

---

---

# BULLETIN # 101

---

---

## Manitoba Drug Benefits and Interchangeability Formulary Amendments

The following amendments will take effect on  
October 18, 2018



The amended Manitoba Specified Drug Regulation and Drug Interchangeability Formulary Regulation will be available on the Manitoba Health website <http://www.gov.mb.ca/health/mbdif> on the effective date of October 18, 2018

Bulletin 101 is currently available for download:

<http://www.gov.mb.ca/health/mbdif/bulletin101.pdf>

<b>Inside This Issue</b>	
Part 1 Additions	Page 1-4
Part 3 Additions	Page 4-8
New Interchangeable Categories	Page 8-9
New Interchangeable Products	Page 9-11
Product Deletions	Page 11-12
Category Deletions	Page 12
Interchangeable Product Price Changes	Page 12-16
Discontinued Products	Page 16-18

## Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02419114 02419122	<b>ACH-Telmisartan HCTZ</b>	telmisartan/HCTZ	80/12.5 mg 80/25 mg	Tablet	ACH
02397595 02397609	<b>ACT-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	ACV
02362260 02362279	<b>Apo-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	APX
02427826	<b>Apo-Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	APX
02457229 02457237 02457245 02457253 02457261	<b>Apo-Quetiapine XR</b>	quetiapine	50 mg 150 mg 200 mg 300 mg 400 mg	Tablet	APX
02435675	<b>Apo-Varenicline</b>	varenicline	0.5 mg 1 mg	Starter Kit	APX
02232043 02232044	<b>Aricept</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	PFI
02460025 02460033 02460041 02460068 02460076 02460084	<b>Auro-Aripiprazole</b>	aripiprazole	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	Tablet	AUP
02445786 02445794 02445808 02445816	<b>Auro-Candesartan</b>	candesartan	4 mg 8 mg 16 mg 32 mg	Tablet	AUP
02436906	<b>Auro-Clindamycin</b>	clindamycin	150 mg	Capsule	AUP
02400561 02400588	<b>Auro-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	AUP
02425157 02425165 02425173	<b>Auro-Galantamine ER</b> <i>(Moved from Part 3)</i>	galantamine	8 mg 16 mg 24 mg	Capsule	AUP
02444844 02444852 02461528	<b>Basaglar</b> <i>(Moved from Part 3/ New Strength)</i>	insulin glargine	100 U/mL	Injection	LIL
02412853 02412861	<b>Bio-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	BMP
02248753 02248754 02248755	<b>Carvedilol</b>	carvedilol	6.25 mg 12.5 mg 25 mg	Tablet	SIP

**Bulletin #101**  
**Effective: October 18, 2018**

02426846 02426854	<b>Donepezil</b>	donepezil	5 mg 10 mg	Tablet	SAH
02402645 02402653	<b>Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	ACH
02420597 02420600	<b>Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	SIP
02246734	<b>Euro K 600</b>	potassium chloride	600 mg	Tablet	SDZ
02429659	<b>Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	SIP
02431300	<b>Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	SAH
02247521	<b>Ezetrol</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	MPH
02443015 02443023 02443031	<b>Galantamine ER</b> <i>(Moved from Part 3)</i>	galantamine	8 mg 16 mg 24 mg	Capsule	SAH
02416948 02404419 02416956 02404427	<b>Jamp-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	JPC
02423235	<b>Jamp-Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	JPC
02245689 02251930 02294338	<b>Lantus</b> <i>(Moved from Part 3)</i>	insulin glargine	100 U/mL	Injection	SAA
02271842 02412829	<b>Levemir</b> <i>(Moved from Part 3)</i>	insulin detemir	100 U/mL	Injection	NOO
02465353 02465361 02465388 02465396 02465418	<b>Mar-Diltiazem T</b>	diltiazem	120 mg 180 mg 240 mg 300 mg 360 mg	Capsule	MAR
02402092 02402106	<b>Mar-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	MAR
02422662	<b>Mar-Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	MAR
02420821 02420848 02420856	<b>Mar-Galantamine ER</b> <i>(Moved from Part 3)</i>	galantamine	8 mg 16 mg 24 mg	Capsule	MAR
02423243	<b>Mint-Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	MPH
02359472 02359480	<b>Mylan-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	MYL

**Bulletin #101**  
**Effective: October 18, 2018**

02339439 02339447 02339455	<b>Mylan-Galantamine ER</b> (Moved from Part 3)	galantamine	8 mg 16 mg 24 mg	Capsule	MYL
02439557 02439565	<b>NAT-Donepezil</b> (Moved from Part 3)	donepezil	5 mg 10 mg	Tablet	NAT
02316943 02316951 02316978	<b>PAT-Galantamine ER</b> (Moved from Part 3)	galantamine	8 mg 16 mg 24 mg	Capsule	PAT
02466635 02466643 02466651 02466678 02466686 02466694	<b>pms-Aripiprazole</b>	aripiprazole	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	Tablet	PMS
02322331 02322358	<b>pms-Donepezil</b> (Moved from Part 3)	donepezil	5 mg 10 mg	Tablet	PMS
02416409	<b>pms-Ezetimibe</b> (Moved from Part 3)	ezetimibe	10 mg	Tablet	PMS
02398370 02398389 02398397	<b>pms-Galantamine ER</b> (Moved from Part 3)	galantamine	8 mg 16 mg 24 mg	Capsule	PMS
02455676	<b>pms-Nitrofurantoin</b>	nitrofurantoin	100 mg	Capsule	PMS
02357755 02357763 02357771 02357798	<b>pms-Trandolapril</b>	trandolapril	0.5 mg 1 mg 2 mg 4 mg	Capsule	PMS
02381508 02381516	<b>Ran-Donepezil</b> (Moved from Part 3)	donepezil	5 mg 10 mg	Tablet	RAN
02419548	<b>Ran-Ezetimibe</b> (Moved from Part 3)	ezetimibe	10 mg	Tablet	RAN
02473658 02473666 02473674 02473682 02473690 02473704	<b>Sandoz Aripiprazole</b>	aripiprazole	2 mg 5 mg 10 mg 15 mg 20 mg 30 mg	Tablet	SDZ
02328666 02328682	<b>Sandoz Donepezil</b> (Moved from Part 3)	donepezil	5 mg 10 mg	Tablet	SDZ
02416778	<b>Sandoz Ezetimibe</b> (Moved from Part 3)	ezetimibe	10 mg	Tablet	SDZ
02468700 02468719 02468727	<b>Sandoz Pravastatin</b>	pravastatin	10 mg 20 mg 40 mg	Tablet	SDZ

02325721 02325748 02325756 02325764	<b>Sandoz Trandolapril</b>	trandolapril	0.5 mg 1 mg 2 mg 4 mg	Capsule	SDZ
02428482 02428490	<b>Septa-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	STP
-	<b>Statstrip</b>	-	-	Blood Glucose Test Strips	NBC
02464179 02464187	<b>Teva-Aripiprazole</b>	aripiprazole	15 mg 20 mg	Tablet	TEV
02340607 02340615	<b>Teva-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	TEV
02354101	<b>Teva-Ezetimibe</b> <i>(Moved from Part 3)</i>	ezetimibe	10 mg	Tablet	TEV
02467879 02467887	<b>Tresiba</b>	insulin degludec	100 U/mL 200 U/mL	Injection	NOO
02426943 02426951	<b>VAN-Donepezil</b> <i>(Moved from Part 3)</i>	donepezil	5 mg 10 mg	Tablet	VAN

### Part 3 Additions

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

02378582 02378590	<b>Caprelsa</b>	vandetanib	100 mg 300 mg	Tablet	SAA
----------------------	-----------------	------------	------------------	--------	-----

For the treatment of patients who have symptomatic and/or progressive medullary thyroid cancer (MTC) with unresectable locally advanced or metastatic disease and with a good performance status. Treatment should continue until disease progression or unacceptable toxicity.

02460203 02456117	<b>Dysport Therapeutic</b>	abobotulinumtoxinA	300 U 500 U	Injection	IPL
----------------------	----------------------------	--------------------	----------------	-----------	-----

For reducing the subjective symptoms and objective signs of cervical dystonia (spasmodic torticollis) in adults with or without botulinum toxin treatment experience.  
 For the symptomatic treatment of focal spasticity affecting the upper limbs in adults.

02425637	<b>ElELYso</b>	taliglucerase alfa	200 U	Injection	PFI
----------	----------------	--------------------	-------	-----------	-----

For patients with Gaucher disease type 1 (GD1).  
 ElELYso will be the secondary enzyme replacement therapy (ERT) product for the treatment of Gaucher disease type 1 (GD1).  
 VPRIV will be the preferred enzyme replacement therapy (ERT) product for all new and existing patients.  
 Request for coverage must be made by a specialist experienced in the treatment of Gaucher Disease type 1 (GD1).  
 Complete criteria may be obtained from the EDS office at Manitoba Health.

**Bulletin #101**  
**Effective: October 18, 2018**

02457857	<b>Hemangiol</b>	propranolol	3.75 mg/mL	Oral Solution	PFP
----------	------------------	-------------	------------	---------------	-----

For the treatment of proliferating infantile hemangioma requiring systemic therapy in the following circumstances: life- or function-threatening hemangioma; ulcerated hemangioma with pain and/or lack of response to simple wound care measures; or hemangioma with a risk of permanent scarring or disfigurement.

02454408 02475200 02475219	<b>Lynparza</b>	oloparib	50 mg 100 mg 150 mg	Capsule Tablet	AZC
----------------------------------	-----------------	----------	---------------------------	-------------------	-----

As a monotherapy maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated epithelial (germline or somatic as detected by approved testing) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial response) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial. Time-limited need for patients receiving their third line or later line of platinum-based chemotherapy.

02463121 02463148	<b>Ocaliva</b>	obeticholic acid	5 mg 10 mg	Tablet	IPI
----------------------	----------------	------------------	---------------	--------	-----

For the treatment of primary biliary cholangitis in combination with ursodeoxycholic acid (UDCA) in adults with an inadequate response to UDCA, or as monotherapy in adults unable to tolerate UDCA.

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

02461463	<b>Odefsey</b>	emtricitabine/rilpivirine/ tenofovir	200/25/25 mg	Tablet	GIL
----------	----------------	---	--------------	--------	-----

As a complete regimen for the treatment of adults infected with HIV-1 infection with no known mutations associated with resistance to the non-nucleoside reverse-transcriptase inhibitor (NNRTI) class, tenofovir or FTC, and with a viral load  $\leq$  100,000 copies/ml.

02469391	<b>pms-Lactulose</b>	lactulose	667 mg/mL	Solution	PMS
----------	----------------------	-----------	-----------	----------	-----

For the treatment of portal systemic encephalopathy.

02472511	<b>NAT-Tenofovir</b>	tenofovir	300 mg	Tablet	NAT
02453940	<b>pms-Tenofovir</b>	tenofovir	300 mg	Tablet	PMS

As an alternative treatment for adult HIV patients who have experienced adverse events or virological failure with nucleoside reverse transcriptase inhibitors.

*Request for coverage must be made by a specialist in the treatment of HIV.*

For the treatment of chronic hepatitis B.

*Request for coverage must be made by a specialist in the treatment of Hepatitis.*

02464705 02464713	<b>Procysbi</b>	cysteamine bitartrate	25 mg 75 mg	Delayed Release Capsule	HPI
----------------------	-----------------	-----------------------	----------------	----------------------------	-----

For use in patients with an established diagnosis of infantile nephropathic cystinosis with documented cystinosis, lysosomal cysteine transporter gene mutation. The patient is under the care of a physician with experience in diagnosis and management of cystinosis.

02470373	<b>Renflexis</b>	infliximab	100 mg	Injection	SBC
----------	------------------	------------	--------	-----------	-----

**Rheumatoid Arthritis**

For the treatment of patients over 18 years of age who have moderate to severe active rheumatoid arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindications to these agents is documented. One combination therapy of DMARDs must also be tried. Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

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

Renflexis or Inflectra will be the preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Rheumatoid Arthritis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Renflexis or Inflectra to another infliximab product or vice versa, if:

1. Previously trialed and deemed unresponsive to therapy.

**Psoriatic Arthritis**

For treatment of patients over 18 years of age who have active psoriatic arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or contraindication to these agents is documented. One combination therapy of DMARD must also be tried. Initial application information should include information on disease activity such as the number of tender joints, swollen joints, erythrocyte sedimentation rate and C-reactive protein value.

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

Renflexis or Inflectra will be the preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Psoriatic Arthritis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Renflexis or Inflectra to another infliximab product or vice versa, if:

1. Previously trialed and deemed unresponsive to therapy.

**Ankylosing Spondylitis**

For the treatment of patients with active ankylosing spondylitis who have failed to respond to an adequate trial of at least three different non-steroidal anti-inflammatory drugs (NSAIDs) and, in patients with peripheral joint involvement, have failed to respond to methotrexate or sulfasalazine.

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

Renflexis or Inflectra will be the preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Ankylosing Spondylitis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Renflexis or Inflectra to another infliximab product or vice versa, if:

1. Previously trialed and deemed unresponsive to therapy.

**Psoriasis**

For the treatment of adult patients with severe plaque psoriasis with one or more of the following:

- Psoriasis Area and Severity Index (PASI)  $\geq$  10;
- Body Surface Area (BSA) > 10 percent;
- Dermatology Life Quality Index (DLQI) > 10;

- Significant involvement of the face, hands, feet or genital region; AND
- Failure to respond to, contraindications to, intolerant of or unable to access methotrexate, cyclosporine and/or phototherapy.

The initial request is approved for a maximum of 4 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:  
≥ 50 percent reduction in the PASI score with ≥ 5 point improvement in the DLQI; OR  
≥ 75 percent reduction in the PASI score; OR  
≥ 50 percent reduction in the BSA with significant improvement of the face, hands, feet or genital region.

*Request for coverage must be made by a specialist in dermatology.*

Renflesis or Inflectra will be the preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Psoriasis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Renflesis or Inflectra to another infliximab product or vice versa, if:

1. Previously trialed and deemed unresponsive to therapy.

### **Crohn's Disease**

For the treatment of patients with moderate to severely active Crohn's Disease and/or Fistulating Crohn's Disease in patients refractory or with contraindications to an adequate course of 5-aminosalicylic acid and corticosteroids and/or other immunosuppressive therapy.

*Request for coverage must be made by a physician who is a specialist in gastroenterology.*

**For adults:** Renflesis or Inflectra will be the preferred infliximab option for all infliximab-naïve **adult** patients prescribed an infliximab product for Crohn's Disease.

**For pediatrics:** Renflesis will be the preferred infliximab option for all infliximab-naïve **pediatric** patients prescribed an infliximab product for Crohn's Disease.

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

1. Previously trialed and deemed unresponsive to therapy.

### **Ulcerative Colitis**

For the treatment of patients with moderately to severely active ulcerative colitis who have had an inadequate response to conventional therapy including 5-aminosalicylate compounds, corticosteroids and immunomodulators.

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

**For adults:** Renflesis or Inflectra will be the preferred infliximab option for all infliximab-naïve **adult** patients prescribed an infliximab product for Ulcerative Colitis.

**For pediatrics:** Renflesis will be the preferred infliximab option for all infliximab-naïve **pediatric** patients prescribed an infliximab product for Ulcerative Colitis.

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

1. Previously trialed and deemed unresponsive to therapy.



**Bulletin #101**  
**Effective: October 18, 2018**

02466236	<b>Rydapt</b>	midostaurin	25 mg	Capsule	NVT
----------	---------------	-------------	-------	---------	-----

Rydapt (midostaurin) in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation chemotherapy for the treatment of adult patients with newly diagnosed FMS-like tyrosine kinase 3 (FLT3)-mutated acute myeloid leukemia (AML). Patients should be deemed to be fit to receive standard induction and consolidation chemotherapy.

02456214 02456222	<b>Tagrisso</b>	osimertinib	40 mg 80 mg	Tablet	AZC
----------------------	-----------------	-------------	----------------	--------	-----

For the treatment of patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small cell lung cancer (NSCLC) who have progressed on EGFR tyrosine kinase inhibitor (TKI) therapy.

## New Interchangeable Categories

<b>Clobazam - 10 mg - Tablets</b>					<b>\$</b>
	02221799	Frisium	LUD		0.4834
	02244638	Apo-Clobazam	APX		0.2197
	02238334	Teva-Clobazam	TEV		0.2154

<b>Fluvoxamine - 100 mg - Tablets</b>					<b>\$</b>
	01919369	Luvox	SPH		1.8874
	02231330	Apo-Fluvoxamine	APX		0.9792

<b>Nitrofurantoin - 100 mg - Capsule</b>					<b>\$</b>
	02063662	Macrobid	PGP		0.8762
	02455676	pms-Nitrofurantoin	PMS		0.5974

<b>Trandolapril - 0.5 mg - Capsule</b>					<b>\$</b>
	02231457	Mavik	ABB		0.3069
	02357755	pms-Trandolapril	PMS		0.1395
	02325721	Sandoz Trandolapril	SDZ		0.1395

<b>Trandolapril - 1 mg - Capsule</b>					<b>\$</b>
	02231459	Mavik	ABB		0.7751
	02357763	pms-Trandolapril	PMS		0.3523
	02325748	Sandoz Trandolapril	SDZ		0.3523

<b>Trandolapril - 2 mg - Capsule</b>					<b>\$</b>
	02231460	Mavik	ABB		0.8908
	02357771	pms-Trandolapril	PMS		0.4049
	02325756	Sandoz Trandolapril	SDZ		0.4049

<b>Trandolapril - 4 mg - Capsule</b>				<b>\$</b>
02239267	Mavik	ABB		1.0989
02357798	pms-Trandolapril	PMS		0.4995
02325764	Sandoz Trandolapril	SDZ		0.4995

<b>Varenicline - 0.5 and 1 mg - Tablets</b>				<b>\$</b>
02298309	Champix Starter Pack	PFI		2.0209
02435675	Apo-Varenicline Kit	APX		1.3804

## New Interchangeable Products

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

<b>Aripiprazole - 2 mg - Tablet</b>				<b>\$</b>
02460025	Auro-Aripiprazole	AUP		**0.8092
02466635	pms-Aripiprazole	PMS		**0.8092
02473658	Sandoz Aripiprazole	SDZ		**0.8092

<b>Aripiprazole - 5 mg - Tablet</b>				<b>\$</b>
02460033	Auro-Aripiprazole	AUP		**0.9046
02466643	pms-Aripiprazole	PMS		**0.9046
02473666	Sandoz Aripiprazole	SDZ		**0.9046

<b>Aripiprazole - 10 mg - Tablet</b>				<b>\$</b>
02460041	Auro-Aripiprazole	AUP		**1.0754
02466651	pms-Aripiprazole	PMS		**1.0754
02473674	Sandoz Aripiprazole	SDZ		**1.0754

<b>Aripiprazole - 15 mg - Tablet</b>				<b>\$</b>
02460068	Auro-Aripiprazole	AUP		**1.2692
02466678	pms-Aripiprazole	PMS		**1.2692
02473682	Sandoz Aripiprazole	SDZ		**1.2692
02464179	Teva Aripiprazole	TEV		**1.2692

<b>Aripiprazole - 20 mg - Tablet</b>				<b>\$</b>
02460076	Auro-Aripiprazole	AUP		**1.0017
02466686	pms-Aripiprazole	PMS		**1.0017
02473690	Sandoz Aripiprazole	SDZ		**1.0017
02464187	Teva Aripiprazole	TEV		**1.0017

<b>Aripiprazole - 30 mg - Tablet</b>				<b>\$</b>
02460084	Auro-Aripiprazole	AUP		**1.0017
02466694	pms-Aripiprazole	PMS		**1.0017
02473704	Sandoz Aripiprazole	SDZ		**1.0017

<b>Atenolol - 50 mg - Tablet</b>				<b>\$</b>
02171791	ratio-Atenolol	TEV		0.1162

**Bulletin #101**  
**Effective: October 18, 2018**

<b>Atenolol - 100 mg - Tablet</b>				<b>\$</b>
02171805	ratio-Atenolol	TEV		0.1912
<b>Candesartan - 4 mg - Tablet</b>				<b>\$</b>
02445786	Auro-Candesartan	AUP		0.1700
<b>Candesartan - 8 mg - Tablet</b>				<b>\$</b>
02445794	Auro-Candesartan	AUP		0.2395
<b>Candesartan - 16 mg - Tablet</b>				<b>\$</b>
02445808	Auro-Candesartan	AUP		0.2395
<b>Candesartan - 32 mg - Tablet</b>				<b>\$</b>
02445816	Auro-Candesartan	AUP		0.2395
<b>Carvedilol - 6.25 mg - Tablet</b>				<b>\$</b>
02248753	Carvedilol	SIP		0.2431
<b>Carvedilol - 12.5 mg - Tablet</b>				<b>\$</b>
02248754	Carvedilol	SIP		0.2431
<b>Carvedilol - 25 mg - Tablet</b>				<b>\$</b>
02248755	Carvedilol	SIP		0.2431
<b>Diltiazem - 120 mg - Capsule</b>				<b>\$</b>
02465353	Mar-Diltiazem T	MAR		**0.2372
<b>Diltiazem - 180 mg - Capsule</b>				<b>\$</b>
02465361	Mar-Diltiazem T	MAR		**0.3169
<b>Diltiazem - 240 mg - Capsule</b>				<b>\$</b>
02465388	Mar-Diltiazem T	MAR		**0.4203
<b>Diltiazem - 300 mg - Capsule</b>				<b>\$</b>
02465396	Mar-Diltiazem T	MAR		**0.5264
<b>Diltiazem - 360 mg - Capsule</b>				<b>\$</b>
02465418	Mar-Diltiazem T	MAR		**0.6338
<b>Donepezil - 5 mg - Tablet</b>				<b>\$</b>
02426846	Donepezil	SAH		0.4815
<b>Donepezil - 10 mg - Tablet</b>				<b>\$</b>
02426854	Donepezil	SAH		0.4815
<b>Entecavir - 0.5 mg - Tablet</b>				<b>\$</b>
02467232	Jamp-Entecavir	JPC		5.5000

<b>Lactulose - 667 mg/mL - Solution</b>				<b>\$</b>
02469391	pms-Lactulose	PMS		0.0145
<b>Pravastatin - 10 mg - Tablet</b>				<b>\$</b>
02468700	Sandoz Pravastatin	SDZ		0.3062
<b>Pravastatin - 20 mg - Tablet</b>				<b>\$</b>
02468719	Sandoz Pravastatin	SDZ		0.3612
<b>Pravastatin - 40 mg - Tablet</b>				<b>\$</b>
02468727	Sandoz Pravastatin	SDZ		0.4351
<b>Quetiapine - 50 mg - Extended Release Tablet</b>				<b>\$</b>
02457229	Apo-Quetiapine XR	APX		**0.2501
<b>Quetiapine - 150 mg - Extended Release Tablet</b>				<b>\$</b>
02457237	Apo-Quetiapine XR	APX		**0.4926
<b>Quetiapine - 200 mg - Extended Release Tablet</b>				<b>\$</b>
02457245	Apo-Quetiapine XR	APX		**0.6661
<b>Quetiapine - 300 mg - Extended Release Tablet</b>				<b>\$</b>
02457253	Apo-Quetiapine XR	APX		**0.9776
<b>Quetiapine - 400 mg - Extended Release Tablet</b>				<b>\$</b>
02457261	Apo-Quetiapine XR	APX		**1.3270
<b>Rizatriptan - 5 mg - Orally Disintegrating Tablets</b>				
02462788	Mar-Rizatriptan ODT	MAR		4.1300
<b>Rizatriptan - 10 mg - Orally Disintegrating Tablets</b>				
02462796	Mar-Rizatriptan ODT	MAR		4.1300
<b>Telmisartan/Hydrochlorothiazide - 80/12.5 mg - Tablets</b>				<b>\$</b>
02419114	ACH-Telmisartan HCTZ	ACH		0.2203
<b>Telmisartan/Hydrochlorothiazide - 80/25 mg - Tablets</b>				<b>\$</b>
02419122	ACH-Telmisartan HCTZ	ACH		0.2203
<b>Tenofovir - 300 mg - Tablet</b>				<b>\$</b>
02472511	NAT-Tenofovir	NAT		4.8884
02453940	pms-Tenofovir	PMS		4.8884

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

## Product Deletions

The following products have been deleted.

00363766	Apo-Dimenhydrinate	dimenhydrinate	50 mg	Tablet
02192276	Cyclocort	amcinonide	0.1%	Lotion
02150956	Dovonex	calcipotriol	50 mcg/g	Cream
00595799	Emo-Cort	hydrocortisone	2.5%	Cream
80024835	Jamp-Potassium Chloride	potassium chloride	1500 mg	Liquid
00397423	Lopressor	metoprolol	50 mg	Tablet
00885851	Lotensin	benazepril	20 mg	Tablet
02245372	Myl-Propafenone	propafenone	150 mg	Tablet
02245373	Myl-Propafenone	propafenone	300 mg	Tablet
02278359	Mylan-Azithromycin	azithromycin	250 mg	Tablet
02230951	Mylan-Clonazepam	clonazepam	2 mg	Tablet
02351536	Mylan-Clopidogrel	clopidogrel	75 mg	Tablet
02359480	Mylan-Donepezil	donepezil	10 mg	Tablet
02252600	Mylan-Hydroxychloroquine	hydroxychloroquine	200 mg	Tablet
02274868	Mylan-Lisinopril	lisinopril	20 mg	Tablet
02242520	Mylan-Sertraline	sertraline	50 mg	Capsule
02381273	Mylan-Rosuvastatin	rosuvastatin	10 mg	Tablet
02287730	Novo-Desmopressin	desmopressin	0.1 mg	Tablet
02287749	Novo-Desmopressin	desmopressin	0.2 mg	Tablet
02232565	Requip	ropinirole	0.25 mg	Tablet
80040226	Slow K	potassium chloride	600 mg	Tablet
02212331	Zantac	rantidine	150 mg	Tablet
02212358	Zantac	rantidine	300 mg	Tablet

## Category Deletions

- Amcinonide - 0.1% Topical Ointment
- Phenytoin - 100 mg Capsules

## Interchangeable Product Price Changes

The following changes in prices have occurred:

(\$)

02245898	Cyproterone	cyproterone	50 mg	Tablet	1.5494
01924559	Dexedrine	dextroamphetamine	10 mg	Capsule	1.2657
01924567	Dexedrine	dextroamphetamine	15 mg	Capsule	1.5474
02454386	pms-Erlotinib	erlotinib	100 mg	Tablet	13.2000

**Bulletin #101**  
**Effective: October 18, 2018**

02454394	pms-Erlotinib	erlotinib	150 mg	Tablet	19.8000
02279266	pms-Risperidone	risperidone	1 mg/mL	Tablet	0.4956
02324229	pms-Zolmitriptan	zolmitriptan	2.5 mg	Tablet	3.5375

Alendronate - 70 mg - Tablets	**2.2065
Amiodarone - 200 mg - Tablets	**0.3891
Amlodipine - 5 mg - Tablets	**0.1410
Amlodipine - 10 mg - Tablets	**0.2093
Anastrozole - 1 mg - Tablets	**1.0000
Atenolol - 25 mg - Tablets	**0.0547
Atenolol - 50 mg - Tablets	**0.1162
Atenolol - 100 mg - Tablets	**0.1912
Atorvastatin - 10 mg - Tablets	**0.1831
Atorvastatin - 20 mg - Tablets	**0.2288
Atorvastatin - 40 mg - Tablets	**0.2459
Atorvastatin - 80 mg - Tablets	**0.2459
Azithromycin - 250 mg - Tablets	**0.9881
Bicalutamide - 50 mg - Tablets	**1.3325
Bisoprolol - 5 mg - Tablets	**0.0751
Bisoprolol - 10 mg - Tablets	**0.1096
Candesartan - 8 mg - Tablets	**0.2395
Candesartan - 16 mg - Tablets	**0.2395
Candesartan - 32 mg - Tablets	**0.2395
Candesartan/Hydrochlorothiazide - 16/12.5 mg - Tablets	**0.2264
Carvedilol - 3.125 mg - Tablets	**0.2553
Carvedilol - 6.25 mg - Tablets	**0.2553
Carvedilol - 12.5 mg - Tablets	**0.2553
Carvedilol - 25 mg - Tablets	**0.2553
Celecoxib - 100 mg - Capsules	**0.1343
Celecoxib - 200 mg - Capsules	**0.2686
Ciprofloxacin - 250 mg - Tablets	**0.4677
Ciprofloxacin - 500 mg - Tablets	**0.5276
Ciprofloxacin - 750 mg - Tablets	**0.9662
Citalopram - 10 mg - Tablets	**0.0836
Citalopram - 20 mg - Tablets	**0.1399
Citalopram - 40 mg - Tablets	**0.1399
Clonazepam - 2 mg - Tablets	**0.0757
Clopidogrel - 75 mg - Tablets	**0.2763
Cyclobenzaprine - 10 mg - Tablets	**0.1073

**Bulletin #101**  
**Effective: October 18, 2018**

Domperidone - 10 mg - Tablets	**0.0449
Donepezil - 5 mg - Tablets	**0.4815
Donepezil - 10 mg - Tablets	**0.4815
Dutasteride - 0.5 mg - Capsules	**0.3178
Escitalopram - 10 mg - Tablets	**0.3264
Escitalopram - 20 mg - Tablets	**0.3476
Ezetimibe - 10 mg - Tablets	**0.1902
Famciclovir - 125 mg - Tablets	**0.5842
Famciclovir - 250 mg - Tablets	**0.7918
Famciclovir - 500 mg - Tablets	**1.4109
Finasteride - 5 mg - Tablets	**0.4345
Fluoxetine - 10 mg - Capsules	**0.3574
Fluoxetine - 20 mg - Capsules	**0.3477
Gabapentin - 100 mg - Capsules	**0.0437
Gabapentin - 300 mg - Capsules	**0.1063
Gabapentin - 400 mg - Capsules	**0.1266
Gabapentin - 600 mg - Capsules	**0.1899
Imatinib - 100 mg - Tablets	**5.4684
Imatinib - 400 mg - Tablets	**21.8729
Irbesartan - 75 mg - Tablets	**0.2395
Irbesartan - 150 mg - Tablets	**0.2395
Irbesartan - 300 mg - Tablets	**0.2395
Irbesartan/Hydrochlorothiazide - 150/12.5 mg - Tablets	**0.2395
Irbesartan/Hydrochlorothiazide - 300/12.5 mg - Tablets	**0.2395
Irbesartan/Hydrochlorothiazide - 300/25 mg - Tablets	**0.2293
Lamotrigine - 25 mg - Tablets	**0.0733
Lamotrigine - 100 mg - Tablets	**0.2926
Lamotrigine - 150 mg - Tablets	**0.4312
Levetiracetam - 250 mg - Tablets	**0.3371
Levetiracetam - 500 mg - Tablets	**0.4107
Levetiracetam - 750 mg - Tablets	**0.5687
Metformin - 500 mg - Tablets	**0.0259
Metformin - 850 mg - Tablets	**0.0356
Minocycline - 50 mg - Capsules	**0.1156
Minocycline - 100 mg - Capsules	**0.2231
Montelukast - 4 mg - Tablets	**0.2896
Montelukast - 5 mg - Tablets	**0.3238
Montelukast - 10 mg - Tablets	**0.4443
Mycophenolate - 250 mg - Capsules	**0.3898

**Bulletin #101**  
**Effective: October 18, 2018**

Mycophenolate - 500 mg - Capsules	**0.7795
Olanzapine - 2.5 mg - Tablets	**0.1861
Olanzapine - 5 mg - Tablets	**0.3721
Olanzapine - 7.5 mg - Tablets	**0.5582
Olanzapine - 10 mg - Tablets	**0.7442
Olanzapine - 15 mg - Tablets	**1.1163
Olanzapine - 5 mg - Orally Disintegrating Tablets	**0.3752
Olanzapine - 10 mg - Orally Disintegrating Tablets	**0.7501
Olanzapine - 15 mg - Orally Disintegrating Tablets	**1.1246
Omeprazole - 20 mg - Capsules	**0.2401
Pantoprazole - 20 mg - Tablets	**0.1893
Pantoprazole - 40 mg - Tablets	**0.2117
Paroxetine - 10 mg - Tablets	**0.3198
Paroxetine - 20 mg - Tablets	**0.3413
Paroxetine - 30 mg - Tablets	**0.3626
Pramipexole - 0.25 mg - Tablets	**0.2048
Pramipexole - 0.5 mg - Tablets	**0.4219
Pramipexole - 1 mg - Tablets	**0.4096
Pramipexole - 1.5 mg - Tablets	**0.4096
Pravastatin - 10 mg - Tablets	**0.3062
Pravastatin - 20 mg - Tablets	**0.3612
Pravastatin - 40 mg - Tablets	**0.4351
Pregabalin - 25 mg - Capsules	**0.1555
Pregabalin - 50 mg - Capsules	**0.2440
Pregabalin - 75 mg - Capsules	**0.3157
Pregabalin - 150 mg - Capsules	**0.4352
Pregabalin - 300 mg - Capsules	**0.4352
Quetiapine - 25 mg - Tablets	**0.0519
Quetiapine - 100 mg - Tablets	**0.1384
Quetiapine - 200 mg - Tablets	**0.2779
Quetiapine - 300 mg - Tablets	**0.4056
Rabeprazole - 10 mg - Tablets	**0.0702
Rabeprazole - 20 mg - Tablets	**0.1405
Ramipril - 1.25 mg - Capsules	**0.0743
Ramipril - 2.5 mg - Capsules	**0.0858
Ramipril - 5 mg - Capsules	**0.0858
Ramipril - 10 mg - Capsules	**0.1086
Ranitidine - 150 mg - Tablets	**0.1257
Ranitidine - 300 mg - Tablets	**0.2366



**Bulletin #101**  
**Effective: October 18, 2018**

Risedronate - 35 mg - Tablets	**2.0776
Risperidone - 0.25 mg - Tablets	**0.1088
Risperidone - 0.5 mg - Tablets	**0.1822
Risperidone - 1 mg - Tablets	**0.2517
Risperidone - 2 mg - Tablets	**0.5035
Risperidone - 3 mg - Tablets	**0.7539
Risperidone - 4 mg - Tablets	**1.0053
Rosuvastatin - 10 mg - Tablets	**0.1422
Rosuvastatin - 20 mg - Tablets	**0.1777
Rosuvastatin - 40 mg - Tablets	**0.2090
Sertraline - 25 mg - Capsules	**0.1592
Sertraline - 50 mg - Capsules	**0.3184
Sertraline - 100 mg - Capsules	**0.3468
Simvastatin - 5 mg - Tablets	**0.1074
Simvastatin - 10 mg - Tablets	**0.2124
Simvastatin - 20 mg - Tablets	**0.2626
Simvastatin - 40 mg - Tablets	**0.2626
Simvastatin - 80 mg - Tablets	**0.2626
Solifenacin - 5 mg - Tablets	**0.3193
Solifenacin - 10 mg - Tablets	**0.3193
Sumatriptan - 50 mg - Tablets	**2.9120
Sumatriptan - 100 mg - Tablets	**3.2078
Telmisartan - 40 mg - Tablets	**0.2269
Telmisartan - 80 mg - Tablets	**0.2269
Telmisartan/Hydrochlorothiazide - 80/12.5 mg - Tablets	**0.2203
Telmisartan/Hydrochlorothiazide - 80/25 mg - Tablets	**0.2203
Terbinafine - 250 mg - Tablets	**0.8100
Topiramate - 25 mg - Tablets	**0.2555
Topiramate - 100 mg - Tablets	**0.4812
Topiramate - 200 mg - Tablets	**0.7085
Valacyclovir - 500 mg - Tablets	**0.6508
Valsartan - 40 mg - Tablets	**0.2322
Valsartan - 80 mg - Tablets	**0.2267
Valsartan - 160 mg - Tablets	**0.2267
Valsartan - 320 mg - Tablets	**0.2203
Valsartan/Hydrochlorothiazide - 80/12.5 mg - Tablets	**0.2324
Valsartan/Hydrochlorothiazide - 160/12.5 mg - Tablets	**0.2352
Valsartan/Hydrochlorothiazide - 160/25 mg - Tablets	**0.2350
Valsartan/Hydrochlorothiazide - 320/12.5 mg - Tablets	**0.2349

Valsartan/Hydrochlorothiazide - 320/25 mg - Tablets	**0.2343
Venlafaxine - 37.5 mg - Capsules	**0.0959
Venlafaxine - 75 mg - Capsules	**0.1916
Venlafaxine - 150 mg - Capsules	**0.2023
Zopiclone - 5 mg - Tablets	**0.1040
Zopiclone - 7.5 mg - Tablets	**0.1313

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

**Note: Products currently listed in the existing categories above will have their prices adjusted to reflect the lowest price in their respective categories.**

## Discontinued Products

The following products will be deleted with the next Formulary amendments.

02192268	Cyclocort	amcinonide	0.1%	Ointment
02318018	Demerol	meperidine	50 mg	Tablet
02285827	GD-Gabapentin	gabapentin	300 mg	Capsules
02436027	Holkira Pak	dasabuvir/ombitasvir/ paritaprevir/rotonavir	250/12.5/ 75/50 mg	Tablet
00518123	Lectopam	bromazepam	3 mg	Tablet
00518131	Lectopam	bromazepam	6 mg	Tablet
00397423	Lopressor	metoprolol	50 mg	Tablet
00397431	Lopressor	metoprolol	100 mg	Tablet
00640409	Meperidine	meperidine	10 mg/mL	Injection
00725765	Meperidine	meperidine	50 mg/mL	Injection
02241594	Mirapex	pramipexole	0.5 mg	Tablet
02237146	Mirapex	pramipexole	1 mg	Tablet
02237147	Mirapex	pramipexole	1.5 mg	Tablet
02237885	Mylan-Acebutolol	acebutolol	100 mg	Tablet
02137534	Mylan-Alprazolam	alprazolam	0.25 mg	Tablet
02303647	Mylan-Atenolol	atenolol	25 mg	Tablet
02347512	Mylan-Carvedilol	carvedilol	3.125 mg	Tablet
02347520	Mylan-Carvedilol	carvedilol	6.25 mg	Tablet
02347555	Mylan-Carvedilol	carvedilol	12.5 mg	Tablet
02245649	Mylan-Ciprofloxacin	ciprofloxacin	750 mg	Tablet
02230950	Mylan-Clonazepam	clonazepam	0.5 mg	Tablet
02231353	Mylan-Cyclobenzaprine	cyclobenzaprine	10 mg	Tablet
02359472	Mylan-Donepezil	donepezil	5 mg	Tablet
02426633	Mylan-Duloxetine	duloxetine	30 mg	Capsules
02426641	Mylan-Duloxetine	duloxetine	60 mg	Capsules
02196026	Mylan-Famotidine	famotidine	40 mg	Tablet

**Bulletin #101**  
**Effective: October 18, 2018**

02248261	Mylan-Gabapentin	gabapentin	400 mg	Capsules
02229519	Mylan-Gliclazide	gliclazide	80 mg	Tablet
02378086	Mylan-Losartan HCTZ	losartan/HCTZ	100/12.5 mg	Tablet
02378094	Mylan-Losartan HCTZ	losartan/HCTZ	100/25 mg	Tablet
02378078	Mylan-Losartan HCTZ	losartan/HCTZ	50/12.5 mg	Tablet
02255995	Mylan-Meloxicam	meloxicam	15 mg	Tablet
02255987	Mylan-Meloxicam	meloxicam	7.5 mg	Tablet
02380757	Mylan-Montelukast	montelukast	5 mg	Tablet
02368226	Mylan-Montelukast	montelukast	10 mg	Tablet
02329433	Mylan-Omeprazole	omeprazole	20 mg	Capsules
02408392	Mylan-Rabeprazole	rabeprazole	10 mg	Tablet
02282240	Mylan-Risperidone	risperidone	0.25 mg	Tablet
02282259	Mylan-Risperidone	risperidone	0.5 mg	Tablet
02381303	Mylan-Rosuvastain	rosuvastatin	40 mg	Tablet
02242521	Mylan-Sertraline	sertraline	100 mg	Capsules
02242519	Mylan-Sertraline	sertraline	25 mg	Capsules
02310279	Mylan-Venafaxine XR	venlafaxine	37.5 mg	Capsules
02310287	Mylan-Venafaxine XR	venlafaxine	75 mg	Capsules
02296616	Mylan-Zopiclone	zopiclone	5 mg	Tablet
00804541	Prevox B	betamethasone	0.1%	Cream
02232567	Requip	ropinirole	1 mg	Tablet
02232568	Requip	ropinirole	2 mg	Tablet
02232569	Requip	ropinirole	5 mg	Tablet