BULLETIN # 127

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on August 24, 2023

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 August 24, 2023

Bulletin 127 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

***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

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02527189 02527197	**Apo-Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	APX
02531402 02531410	**Auro-Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	AUP
02531593 02531607 02531615	**Auro-Levocarb**	levodopa/carbidopa	100 mg/10 mg 100 mg/25 mg 250 mg/25 mg	Tablet	AUP
02505223	**Bijuva**	estradiol/progesterone	1mg/100mg	Capsule	KTI
02494639	**Creon 35**	lipase/amylase/ protease	35,000/ 35,700/ 2,240/ units	Capsule	BGP
02432072	**Gabapentin**	gabapentin	600 mg	Tablet	JPC
02503689 02503697	**Imvexxy**	estradiol	4 mcg 10mcg	Insert	KTI
02531844	**Jamp Amiodarone**	amiodarone HCl	200 mg	Tablet	JPC
02449226	**Jamp-Brimonidine**	brimonidine tartrate	0.2 %	Ophthalmic Solution	JPC
02473259	**Jamp Candesartan-HCT**	candesartan/ hydrochlorothiazide	32 mg/12.5 mg	Tablet	JPC
02531364 02531372	**Jamp Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	JPC
02529394	**M-Alendronate**	alendronate	70 mg	Tablet	MNP
02535297 02535300	**M-Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	MNP
02476908	**Mint-Candesartan**	candesartan	4 mg	Tablet	MPH
02408910	**Mint-Clopidogrel**	clopidogrel	75 mg	Tablet	MPH
02531550 02531569	**pms-Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	PMS
02476576	**pms-Progesterone** *(moved from Part 2)*	progesterone	100mg	Capsule	PMS
02516187	**Progesterone** *(moved from Part 2)*	progesterone	100mg	Capsule	SAH
02166704	**Prometrium** *(moved from Part 2)*	progesterone	100mg	Capsule	ORG
02523019	**Propylthiouracil**	propylthiouracil	50 mg	Tablet	PCI
02531895 02531909	**PRZ-Metformin**	metformin HCl	500 mg 850 mg	Tablet	PRZ
02463113	**Reddy-Progesterone** *(moved from Part 2)*	progesterone	100mg	Capsule	DRL
02518732 02518740	**Sandoz Dapagliflozin** *(moved from EDS)*	dapagliflozin	5 mg 10 mg	Tablet	SDZ
02439913	**Teva-Progesterone** *(moved from Part 2)*	progesterone	100mg	Capsule	TEV

* Abbreviation of Manufacturers' Name

Part 2 Additions

02521679 02521687	**Ngenla**	somatrogon	20mg/ml 50mg/ml	Pre-filled pen	PFI

For the long-term treatment of pediatric patients who have growth failure due to an inadequate secretion of endogenous growth hormone (growth hormone deficiency [GHD]) only if the following conditions are met:

Initiation:

- Pre-pubertal children who are at least 3 years of age, and who are diagnosed with either isolated GHD, or growth hormone insufficiency as part of multiple pituitary hormone deficiency.

Discontinuation:

- Treatment with somatrogon must be discontinued upon the occurrence of any of the following:
  1. Height velocity is less than 2 cm per year and bone age is more than 16 years in boys and 14 years in girls
  2. Closure of the epiphyseal growth plates

This medication should be prescribed by, or in consultation with, a specialist in this treatment area (i.e. pediatric endocrinologist).

02529181 02529203 02529211	**Norditropin FlexPro** *(new device)*	somatropin	5mg/1.5ml 10mg/1.5ml 15mg/1.5ml	Pre-filled pen	NOO

For the long term management of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

Exception Drug Status Additions

02512475 02512483 02512491	**ACH-Sitagliptin**	sitagliptin	25 mg 50 mg 100 mg	Tablet	ACH

For the treatment of patients with type 2 diabetes who have previously been treated with metformin and a sulfonylurea. Should be used in patients with diabetes who are not adequately controlled on or are intolerant to metformin and a sulfonylurea, and for whom insulin is not an option.

02527707	**Albrioza**	sodium phenylbutyrate/ ursodoxicoltaurine	3/1g	Powder for Suspension	AMP

For the treatment of amyotrophic lateral sclerosis (ALS) in patients who meet all of the following criteria:

- Diagnosis of definite ALS; AND
- ALS symptoms for 18 months or less; AND
- Forced vital capacity (FVC) greater than or equal to 60% of predicted; AND
- Does not require permanent non-invasive or invasive ventilation; AND
- Is under the care of a specialist with experience in the diagnosis and management of ALS.

Initial approval duration: 1 year

Renewal criteria:

Renewals will be considered in patients who do not meet the discontinuation criteria.
Renewal approval duration: 1 year

Discontinuation criteria:

Reimbursement of treatment should be discontinued in patients who meet any one of the following criteria:

- Patient becomes non-ambulatory AND is unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place.
- Patient requires permanent non-invasive or invasive ventilation.

02531577	**Botox** *(DIN update)**	onabotulinumtoxina	50 U	Injection	ABV
01981501	**Botox** *(DIN update)**	onabotulinumtoxina	100 U	Injection	ABV
02531585	**Botox** *(DIN update)**	onabotulinumtoxina	200 U	Injection	ABV

**Health Canada has approved new DINs for the 50U and 200U strengths of Botox. The previous DIN will remain in use for the 100U strength.*
Complete criteria may be obtained from the EDS office at Manitoba Health.

02535696	**Calquence** *(new format)*	acalabrutinib	100 mg	Tablet	AZC

See Bulletin #116 for criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin116.pdf

02492504 02470365 02510049 02524252	**Dupixent** *(new indication and criteria update)*	dupilumab	200mg/1.14ml 150mg/ml 150mg/ml 200mg/1.14ml	Injection	SAA

New indication

As add-on maintenance treatment for patients 6 to 11 years of age with severe asthma with a type 2/eosinophilic phenotype, if the following criteria are met:

Initiation criteria

- Patient must have a documented diagnosis of severe asthma with a type 2/eosinophilic phenotype; AND
- Symptoms not controlled despite optimal treatment, defined as daily use of medium- to high-dose inhaled corticosteroids (ICS)[1] plus one controller medication (e.g., long-acting beta-agonists (LABA)); AND
- Blood eosinophil count of ≥ 150 cells/μL within the past 12 months; AND
- Uncontrolled asthma with at least one clinically significant asthma exacerbation[2] in the past 12 months.

Administration criteria

- Dupilumab 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 dupilumab treatment.
- The initial prescription of dupilumab should be by a pediatric respirologist or allergist. Patients should be managed by a physician with expertise in treating asthma in pediatric patients.

[1]High-dose ICS is defined as greater or equal to 400mcg of fluticasone propionate or equivalent daily. Medium-dose ICS is defined as greater than 100 mcg-400 mcg of fluticasone propionate or equivalent daily.

[2] Clinically significant asthma exacerbations are defined as worsening of asthma resulting in hospitalization, an emergency care visit, or treatment with systemic corticosteroids.

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:
  - The 12 month asthma control questionnaire score has not improved from baseline, when baseline represents the initiation of treatment; OR
  - The asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently; OR
  - The number of clinically significant asthma exacerbations has increased within the previous 12 months.

As add-on maintenance treatment for patients aged 12 years and older with severe asthma with a type 2/eosinophilic phenotype if the following criteria are met:

Initiation Criteria

- Patient must have a documented diagnosis of severe asthma with a type 2/eosinophilic phenotype.
- Patient is inadequately controlled with high-dose inhaled corticosteroids, 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).
- Patient has one of the following:
  - Blood eosinophil count of ≥ 300 cells/µL within the past 12 months AND has experienced two or more clinically significant asthma exacerbations[1] in the past 12 months, OR
  - Blood eosinophil count of ≥ 150 cells/µL AND is receiving maintenance treatment with oral corticosteroids (OCS)

Administration Criteria

- Dupilumab 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 dupilumab treatment.
- Patients should be managed by a physician with expertise in treating 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:
  - The 12 month asthma control questionnaire score has not improved from baseline, when baseline represents the initiation of treatment; OR
  - The asthma control questionnaire score achieved after the first 12 months of therapy has not been maintained subsequently; OR
  - The number of clinically significant exacerbations has increased within the previous 12 months; OR
  - In patients on maintenance treatment with OCS, there has been no decrease in the OCS dose in the first 12 months of treatment; OR
  - 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 subsequently.

Criteria update

For the treatment of moderate-to-severe[1] atopic dermatitis (AD) in patients aged 12 years and older, whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable, only if the following criteria are met:

Initiation Criteria

- Patient has had an adequate trial[2] (with a documented refractory disease), or was intolerant (with documented intolerance), or is ineligible for each of the following therapies:
  - o maximally tolerated medical topical therapies for AD combined with phototherapy (where available); AND
  - o maximally tolerated medical topical therapies for AD combined with at least 1 of the 4 systemic immunomodulators (methotrexate, cyclosporine, mycophenolate mofetil, or azathioprine).
- The physician must provide the Eczema Area and Severity Index (EASI) score at the time of initial request for reimbursement.

Initial approval: 6 months

Renewal Criteria

- The physician must provide proof of beneficial clinical effect when requesting continuation of reimbursement, defined as a 75% or greater improvement from baseline in the EASI score (EASI-75) 6 months after treatment initiation.
- The physician must provide proof of maintenance of EASI-75 response from baseline every 6 months for subsequent authorizations.

Request for coverage must be made by, or in consultation with, a dermatologist, allergist, clinical immunologist, or pediatrician who has expertise in the management of moderate-to-severe AD.

Dupilumab should not be used in combination with phototherapy, any immunomodulatory drugs (including biologics or a Janus kinase [JAK] inhibitor treatment) for moderate-to-severe AD.

[1] Moderate-to-severe atopic dermatitis is defined as an EASI score of 16 points or higher.

[2] Adequate trials are defined as:

- Phototherapy – 3 times a week for 12 weeks.
- Methotrexate – 10 to 20mg per week for 12 weeks.
- Cyclosporine – 2.5 to 5mg/kg/day for 12 weeks.
- Mycophenolate mofetil – 1g twice daily for 12 weeks.
- Azathioprine – 1.5 to 2.5mg/kg/day for 12 weeks.

02530090 02530104 02530120	**NAT-Everolimus**	everolimus	2.5 mg 5 mg 10 mg	Tablet	NAT

For the treatment of:
a) Advanced Breast Cancer
b) Advanced or Metastatic Pancreatic Neuroendocrine Tumors (pNET);
c) Advanced Metastatic Renal Cell Carcinoma (RCC);
d) For the treatment of unresectable, locally advanced or metastatic, well-differentiated non-functional neuroendocrine tumors (NETs) of gastrointestinal or lung origin (GIL) in adults with documented radiological disease progression within six months and with a good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity.

02502984	**Firdapse**	amifampridine	10mg	Tablet	KYE

For the symptomatic treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients who are 18 years of age and older.
A pre-amifampridine Triple Timed Up and Go (3TUG) test result must be provided with the initial request for coverage.
Initial approval duration: 4 months

Renewal Criteria

For continued coverage, the patient must demonstrate a response to treatment defined as attaining or maintaining a reduction of at least 30% on the 3TUG test, when compared to the pre-amifampridine 3TUG test result.
Renewal duration: 12 months

Prescribing Condition

The patient should be under the care of a neurologist with expertise in managing LEMS.

02509733	**Increlex**	mecasermin	10mg/ml (40mg/4ml)	Injection	IPL

For the treatment of growth failure in children and adolescents from 2 to 18 years with confirmed severe primary insulin-like growth factor-1 deficiency (SPIGFD) only if the following conditions are met:

Initiation:

- Patient is at least two years of age; AND
- Epiphyseal closure has not yet occurred; AND
- Confirmed diagnosis of SPIGFD, defined by the patient having:
  1. A known genetic mutation recognized as a cause of SPIGFD AND/OR
  2. Clinical and biochemical features of SPIGFD*.

Discontinuation:

- Treatment with mecasermin must be discontinued upon the occurrence of any of the following:
  1. Height velocity is less than 1 cm per 6 months or less than 2 cm per year, OR
  2. Bone age is more than 16 years in boys and 14 years in girls.

Prescribing:

- The patient must be under the care of a pediatric endocrinologist.
- Mecasermin must not be prescribed concomitantly with recombinant growth hormone treatment.

**The key clinical and biochemical features of SPIGFD are defined by the following:*

- *Height standard deviation score ≤ –3.0*
- *Basal IGF-1 levels below the 2.5th percentile for age and gender*
- *Random or stimulated GH level of > 10 ng/mL and failure to increase IGF-1 by 50 ng/mL in response to exogenous GH during an IGF-1 generation test*
- *Exclusion of secondary forms of IGF-1 deficiency, such as malnutrition, hypopituitarism, hypothyroidism, or chronic treatment with pharmacologic doses of anti-inflammatory steroids.*

02500264 02500272 02500280 02500299 02500302	**Kynmobi** *(criteria update)*	apomorphine hydrochloride	10mg 15mg 20mg 25mg 30mg	Film	SPC

For the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease (PD), if the following criteria are met:

- *Apomorphine sublingual film should only be used as adjunctive therapy in patients who are receiving optimized PD therapy (i.e. levodopa and derivatives and adjunctive therapy such as dopaminergic agonists or MAO-B inhibitors or amantadine derivatives) and still experiencing "off" episodes.*
- *Patients should be under the care of a neurologist who is experienced in the treatment of PD.*

Discontinuation criteria:

- *Treatment with apomorphine sublingual film should be discontinued unless an improvement of at least 3.25 points is achieved in the Movement Disorders Society Unified Parkinson's Disease Rating Scale Part III (MDS-UPDRS III) score measured within 30 to 60 minutes after a titrated dose of apomorphine sublingual film is administered. This assessment should occur not more than one year after apomorphine sublingual film has been titrated to a stable and tolerated dose.*
- *The maximum amount required should not exceed five films per day or 90 mg in total (whichever is reached first).*

Lenalidomide *(new indication)*	2.5mg 5mg 10mg 15mg 20mg 25mg	capsule

Lenalidomide (in combination with bortezomib and dexamethasone) for induction treatment of patients:

- *With Multiple Myeloma AND*
- *With intent of treatment to proceed to autologous stem cell transplantation, if patient otherwise meets eligibility AND*
- *With adequate bone marrow reserve*

02520990 02521008	**Nypozi**	filgrastim	300mcg/0.5ml 480mcg/0.8ml	Injection	TBP

For the use in patients with HIV infection for the prevention and treatment of neutropenia to maintain a normal absolute neutrophil count (ANC).

Nypozi will be a preferred filgrastim option for all filgrastim-naive patients. Preferred means the first filgrastim product to be considered for reimbursement for filgrastim-naive patients.

02500833	**Qinlock**	ripretinib	50mg	Tablet	MEP

For the treatment of adult patients with advanced gastrointestinal stromal tumours (GIST) who have progression on or intolerance to imatinib, sunitinib, and regorafenib.

02504073 02504081 02504103 02504111	**Reddy-Pomalidomide**	pomalidomide	1 mg 2 mg 3 mg 4 mg	Capsule	DRL

Please refer to Bulletin #82 for prescribing criteria
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin82.pdf

02516918 02516926	**Retevmo**	selpercatinib	40mg 80mg	Capsule	LIL

For the treatment of rearranged during transfection (RET) fusion-positive differentiated thyroid carcinoma (DTC) in adult patients with advanced or metastatic disease (not amenable to surgery or radioactive iodine therapy) following prior treatment with sorafenib and/or lenvatinib.

For the treatment of patients 12 years of age and older with unresectable advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who have progressed on, are intolerant to, or have a contraindication to first-line therapy.

For the treatment of adult (equal to or greater than 18 years) patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC) who meet 1 of the following criteria:

- For first line-treatment
- After prior systemic therapy

02298465	**Risperdal Consta** *(new strength)*	risperidone	12.5mg/vial kit	Injection	JAN

See Bulletin #61 for criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin61.pdf

02495007 02495015	**Rozlytrek** *(new indication)*	entrectinib	100mg 200mg	Capsule	HLR

For the treatment of adult patients with unresectable locally advanced or metastatic extracranial solid tumours, including brain metastases, that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion without a known acquired resistance mutation, and with no satisfactory treatment options

02503034	**Ruzurgi**	amifampridine	10mg	Tablet	MEK

For the symptomatic treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients who are 6 years of age and older.
A pre-amifampridine Triple Timed Up and Go (3TUG) test result must be provided with the initial request for coverage.

Initial approval duration: 4 months

Renewal Criteria
For continued coverage, the patient must demonstrate a response to treatment defined as attaining or maintaining a reduction of at least 30% on the 3TUG test, when compared to the pre-amifampridine 3TUG test result.

Renewal duration: 12 months

Prescribing Condition
The patient should be under the care of a neurologist with expertise in managing LEMS.

02532840 02532867 02532883	**Sandoz Sunitinib**	sunitinib	12.5 mg 25 mg 50 mg	Capsule	SDZ

For the treatment of patients with unresectable locally advanced or metastatic, well-differentiated pancreatic neuroendocrine tumors (pancreatic NET) whose disease is progressive.

For the treatment of metastatic renal cell carcinoma (MRCC) in patients with favourable to intermediate-risk disease.

02528320 02528339	**Scemblix**	asciminib	20mg 40mg	Tablet	NVT

For the treatment of adult patients with Philadelphia chromosome positive chronic myeloid leukemia (Ph+ CML) who are in chronic phase (CP) with treatment failure on or intolerance to 2 or more prior tyrosine kinase inhibitor (TKI) therapies and have no evidence of T315I or V299L mutations.

02456214 02456222	**Tagrisso** *(new indication)*	osimertinib	40mg 80mg	Tablet	AZC

As adjuvant therapy after tumour resection in patients with stage IB-IIIA (AJCC 7th edition) or stage IIA-IIIB (AJCC 8th edition) non-small cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations.

02535084	**Yuflyma** *(new strength)*	adalimumab	80mg/0.8ml	Pre-filled Pen	CHC
02535076	**Yuflyma** *(new strength)*	adalimumab	80mg/0.8ml	Pre-filled Syringe	CHC

See Bulletin #118 for criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin118.pdf

02530031	**Zejula** *(new format)*	niraparib	100mg	Tablet	GSK

See Bulletin #114 for criteria:
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin114.pdf

New Interchangeable Categories

Dapagliflozin - 5 mg - Tablets			**$**	**$ + 5%**
02435462	Forxiga	AZC	2.6200	2.7510
02527189	Apo-Dapagliflozin	APX	0.6825	0.7166
02531402	Auro-Dapagliflozin	AUP	0.6825	0.7166
02531364	Jamp Dapagliflozin	JPC	0.6825	0.7166
02535297	M-Dapagliflozin	MNP	0.6825	0.7166
02531550	pms-Dapagliflozin	PMS	0.6825	0.7166
02518732	Sandoz Dapagliflozin	SDZ	0.6825	0.7166

Dapagliflozin - 10 mg - Tablets			**$**	**$ + 5%**
02435470	Forxiga	AZC	2.6200	2.7510
02527197	Apo-Dapagliflozin	APX	0.6825	0.7166
02531410	Auro-Dapagliflozin	AUP	0.6825	0.7166
02531372	Jamp Dapagliflozin	JPC	0.6825	0.7166
02535300	M-Dapagliflozin	MNP	0.6825	0.7166
02531569	pms-Dapagliflozin	PMS	0.6825	0.7166
02518740	Sandoz Dapagliflozin	SDZ	0.6825	0.7166

Moclobemide - 150 mg - Tablets			**$**	**$ + 5%**
00899356	Manerix	BHC	0.8409	0.8829
02232150	Moclobemide	AAA	0.5295	0.5560

Moclobemide - 300 mg - Tablets			**$**	**$ + 5%**
02166747	Manerix	BHC	1.6514	1.7340
02240456	Moclobemide	AAA	1.0399	1.0919

Pomalidomide - 1 mg - Capsules			**$**	**$ + 5%**
02419580	Pomalyst	CEL	500.0000	525.0000
02504073	Reddy-Pomalidomide	DRL	125.0000	131.2500

Pomalidomide - 2 mg - Capsules			**$**	**$ + 5%**
02419599	Pomalyst	CEL	500.0000	525.0000
02504081	Reddy-Pomalidomide	DRL	125.0000	131.2500

Pomalidomide - 3 mg - Capsules			**$**	**$ + 5%**
02419602	Pomalyst	CEL	500.0000	525.0000
02504103	Reddy-Pomalidomide	DRL	125.0000	131.2500

Pomalidomide - 4 mg - Capsules			**$**	**$ + 5%**
02419610	Pomalyst	CEL	500.0000	525.0000
02504111	Reddy-Pomalidomide	DRL	125.0000	131.2500

New Interchangeable Products

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

Alendronate - 70 mg - Tablets			**$**	**$ + 5%**
02529394	M-Alendronate	MNP	1.7804	1.8694

Amiodarone HCl - 200 mg - Tablets			**$**	**$ + 5%**
02531844	Jamp Amiodarone	JPC	0.3706	0.3891

Brimonidine Tartrate - 0.2 % - Ophthalmic Solution			**$**	**$ + 5%**
02449226	Jamp-Brimonidine	JPC	1.1550	1.2128

Candesartan - 4 mg - Tablets			**$**	**$ + 5%**
02476908	Mint-Candesartan	MPH	0.1700	0.1785

Candesartan/Hydrochlorothiazide - 32 mg/12.5 mg			**$**	**$ + 5%**
02473259	Jamp Candesartan-HCT	JPC	0.2156	0.2264

Clopidogrel - 75 mg - Tablets			**$**	**$ + 5%**
02408910	Mint-Clopidogrel	MPH	0.2631	0.2763

Everolimus - 2.5 mg - Tablets			**$**	**$ + 5%**
02530090	NAT-Everolimus	NAT	50.6635	53.1967

Everolimus - 5 mg - Tablets			**$**	**$ + 5%**
02530104	NAT-Everolimus	NAT	50.6635	53.1967

Everolimus - 10 mg - Tablets			**$**	**$ + 5%**
02530120	NAT-Everolimus	NAT	50.6635	53.1967

Gabapentin - 600 mg - Tablets			**$**	**$ + 5%**
02432072	Gabapentin	JPC	0.1809	0.1899

Levodopa/Carbidopa - 100 mg/10 mg - Tablets			**$**	**$ + 5%**
02531593	Auro-Levocarb	AUP	0.1479	0.1553

Levodopa/Carbidopa - 100 mg/25 mg - Tablets			**$**	**$ + 5%**
02531607	Auro-Levocarb	AUP	0.2209	0.2319

Levodopa/Carbidopa - 250 mg/25 mg - Tablets			**$**	**$ + 5%**
02531615	Auro-Levocarb	AUP	0.2466	0.2589

Metformin HCl - 500 mg - Tablets			**$**	**$ + 5%**
02531895	PRZ-Metformin	PRZ	0.0247	0.0259

Metformin HCl - 850 mg - Tablets			**$**	**$ + 5%**
02531909	PRZ-Metformin	PRZ	0.0339	0.0356

Sitagliptin - 25 mg - Tablets			**$**	**$ + 5%**
02512475	ACH-Sitagliptin	ACH	0.8197	0.8607

Sitaglitptin - 50 mg - Tablets			**$**	**$ + 5%**
02512483	ACH-Sitagliptin	ACH	0.8197	0.8607

Sitagliptin - 100 mg - Tablets			**$**	**$ + 5%**
02512491	ACH-Sitagliptin	ACH	0.8197	0.8607

Sunitinib - 12.5 mg - Capsules			**$**	**$ + 5%**
02532840	Sandoz Sunitinib	SDZ	32.5620	** 34.1901

Sunitinib - 25 mg - Capsules			**$**	**$ + 5%**
02532867	Sandoz Sunitinib	SDZ	65.1236	** 68.3798

Sunitinib - 50 mg - Capsules				**$**	**$ + 5%**
02532883	Sandoz Sunitinib	SDZ		130.2475	**136.7599

** 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%)**

02239505	Aldara P	imiquimod	5 %	Cream	63.7676	66.9560
02261839	Sandoz Carbamazepine CR	carbamazepine	200 mg	Extended Release Tablet	0.3845	0.4037
02261847	Sandoz Carbamazepine CR	carbamazepine	400 mg	Extended Release Tablet	0.7689	0.8073
02524058	Taro-Sunitinib	sunitinib	12.5 mg	Capsule	32.5620	** 34.1901
02524066	Taro-Sunitinib	sunitinib	25 mg	Capsule	65.1236	** 68.3798
02524082	Taro-Sunitinib	sunitinib	50 mg	Capsule	130.2475	** 136.7599
02389622	Teva-Tobramycin	tobramycin	60 mg/mL	Inhalation Solution	8.2197	8.6307

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

Product Deletions

(as identified for deletion in Bulletin # 126)

The following products have been deleted.

02341387 02341395 02341409 02341417	pms-Fentanyl MTX	fentanyl	25 mcg 50 mcg 75 mcg 100 mcg	Transdermal Patch
02407515	Taro-Carbamazepine	carbamazepine	200 mg	Tablet

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 128.

02287145	Fosrenol	lanthanum	250 mg	Chewable Tablet
02460521	Kevzara	sarilumab	150 mg/1.14 mL	Prefilled Syringe
02210320	Olestyr	cholestyramine resin	4 G	Powder for Suspension
00890960	Olestyr Light	cholestyramine resin	4 G	Powder for Suspension
02513447	Riabni	rituximab	10 mg/mL	Injection
02337746 02337762 02337770	Apo-Ropinirole	ropinirole	0.25 mg 1 mg 2 mg	Tablet

02231543 02231544	pms-Carbamazepine CR	carbamazepine	200 mg 400 mg	Extended Release Tablet
02443368	Tobramycin	tobramycin	300 mg/5 mL	Inhalation Solution