
BULLETIN # 98

Manitoba Drug Benefits and Interchangeability Formulary Amendments

The following amendments will take effect on
April 19, 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/mdbif> on the effective date of April, 2018

Bulletin 98 is currently available for download:

<http://www.gov.mb.ca/health/mdbif/bulletin98.pdf>

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Manitoba will be expanding Hepatitis C medication coverage criteria effective April 19, 2018. Adults with Hepatitis C regardless of fibrosis level or co-morbidities will now be covered if they meet the following criteria:

- Treatment is prescribed by a hepatologist, gastroenterologist or an infectious disease specialist AND
- Laboratory confirmed hepatitis C genotype 1, 2, 3, 4, 5, 6 or mixed genotype; AND
- Patient has a quantitative HCV RNA value within the last 6 months

Complete Hepatitis C medication coverage criteria may be obtained from the EDS office at Manitoba Health.

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02434652 02434660	ACH-Escitalopram	escitalopram	10 mg 20 mg	Tablets	ACH
02453908 02453916	ACT-Buprenorphine/ Naloxone	buprenorphine/ naloxone	2 mg/0.5 mg 8 mg/2 mg	Tablets	TEV
02420155 02420163	ACT Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	TEV
02441934 02441942 02441950 02441969	ACT-Methylphenidate ER	methylphenidate	18 mg 27 mg 36 mg 54 mg	Extended Release Tablets	TEV
02422239 02422247	ACT-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	TEV
02418932 02418940	Apo-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	APX
02247937	Apo-Hydroxyurea	hydroxyurea	500 mg	Capsules	APX
02446375 02446383	Auro-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	AUP
02369680 02369699	Apo-Tolterodine <i>(moved from Part 3)</i>	tolterodine	1 mg 2 mg	Tablets	APX
02426382 02426390	Bio-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	BMP
02458799	CCP-Anastrozole	anastrozole	1 mg	Tablets	CCP
02459884	CCP-Letrozole	letrozole	2.5 mg	Tablets	CCP
02239941 02239942	Celebrex <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	PFI
02429675 02429683	Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	SIP
02436299 02436302	Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	SAH
02445670 02445689	Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	AUP
02239064 02239065	Detrol <i>(moved from Part 3)</i>	tolterodine	1 mg 2 mg	Tablets	PFI
02244612 02244613	Detrol LA <i>(moved from Part 3)</i>	tolterodine	2 mg 4 mg	Extended Release Capsules	PFI

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02243960 02243961	Ditropan XL <i>(moved from Part 3)</i>	oxybutynin	5 mg 10 mg	Tablets	JAN
02291975 02291983	GD-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	GEM
02424533 02424541	Jamp-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	JPC
80057178	Jamp-Hydrocortisone	hydrocortisone	1%	Cream	JPC
02454319	Jamp-Risperidone	risperidone	1 mg/mL	Oral Solution	JPC
02424339 02424347	Jamp-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	JPC
02420058 02420066	Mar-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	MAR
02428911 02428938	Med-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	GMP
02412497 02412500	Mint-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	MPH
02423804 02423812 02424185 02424207	Mint-Pregabalin	pregabalin	25 mg 50 mg 75 mg 150 mg	Capsules	MPH
02443171 02443198	Mint-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	MPH
02423308 02423316	Mint-Tolterodine <i>(moved from Part 3)</i>	tolterodine	1 mg 2 mg	Tablets	MPH
02423278 02399881	Mylan-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	MYL
02457172 02457164	Mylan-Propafenone	propafenone	150 mg 300 mg	Tablets	MYL
02404184 02404192	Mylan-Tolterodine ER <i>(moved from Part 3)</i>	tolterodine	2 mg 4 mg	Extended Release Capsules	MYL
02469979 02469987 02469995 02470004 02470012	pharma-Simvastatin	simvastatin	5 mg 10 mg 20 mg 40 mg 80 mg	Tablets	PMS
02355442 02355450	pms-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	PMS
02417723 02417731	pms-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	PMS

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02403692 02403706 02403714 02403722 02403730	Pregabalin	pregabalin	25 mg 50 mg 75 mg 150 mg 300 mg	Capsules	SIP
02412373 02412381	Ran-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	RAN
02392801 02392828 02392836 02392844 02392860	Ran-Pregabalin	pregabalin	25 mg 50 mg 75 mg 150 mg 300 mg	Capsules	RBX
02437988 02437996	Ran-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	RAN
02321246 02321254	Sandoz Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	SDZ
02399032 02399040	Sandoz Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	SDZ
02413140 02413159	Sandoz Tolterodine LA <i>(moved from Part 3)</i>	tolterodine	2 mg 4 mg	Extended Release Capsules	SDZ
02442639 02442647	SDZ Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	SDZ
02469626 02469634 02469642	Sertraline	sertraline	25 mg 50 mg 100 mg	Capsules	JPC
02448335 02448343	Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	MDA
02458241 02458268	Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	SAH
02288915 02288923	Teva-Celecoxib <i>(moved from Part 3)</i>	celecoxib	100 mg 200 mg	Capsules	TEV
02397900 02397919	Teva-Solifenacin <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	TEV
02299593 02299607	Teva-Tolterodine <i>(moved from Part 3)</i>	tolterodine	1 mg 2 mg	Tablets	TEV
02412195 02412209	Teva-Tolterodine LA <i>(moved from Part 3)</i>	tolterodine	2 mg 4 mg	Extended Release Capsules	TEV
02380021 02380048	Toviaz	fesoterodine	4 mg 8 mg	Tablets	PFI
02277263 02277271	Vesicare <i>(moved from Part 3)</i>	solifenacin	5 mg 10 mg	Tablets	ASP

Part 2 Additions

02301881	Isentress <i>(moved from Part 3)</i>	raltegravir	400 mg	Tablet	MFX
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For patients requiring post-exposure prophylaxis (PEP) to prevent infection subsequent to exposure to human blood and body fluids that may transmit human immunodeficiency virus (HIV), up to a maximum of 28 days.

02465086 02465094	Jamp-Rizatriptan ODT	rizatriptan	5 mg 10 mg	Tablet	JPC
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For the treatment of ACUTE migraine attacks in patients where standard therapy has failed.

02459647	Omnitrope <i>(Line Extension)</i>	somatropin	15 mg/1.5 mL	Injection	SDZ
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For the long term management of children who have growth failure due to inadequate secretion of normal endogenous growth hormone.

02383381	Sandoz Moxifloxacin	moxifloxacin	400 mg	Tablet	SDZ
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- (a) Step-down care following hospital separation in patients treated with parenteral antibiotics
- (b) Treatment of resistant gram-positive or gram-negative infections;
- (c) Treatment of infections in persons allergic to alternative agents (eg. penicillins, cephalosporins and sulfonamides);
- (d) Treatment of infections in patients failing or likely to fail or intolerant of penicillins, cephalosporins and/or macrolides.

02274906	Truvada <i>(moved from Part 3)</i>	emtricitabine/tenofovir	200/300 mg	Tablet	GIL
02452006	Apo-Emtricitabine/Tenofovir <i>(moved from Part 3)</i>	emtricitabine/tenofovir	200/300 mg	Tablet	APX
02443902	Mylan-Emtricitabine/Tenofovir <i>(moved from Part 3)</i>	emtricitabine/tenofovir	200/300 mg	Tablet	MYL
02399059	Teva-Emtricitabine/Tenofovir <i>(moved from Part 3)</i>	emtricitabine/tenofovir	200/300 mg	Tablet	TEV

For patients requiring post-exposure prophylaxis (PEP) to prevent infection subsequent to exposure to human blood and body fluids that may transmit human immunodeficiency virus (HIV), up to a maximum of 28 days.

Part 3 Additions

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

02465574	Cimzia (Line Extension)	certolizumab	200 mg/mL	Autoinjector	UCB
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For the treatment of Rheumatoid Arthritis, Psoriatic Arthritis and Ankylosing Spondylitis.

02438070	Cosentyx (New Indications)	secukinumab	150 mg/mL	Syringe	NVT
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Psoriatic Arthritis (PsA): For the 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 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.

Ankylosing Spondylitis (AS): For the treatment of patients with active ankylosing spondylitis who have failed to respond to an adequate trial of at least 3 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.

02462869 02462877 02462850	Erelzi	etanercept	50 mg/mL 25 mg/0.5 mL 50 mg/mL	Pre-Filled Syringe Autoinjector	SDZ
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Rheumatoid Arthritis: For 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 DMARD's 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.

Erelzi or Brenzys will be the preferred etanercept options for all etanercept-naive patients prescribed an etanercept product for Rheumatoid Arthritis. Patients will not be permitted to switch from Erelzi to another etanercept product or vice versa, if 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 nonsteroidal 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.

Erelzi or Brenzys will be the preferred etanercept options for all etanercept-naive patients prescribed an etanercept product for Ankylosing Spondylitis. Patients will not be permitted to switch from Erelzi

to another etanercept product or vice versa, if previously trialed and deemed unresponsive to therapy.

Polyarticular Juvenile Idiopathic Arthritis: For the treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 4 years of age or older who are intolerant to or have inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs).

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

Patients will not be permitted to switch from Erelzi to another etanercept product or vice versa, if previously trialed and deemed unresponsive to therapy.

02464489 02464500	Esbriet (Line Extension)	perfenidone	267 mg 801 mg	Tablet	HLR
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For the treatment of adult patients who have a diagnosis of mild to moderate idiopathic pulmonary fibrosis (IPF) confirmed by a respirologist.
Complete criteria may be obtained from the EDS office at Manitoba Health.

02460661	Glatect	glatiramer acetate	20 mg	Pre-Filled Syringe	PMS
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For the treatment of patients who have relapsing-remitting multiple sclerosis (RRMS) when prescribed by a neurologist from the Manitoba MS Clinic.

Glatect will be the preferred glatiramer acetate option for all glatiramer acetate-naïve patients prescribed a glatiramer acetate product for relapsing-remitting multiple sclerosis (RRMS).

Patients will not be permitted to switch from Glatect to another glatiramer acetate product or vice versa, if previously trialed and deemed unresponsive to therapy.

02453150 02453169 02453177	Ibrance	palbociclib	75 mg 100 mg 125 mg	Capsule	PFI
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In combination with letrozole, for the treatment of post-menopausal women with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have a good performance status and not be resistant to prior (neo) adjuvant aromatase inhibitor therapy, nor have active or uncontrolled metastases to the central nervous system.

02455943 02455986 02455994 02456001	Invega Trinza (Line Extension)	paliperidone	175 mg/0.875 mL 263 mg/1.315 mL 350 mg/1.75 mL 525 mg/2.625 mL	Pre-Filled Syringe	JAN
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For patients with schizophrenia:

- (a) With a history of non-adherence, as evidenced by outcomes such as repeated hospitalizations, or
- (b) Who have tried one or more antipsychotic agents, and who continue to be inadequately controlled, or are experiencing significant side effects such as EPS.

NOTE: To be used only after Invega Sustenna has been established as adequate treatment for at least four months.

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02451883	Naltrexone	naltrexone	50 mg	Tablet	JPC
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Criteria may be obtained from the EDS office at Manitoba Health.

02449781	Nucala	mepolizumab	144 mg/vL	Injection	GSK
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For add-on maintenance treatment of adult patients with severe eosinophilic asthma who are inadequately controlled with high-dose inhaled corticosteroids (ICS) and one or more additional asthma controller(s) (e.g., a long-acting beta-agonist [LABA]), and have a blood eosinophil count of ≥ 150 cells/mcL at initiation of treatment with mepolizumab or ≥ 300 cells/mcL in the past 12 months, if one of the following clinical criteria are met:

Clinical Criteria:

1. Patients who have experienced two or more clinically significant asthma exacerbations in the past 12 months and who show reversibility (at least 12% and 200 mL) on pulmonary function tests (i.e., spirometry)
2. Are treated with daily oral corticosteroids (OCS).

Requests for coverage must be made by a specialist in allergy or respirology.

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

02436663	Pheburane	sodium phenylbutyrate	483 mg/g	Oral Granules	MEK
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For the chronic management of urea cycle disorders (UCDs). Complete criteria may be obtained from the EDS office at Manitoba Health.

Request for coverage must be made by a specialist with expertise in the treatment of patients with UCD.

02453304	Ravicti	glycerol phenylbutyrate	1.1 g/mL	Liquid	HTC
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For the chronic management of urea cycle disorders (UCDs). Complete criteria may be obtained from the EDS office at Manitoba Health.

Request for coverage must be made by a specialist with expertise in the treatment of patients with UCD.

02455102 02455110	Taltz	ixekizumab	80 mg/mL 80 mg/mL	Autoinjector Pre-filled Syringe	LIL
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Psoriasis: For treatment of adult patients with severe plaque psoriasis presently with one or more of the following:

- Psoriasis Area and the Severity Index (PASI) ≥ 10
- Body Surface Area (BSA) $> 10\%$
- Significant involvement of the face, hands feet or genital region
- Dermatology Life Quality Index (DLQI) > 10 AND
- Failure to respond to, contraindications to, intolerant of or unable to access methotrexate, cyclosporine and/or phototherapy.

Coverage will be approved initially for a maximum of 3 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:

- $\geq 50\%$ reduction in the PASI score with ≥ 5 point improvement in the DLQI
- $\geq 75\%$ reduction in the PASI score

- ≥ 50% 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.

02451158	Uptravi	selexipag	200 mcg	Tablet	ACT
02451166			400 mcg		
02451174			600 mcg		
02451182			800 mcg		
02451190			1000 mcg		
02451204			1200 mcg		
02451212			1400 mcg		
02451220			1600 mcg		

For the long-term treatment of idiopathic pulmonary arterial hypertension (PAH), heritable PAH, PAH associated with connective tissue disorders, and PAH associated with congenital heart disease, in adult patients with World Health Organization (WHO) functional class (FC) II to III to delay disease progression, if there is inadequate control with a first and second-line PAH therapy.

Requests for coverage must be made by a PAH specialist only.

NOTE: Combination therapy with prostacyclin or prostacyclin analogs therapies will NOT be covered.

New Interchangeable Categories

Acetaminophen Compound with Codeine - 30 mg - Tablets					\$
02163926	Tylenol with Codeine No. 3	JAN		0.1369	
00293512	Atasol-30	CDC		0.1458	
00653276	ratio-Lenoltec	TEV		0.0798	

Buprenorphine/Naloxone - 2 mg/0.5 mg - Tablets					\$
02295695	Suboxone	RBP		2.9372	
02453908	ACT-Buprenorphine/ Naloxone	TEV		0.6675	
02424851	pms-Buprenorphine/ Naloxone	PMS		0.6675	

Buprenorphine/Naloxone - 8 mg/2 mg - Tablets					\$
02295709	Suboxone	RBP		5.2043	
02453916	ACT-Buprenorphine/ Naloxone	TEV		1.1825	
02424878	pms-Buprenorphine/ Naloxone	PMS		1.1825	

New Interchangeable Products

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

Anastrozole - 1 mg - Tablet					\$
02458799	CCP-Anastrozole	CCP		0.9522	

Escitalopram - 10 mg - Tablet					\$
	02434652	ACH-Escitalopram	ACH		0.3109
Escitalopram - 20 mg - Tablet					\$
	02434660	ACH-Escitalopram	ACH		0.3310
Hydroxyurea - 500 mg - Capsules					\$
	02247937	Apo-Hydroxyurea	APX		1.0203
Letrozole - 2.5 mg - Tablet					\$
	02459884	CCP-Letrozole	CCP		1.3780
Methylphenidate - 18 mg - Extended Release Tablets					\$
	02441934	ACT-Methylphenidate ER	TEV		0.5246
Methylphenidate - 27 mg - Extended Release Tablets					\$
	02441942	ACT-Methylphenidate ER	TEV		0.6055
Methylphenidate - 36 mg - Extended Release Tablets					\$
	02441950	ACT-Methylphenidate ER	TEV		0.6863
Methylphenidate - 54 mg - Extended Release Tablets					\$
	02441969	ACT-Methylphenidate ER	TEV		0.8479
Moxifloxacin - 400 mg - Tablets					\$
	02383381	Sandoz Moxifloxacin	SDZ		1.5230
Naltrexone - 50 mg - Tablets					\$
	02451883	Naltrexone Hydrochloride	JPC		**2.8075
Pregabalin - 25 mg - Capsules					\$
	02423804	Mint-Pregabalin	MPH		0.1481
	02403692	Pregabalin	SIP		0.1481
	02392801	Ran-Pregabalin	RBX		0.1481
Pregabalin - 50 mg - Capsules					\$
	02423812	Mint-Pregabalin	MPH		0.2324
	02403706	Pregabalin	SIP		0.2324
	02392828	Ran-Pregabalin	RBX		0.2324
Pregabalin - 75 mg - Capsules					\$
	02424185	Mint-Pregabalin	MPH		0.3007
	02403714	Pregabalin	SIP		0.3007
	02392836	Ran-Pregabalin	RBX		0.3007
Pregabalin - 150 mg - Capsules					\$
	02424207	Mint-Pregabalin	MPH		0.4145
	02403722	Pregabalin	SIP		0.4145
	02392844	Ran-Pregabalin	RBX		0.4145

Pregabalin - 300 mg - Capsules					\$
	02403730	Pregabalin	SIP		0.4145
	02392860	Ran-Pregabalin	RBX		0.4145
Rizatriptan - 5 mg - Orally Disintegrating Tablet					\$
	02465086	Jamp-Rizatriptan ODT	JPC		3.7050
Rizatriptan - 10 mg - Orally Disintegrating Tablet					\$
	02465094	Jamp-Rizatriptan ODT	JPC		3.7050
Sertraline - 25 mg - Capsule					\$
	02469626	Sertraline	JPC		0.1516
Sertraline - 50 mg - Capsule					\$
	02469634	Sertraline	JPC		0.3032
Sertraline - 100 mg - Capsule					\$
	02469642	Sertraline	JPC		0.3303
Simvastatin - 5 mg - Tablets					\$
	02469979	pharma-Simvastatin	PMS		0.1023
Simvastatin - 10 mg - Tablets					\$
	02469987	pharma-Simvastatin	PMS		0.2023
Simvastatin - 20 mg - Tablets					\$
	02469995	pharma-Simvastatin	PMS		0.2501
Simvastatin - 40 mg - Tablets					\$
	02470004	pharma-Simvastatin	PMS		0.2501
Simvastatin - 80 mg - Tablets					\$
	02470012	pharma-Simvastatin	PMS		0.2501

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

Product Deletions

The following products have been deleted.

02103087	Bentylol	dicyclomine	10 mg	Tablet
02388693	Candesartan	candesartan	4 mg	Tablet
00443840	Depakene	valproic acid	250 mg	Capsule
00010332	Entrophen	acetylsalicylic acid	325 mg	Tablet
02288346	GD-Atorvastatin	atorvastatin	10 mg	Tablet
02288354	GD-Atorvastatin	atorvastatin	20 mg	Tablet
02288362	GD-Atorvastatin	atorvastatin	40 mg	Tablet

02288370	GD-Atorvastatin	atorvastatin	80 mg	Tablet
00818666	Hytrin	terazosin	5 mg	Tablet
00818658	Hytrin	terazosin	1 mg	Tablet
00818682	Hytrin	terazosin	2 mg	Tablet
00818674	Hytrin	terazosin	10 mg	Tablet
02366088	Jamp-Dicyclomine	dicyclomine	20 mg	Tablet
02413213	Ocphyl	octreotide	500 mcg/mL	Injection
02385740	Pantoprazole	pantoprazole	20 mg	Tablet
02385759	Pantoprazole	pantoprazole	40 mg	Tablet
02280442	pms-Cilazapril	cilazapril	1 mg	Tablet
02280450	pms-Cilazapril	cilazapril	2.5 mg	Tablet
02280469	pms-Cilazapril	cilazapril	5 mg	Tablet
02244527	pms-Doxazosin	doxazosin	1 mg	Tablet
02244528	pms-Doxazosin	doxazosin	2 mg	Tablet
02244529	pms-Doxazosin	doxazosin	4 mg	Tablet

Category Deletions

- Acetylsalicylic Acid - 325 mg - Tablets
- Clobazam - 10 mg - Tablets
- Dicyclomine - 20 mg - Tablets
- Doxylamine/Pyridoxine - 10 mg/10 mg - Tablets
- Propafenone - 150 mg - Tablets
- Propafenone - 300 mg - Tablets
- Octreotide - 500 mcg/mL - Injection
- Zolmitriptan ODT - 2.5 mg - Tablets

Interchangeable Product Price Changes

The following changes in prices have occurred:

(\$)

02248728	Apo-Alendronate	alendronate	10 mg	Tablet	0.4987
00885444	pms-Hydromorphone	hydromorphone	1 mg	Tablet	0.0950
00885436	pms-Hydromorphone	hydromorphone	2 mg	Tablet	0.1416
01916386	pms-Hydromorphone	hydromorphone	1 mg/mL	Injection	**0.0825
02239627	pms-Ipratropium	ipratropium	0.03%	Nasal Spray	**0.9317
02230768	pms-Valproic Acid	valproic acid	250 mg	Capsule	**0.3196

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02383497	Mylan-Bosentan	bosentan	62.5 mg	Tablet	16.0447
02383500	Mylan-Bosentan	bosentan	125 mg	Tablet	16.0447
02246967	Sandoz Estradiol Derm	estradiol	50 mcg	Patch	**2.5331
02246968	Sandoz Estradiol Derm	estradiol	75 mcg	Patch	**2.7169
02246969	Sandoz Estradiol Derm	estradiol	100 mcg	Patch	**2.8744
02231800	Sandoz Indomethacin	indomethacin	100 mg	Suppository	**0.9366
02242275	Sandoz Timolol	timolol	0.25%	Ophthalmic Gel	**3.3768

Discontinued Products

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

00369810	Tegretol Chew Tabs	carbamazepine	100 mg	Tablet
02237886	Mylan-Acebutolol	acebutolol	200 mg	Tablet
02229813	Mylan-Alprazolam	alprazolam	1 mg	Tablet
02384418	Mylan-Bisoprolol	bisoprolol	5 mg	Tablet
02384426	Mylan-Bisoprolol	bisoprolol	10 mg	Tablet
02347571	Mylan-Carvedilol	carvedilol	25 mg	Tablet
02227460	Mylan-Cimetidine	cimetidine	600 mg	Tablet
02227452	Mylan-Cimetidine	cimetidine	400 mg	Tablet
02227479	Mylan-Cimetidine	cimetidine	800 mg	Tablet
02248856	Mylan-Clarithromycin	clarithromycin	250 mg	Tablet
02248857	Mylan-Clarithromycin	clarithromycin	500 mg	Tablet
02240210	Mylan-Fenofibrate Micro	fenofibrate	200 mg	Capsule
02262401	Mylan-Fosinopril	fosinopril	10 mg	Tablet
02262428	Mylan-Fosinopril	fosinopril	20 mg	Tablet
02248259	Mylan-Gabapentin	gabapentin	100 mg	Capsule
02248260	Mylan-Gabapentin	gabapentin	300 mg	Capsule
02397471	Mylan-Gabapentin	gabapentin	600 mg	Tablet
02347326	Mylan Irbesartan	irbesartan	300 mg	Tablet
02274833	Mylan-Lisinopril	lisinopril	5 mg	Tablet
02274841	Mylan-Lisinopril	lisinopril	10 mg	Tablet
02243127	Mylan-Lovastatin	lovastatin	40 mg	Tablet
02380749	Mylan-Montelukast	montelukast	4 mg	Tablet
02382709	Mylan-Olanzapine ODT	olanzapine	5 mg	Tablet
02382717	Mylan-Olanzapine ODT	olanzapine	10 mg	Tablet
02382725	Mylan-Olanzapine ODT	olanzapine	15 mg	Tablet

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02257092	Mylan-Pravastatin	pravastatin	10 mg	Tablet
02257114	Mylan-Pravastatin	pravastatin	40 mg	Tablet
02257106	Mylan-Pravastatin	pravastatin	20 mg	Tablet
02408406	Mylan-Rabeprazole	rabeprazole	20 mg	Tablet
02282267	Mylan-Risperisone	risperidone	1 mg	Tablet
02282275	Mylan-Risperisone	risperidone	2 mg	Tablet
02282283	Mylan-Risperisone	risperidone	3 mg	Tablet
02282291	Mylan-Risperisone	risperidone	4 mg	Tablet
02231036	Mylan-Selegiline	selegiline	5 mg	Tablet