02371065	Zytiga	abiraterone acetate	250 mg	Tablet	33.4153	35.0861

02457113	Zytiga	abiraterone acetate	500 mg	Tablet	66.8306	70.1721
02248500	Apo-Quinapril	quinapril	10 mg	Tablet	0.2321	**0.2437
02248501	Apo-Quinapril	quinapril	20 mg	Tablet	0.2321	**0.2437
02248502	Apo-Quinapril	quinapril	40 mg	Tablet	0.2321	**0.2437
02340569	pms-Quinapril	quinapril	10 mg	Tablet	0.2321	**0.2437
02340577	pms-Quinapril	quinapril	20 mg	Tablet	0.2321	**0.2437
02340585	pms-Quinapril	quinapril	40 mg	Tablet	0.2321	**0.2437
02327112	Sandoz Fentanyl Patch	fentanyl	12 mcg	Patch	3.3200	3.4860
00432814	Sandoz Fluorometholone	fluorometholone	0.1%	Ophthalmic Solution	1.9506	2.0481
02239234	Sandoz Polytrimethoprim	trimethoprim sulfate/ polymyxin sulfate	1 mg/10,000 U/mL	Ophthalmic Solution	3.7518	3.9394
02311925	Teva-Fentanyl	fentanyl	12 mcg	Patch	3.3200	3.4860

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

Product Deletions

(as identified for deletion in Bulletin # 130)

The following products have been deleted.

02408988	Clarithromycin	clarithromycin	125 mg/5 ml	Oral Suspension
02408996	Clarithromycin	clarithromycin	250 mg/5 ml	Oral Suspension
02522284	M-Darunavir	darunavir	600 mg	Tablet
02522292	M-Darunavir	darunavir	800 mg	Tablet
02449781	Nucala	mepolizumab	100 mg/ml	Powder for Solution
02274086	pms-Hydrochlorothiazide	hydrochlorothiazide	12.5 mg	Tablet
02278634	Sandoz Famciclovir	famciclovir	125 mg	Tablet
02278642	Sandoz Famciclovir	famciclovir	250 mg	Tablet
02278650	Sandoz Famciclovir	famciclovir	500 mg	Tablet

02231347	Sporanox	itraconazole	10 mg/ml	Oral Solution
02230785	Tazorac	tazarotene	0.1%	Gel
02245894	Urso DS	ursodiol	500 mg	Tablet

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 132

02464284	Adlyxine	lixisenatide	20 mcg	Injection
02243297	Glucagon	glucagon	1 mg/vial	Injection
02131056	Lioresal Intrathecal	baclofen	0.5 mg/ml	Injection
02131064	Lioresal Intrathecal	baclofen	2 mg/ml	Injection
02341379	pms-Fentanyl MTX	fentanyl	12mcg	Patch
02338432	Prezista	darunavir	75 mg	Tablet
02262843	Strattera	atomoxetine	60 mg	Capsule
02213567	Zofran	ondansetron	4 mg	Tablet
02213575	Zofran	ondansetron	8 mg	Tablet