
BULLETIN # 93

Manitoba Drug Benefits and Interchangeability Formulary Amendments

The following amendments will take effect on
July 19, 2017



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/mdbif> on the effective date of July 19, 2017

Bulletin 93 is currently available for download:

<http://www.gov.mb.ca/health/mdbif/bulletin93.pdf>

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Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
-	Accu-Chek Guide	-	-	Blood Glucose Test Strip	RCH
02423863	ACT-Esomeprazole <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	ACV
02339102	Apo-Esomeprazole <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	APX
02293811 02293838	Apo-Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Tablet	APX
02403366 02403374 02403382	Apo-Rosiglitazone	rosiglitazone	2 mg 4 mg 8 mg	Tablet	APX
02407256 02407264 02407272 02407280	Auro-Atorvastatin	atorvastatin	10 mg 20 mg 40 mg 80 mg	Tablet	AUP
02447878 02447886 02447894	Auro-Irbesartan HCT	irbesartan/HCTZ	150/12.5 mg 300/12.5 mg 300/25 mg	Tablet	AUP
02431173	Esomeprazole <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	SAH
02442507	Esomeprazole <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	SIP
02357682 02357690	Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Tablet	SAH
02433001	Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg	Capsule	PMS
02410389	Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	30 mg	Capsule	SIP
02454017 02454025 02454033 02454041	Mar-Atorvastatin	atorvastatin	10 mg 20 mg 40 mg 80 mg	Tablet	MAR
02432048 02432056 02432064	Mar-Pravastatin	pravastatin	10 mg 20 mg 40 mg	Tablet	MAR
02383047	Mylan-Esomeprazole <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	MYL
02353830 02353849	Mylan-Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Capsule	MYL

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02244522	Nexium <i>(moved from Part 3)</i>	esomeprazole	40 mg	Tablet	AZC
02280515 02280523	Novo-Lansoprazole DR <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Sustained Release Capsule	NOP
02459361	Odan-Fluoxetine	fluoxetine	20 mg/5 mL	Oral Solution	ODN
02379171	pms-Esomeprazole DR <i>(moved from Part 3)</i>	esomeprazole	40 mg	Capsule	PMS
02395258 02433028	pms-Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Sustained Release Capsule	PMS
02165503 02165511	Prevacid <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Sustained Release Capsule	ABB
02402610 02402629	Ran-Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Capsule	RAN
02385643 02385651	Sandoz Lansoprazole <i>(moved from Part 3)</i>	lansoprazole	15 mg 30 mg	Capsule	SDZ
02443791 02443813 02443821	Teva-Atazanavir	atazanavir	150 mg 200 mg 300 mg	Capsule	TEV

Part 2 Additions

02309122 02309130 02309149 02309157	Pramipexole	pramipexole	0.25 mg 0.5 mg 1 mg 1.5 mg	Tablet	SIP
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For the treatment of idiopathic Parkinson's Disease.

Part 3 Additions

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

02458721	Apo-Tryptophan	l-tryptophan	750 mg	Tablet	APX
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As per Tryptan criteria (<http://www.gov.mb.ca/health/mdbif/edsnotice.pdf>).

02430487	Auro-Modafinil	modafinil	100 mg	Tablet	AUP
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As per Alertec criteria (<http://www.gov.mb.ca/health/mdbif/edsnotice.pdf>).

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02438070	Cosentyx (300 mg dose kit only)	secukinumab	150 mg/mL	Injection	NVT
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As per Cosentyx criteria (<http://www.gov.mb.ca/health/mbbif/edsnotice.pdf>).

02436841	Entyvio	vedolizumab	300 mg/vL	Injection	TAK
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For the treatment of patients over 18 years of age with moderately to severely active ulcerative colitis who have had an inadequate response to conventional therapy including 5-aminosalicylate compounds, corticosteroids and immunomodulators and for the treatment of 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 specialist in gastroenterology.

02446928 02446936 02446944	Entresto	sacubitril/valsartan	24.3 mg/25.7 mg 48.6 mg/51.4 mg 97.2 mg/102.8 mg	Tablet	NVT
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For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York heart Association (NYHA) class II or III HF to reduce the incidence of cardiovascular (CV) death and HF hospitalization, if all of the following clinical criteria are met:

- Reduced left ventricular ejection fraction (LVEF) (<40%) AND
- Patient has NYHA class II to III symptoms despite at least four weeks of treatment with a stable dose of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB) AND
- In combination with a beta blocker and other recommended therapies, including an aldosterone antagonist (if tolerable) AND
- Initiation and up-titration should be conducted by a physician experienced with the treatment of heart failure.

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

02449498	Genvoya	cobicistat/emtricitabine/ elvitegravir/tenofovir	150/200/ 150/10 mg	Tablet	GIL
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As a complete regimen for the treatment of HIV-1 infection in adult and pediatric patients 12 years of age and older (and weighing ≥ 35kg) and with no known mutations associated with resistance to the individual components of Genvoya.

02454548 02441489	Grastofil	filgrastim	480 mcg/0.8 mL 300 mcg/0.5 mL	Injection	APX
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For the use in patients with HIV infection for the prevention and treatment of neutropenia to maintain a normal absolute neutrophil count (ANC).

Grastofil will be the preferred filgrastim option for all filgrastim-naïve patients. Preferred means the first filgrastim product to be considered for reimbursement for filgrastim-naïve patients.

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02436027	Holkira Pak	dasabuvir/ombitasvir/ paritaprevir/ritonavir	250/12.5/ 75/50 mg	Tablet	ABV
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In additon to criteria listed in Bulletin #83 -

Other available hepatitis C products for genotype 1, subtype 1a and 1b will be the preferred option for all patients prescribed a hepatitis C product for genotype1 subtype 1a and 1b. Preferred means the first hepatitis C product to be considered for reimbursement for patients with hepatitis C genotype 1, subtype 1a and 1b.

02457369 02457377	Mycophenolate	mycophenolate	250 mg 500 mg	Capsules	SAH
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As per Cellcept criteria (<http://www.gov.mb.ca/health/mdbif/edsnotice.pdf>).

02426633 02426641	Mylan-Duloxetine	duloxetine	30 mg 60 mg	Capsules	MYL
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As per Cymbalta criteria (<http://www.gov.mb.ca/health/mdbif/edsnotice.pdf>).

01968017	Neupogen	filgrastim	0.3 mg/mL	Injection	AGA
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In additon to criteria listed in Bulletin #68 -

Grastofil will be the preferred filgrastim option for all filgrastim-naïve patients. Preferred means the first filgrastim product to be considered for reimbursement for filgrastim-naïve patients.

02444399 02444402	Plegridy	peginterferon beta-1a	125 mcg/0.5 mL 63 mcg/0.5 mL	Injection	BIG
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When prescribed by a neurologist from the Manitoba MS Clinic for the treatment of patients who have relapsing-remitting MS.

02283395 02283409 02283417	Somatuline Autogel	lanreotide	60 mg/0.3 mL 90 mg/0.3 mL 120 mg/0.5 mL	Injection	IPL
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For the treatment of acromegaly.

New Interchangeable Categories

Atazanavir - 150 mg - Capsules					\$
	02248610	Reyataz	SQU		12.5546
	02443791	Teva-Atazanavir	TEV		8.5156

Atazanavir - 200 mg - Capsules					\$
	02248611	Reyataz	SQU		12.6277
	02443813	Teva-Atazanavir	TEV		8.5655

Atazanavir - 300 mg - Capsules					\$
	02294176	Reyataz	SQU		24.6763
	02443821	Teva-Atazanavir	TEV		19.0681

Cabergoline - 0.5 mg - Tablets				\$
02242471	Dostinex	PAL		19.3275
02455897	Apo-Cabergoline	APX		12.3941

Fluoxetine - 20 mg/5 mL - Oral Solution				\$ per mL
02231328	Fluoxetine	AAA		0.6445
02459361	Odan-Fluoxetine	ODN		0.3084

L-Tryptophan - 750 mg - Tablet				\$
02239327	Typtan	ICN		1.2798
02458721	Apo-Tryptophan	APX		0.9889

Rosiglitazone - 2 mg - Tablet				\$
02241112	Avandia	GSK		1.5364
02403366	Apo-Rosiglitazone	APX		1.0316

Rosiglitazone - 4 mg - Tablet				\$
02241113	Avandia	GSK		2.4134
02403374	Apo-Rosiglitazone	APX		1.6188

Rosiglitazone - 8 mg - Tablet				\$
02241114	Avandia	GSK		3.4513
02403382	Apo-Rosiglitazone	APX		2.3150

New Interchangeable Products

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

Atorvastatin - 10 mg - Tablet				\$
02407256	Auro-Atorvastatin	AUP		0.2615
02454017	Mar-Atorvastatin	MAR		0.2615

Atorvastatin - 20 mg - Tablet				\$
02407264	Auro-Atorvastatin	AUP		0.3268
02454025	Mar-Atorvastatin	MAR		0.3268

Atorvastatin - 40 mg - Tablet				\$
02407272	Auro-Atorvastatin	AUP		0.3513
02454033	Mar-Atorvastatin	MAR		0.3513

Atorvastatin - 80 mg - Tablet				\$
02407280	Auro-Atorvastatin	AUP		0.3513
02454041	Mar-Atorvastatin	MAR		0.3513

Duloxetine - 30 mg - Capsules				\$
02426633	Mylan-Duloxetine	MYL		0.4814

Duloxetine - 60 mg - Capsules				\$
02426641	Mylan-Duloxetine	MYL		0.9769

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Irbesartan/HCTZ - 150 mg/12.5 mg - Tablet				\$
02447878	Auro-Irbesartan HCT	AUP		0.3024
Irbesartan/HCTZ - 300 mg/12.5 mg - Tablet				\$
02447886	Auro-Irbesartan HCT	AUP		0.3024
Irbesartan/HCTZ - 300 mg/25 mg - Tablet				\$
02447894	Auro-Irbesartan HCT	AUP		0.3024
Modafinil - 100 mg - Tablet				\$
02430487	Auro-Modafinil	AUP		**0.3427
Mycophenolate - 250 mg - Capsule				\$
02457369	Mycophenolate	SAH		0.5155
Mycophenolate - 500 mg - Capsule				\$
02457377	Mycophenolate	SAH		1.0310
Oxycodone - 5 mg - Tablet				\$
00789739	Supeudol	SDZ		0.1776
Oxycodone - 10 mg - Tablet				\$
00443948	Supeudol	SDZ		0.2760
Pramipexole - 0.25 mg - Tablet				\$
02309122	Pramipexole	SIP		0.2709
Pramipexole - 0.5 mg - Tablet				\$
02309130	Pramipexole	SIP		0.5257
Pramipexole - 1 mg - Tablet				\$
02309149	Pramipexole	SIP		0.5418
Pramipexole - 1.5 mg - Tablet				\$
02309157	Pramipexole	SIP		0.5581
Pravastatin - 10 mg - Tablet				\$
02432048	Mar-Pravastatin	MAR		0.4050
Pravastatin - 20 mg - Tablet				\$
02432056	Mar-Pravastatin	MAR		0.4777
Pravastatin - 40 mg - Tablet				\$
02432064	Mar-Pravastatin	MAR		0.5755

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

Product Deletions

The following products have been deleted.

02239146	Actonel	risedronate	30 mg	Tablets
02102978	Bentylol	dicyclomine	2 mg/mL	Syrup
02391619	Jamp-Dicyclomine	dicyclomine	10 mg	Tablet
80047562	Jamp-Sodium Phosphate	sodium phosphate	500 mg	Tablet
02361418	Mylan-Anastrozole	anastrozole	1 mg	Tablet
02374897	Mylan-Candesartan HCTZ	candesartan/HCTZ	16/12.5 mg	Tablet
02356058	Mylan-Finasteride	finasteride	5 mg	Tablet
02319225 02319233	Mylan-Leflunomide	leflunomide	10 mg 20 mg	Tablet
02230476 02185407	Mylan-Gemfibrozil	gemfibrozil	600 mg 300 mg	Tablet Capsule
02244563	Mylan-Nabumetone	nabumetone	500 mg	Tablet
02088428 02089858	Mylan-Tamoxifen	tamoxifen	10 mg 20 mg	Tablets
02298570	Mylan-Tamsulosin	tamsulosin	0.4 mg	Capsule
02244462 02244463 02244464 02287498 02244465 02244466 02244467	Mylan-Warfarin	warfarin	1 mg 2 mg 2.5 mg 3 mg 4 mg 5 mg 10 mg	Tablets
01926675 01926667	Piportil L4	pipotiazine	50 mg/mL 25 mg/mL	Injection
02231542 02231540	pms-Carbamazepine	carbamazepine	100 mg 200 mg	Chewable Tablets
02177595	pms-Fluoxetine	fluoxetine	20 mg/5 mL	Liquid
02266717 02266725 02266733	Reminyl ER	galantamine	8 mg 16 mg 24 mg	Capsules
01926578	Sectral	acebutolol	400 mg	Tablets

Category Deletions

- Buprenorphine/Naloxone - 2 mg/0.5 mg
- Buprenorphine/Naloxone - 8 mg/2 mg
- Dicyclomine - 10 mg - Tablets
- Ethinyl Estradiol/Drospirenone - 3 mg/0.03 mg (21)
- Ethinyl Estradiol/Drospirenone - 3 mg/0.03 mg (28)

Interchangeable Product Price Changes

The following changes in prices have occurred:

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02301334	Brimonidine P	brimonidine	0.15%	Ophthalmic Solution	2.0614
02455609	Cholestyramine-Odan Light	cholestyramine	4G/Dose	Powder	**0.1452
02225190	Estrace	estradiol	0.5 mg	Tablet	0.1741
02148587	Estrace	estradiol	1 mg	Tablet	0.3359
02148595	Estrace	estradiol	2 mg	Tablet	0.5929
02246084	Ipravent	ipratropium bromide	0.06%	Nasal Spray	1.6874
02245821	Ketorolac	ketorolac	0.5%	Ophthalmic Solution	2.9396
02014203	MS. IR	morphine	5 mg	Tablet	0.1210
02014211	MS. IR	morphine	10 mg	Tablet	0.1870
02258358	Mylan-Clindamycin	clindamycin	300 mg	Tablet	0.4872
02210363	Mylan-Verapamil	verapamil	240 mg	Tablet	0.5714
02459361	Odan-Fluoxetine	fluoxetine	20 mg/mL	Oral Liquid	0.3084
02210320	Olestyr	cholestyramine	4G/Dose	Powder	0.2717
02245664	Trimebutine	trimebutine	200 mg	Tablet	**0.6091

Discontinued Products

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

02445824 02445832	Indapamide	indapamide	1.25 mg 2.5 mg	Tablet
02313979 02313987	Mylan-Levofloxacin	levofloxacin	250 mg 500 mg	Tablet
02302055 02174545 02174553	Mylan-Metoprolol	metoprolol	25 mg 50 mg 100 mg	Tablet
02376350 02376369 02376377 02376385	Mylan-Pramipexole	pramipexole	0.25 mg 0.5 mg 1 mg 1.5 mg	Tablet
02307804 02307812 02307839 02307847	Mylan-Quetiapine	quetiapine	25 mg 100 mg 200 mg 300 mg	Tablet
02301148 02301156 02301164	Mylan-Ramipril	ramipril	1.25 mg 2.5 mg 5 mg	Capsule
02207761 02207788	Mylan-Ranitidine	ranitidine	150 mg 300 mg	Tablet
02373564 02373572	Mylan-Telmisartan HCTZ	telmisartan/HCTZ	80/12.5 mg 80/25 mg	Tablet
02373734 02373742 02373750 02373769 02373777	Mylan-Valsartan HCTZ	valsartan HCTZ	80/12.5 mg 160/12.5 mg 160/25 mg 320/12.5 mg 320/25 mg	Tablet