
BULLETIN # 136

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on

December 19, 2024 and March 19, 2025

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

December 19, 2024 and March 19, 2025

Bulletin 136 is currently available for download:

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin136.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 + Allowable Markup) & LOWEST GENERIC PRICE (List Price + Allowable Markup).

Information on allowable markup can be found here:

https://www.gov.mb.ca/health/pharmacare/profdocs/csp_pdcrc.pdf

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The following changes will take effect on December 19, 2024

Drugs Provided at No Cost - Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02522802	Slynd	drospirenone	4 mg	Tablet	DUI

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02544792	Jamp Cefadroxil	cefadroxil	500 mg	Capsule	JPC
02542587	Jamp Ipratropium HFA	ipratropium bromide	20 mcg/Dose	Metered Dose Inhaler	JPC
02541912	Jamp Letrozole Tablets	letrozole	2.5 mg	Tablet	JPC
02546086 02546094 02546108 02546116	M-Diltiazem CD	diltiazem hydrochloride	120 mg 180 mg 240 mg 300 mg	Controlled Delivery Capsule	MNP
02546434 02546442 02546450 02546469 02546477	M-Diltiazem T	diltiazem hydrochloride	120 mg 180 mg 240 mg 300 mg 360 mg	Extended Release Capsule	MNP
02545012	Mezera	mesalazine	1 g	Delayed-release Tablet	AVP
02524090	Mint-Ondansetron Solution	ondansetron	4 mg/5 mL	Oral Solution	MPH
02544032 02544024	NRA-Ursodiol	ursodiol	250 mg 500 mg	Tablet	NRA
02544245 02544253	Sandoz Bisoprolol Tablets	bisoprolol fumarate	1.25 mg 2.5 mg	Tablet	SDZ
02546264	Sandoz Lisdexamfetamine Capsules	lisdexamfetamine dimesylate	30 mg	Capsule	SDZ
02541572 02541580	Teva-Mirtazapine	mirtazapine	15 mg 45 mg	Tablet	TEV

* Abbreviation of Manufacturers' Name

Part 2 Additions

02539411 02539438 02539446	Jamp Amoxi Clav Suspension	amoxicillin/clavulanic acid	200/28.5 mg/ 5 mL 250/62.5 mg/ 5 mL 400/57 mg/ 5 mL	Oral Suspension	JPC
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(a) For the treatment of patients not responding to alternative antibiotics (eg. amoxicillin);

(b) For the treatment of patients with infections caused by organisms known to be resistant to alternative antibiotics (eg. Amoxicillin).

02526794 02526808 02526816	Vraylar	cariprazine	1.5 mg 3 mg 4.5 mg	Capsule	ABV
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For the treatment of schizophrenia.

Exception Drug Status Additions

02538679 02538687 02538695 02538709 02538717	Apo-Brivaracetam	brivaracetam	10 mg 25 mg 50 mg 75 mg 100 mg	Tablet	APX
02539292 02539306	Auro-Brivaracetam	brivaracetam	50 mg 100 mg	Tablet	AUP

For use as an adjunctive therapy in patients in the management of refractory partial-onset seizures (POS) in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy and who meet all of the following criteria:

- are under the care of a physician experienced in the treatment of epilepsy,
- are currently receiving two or more antiepileptic drugs, and
- in whom all other antiepileptic drugs are ineffective or not appropriate

02480824 02480832 02480840	Cabometyx (new indication)	cabozantinib	20 mg 40 mg 60 mg	Tablet	IPL
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Advanced or Metastatic Renal Cell Carcinoma (RCC)

Cabozantinib in combination with nivolumab for the treatment of adult patients with advanced (not amendable to curative surgery or radiation therapy) or metastatic renal cell carcinoma (RCC) who have had no prior systemic therapy for metastatic disease.

02532549 02532557 02532565 02532573	Camzyos	mavacamten	2.5 mg 5 mg 10 mg 15 mg	Capsule	BMS
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For the treatment of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) of New York Heart Association (NYHA) Class II-III in adult patients if all the following criteria are met:

- Documented left ventricular ejection fraction (LVEF) greater than or equal to 55% at rest determined by echocardiography; **AND**
- Left ventricular (LV) wall thickness greater than or equal to 15 mm (or greater than or equal to 13 mm with a family history of hypertrophic cardiomyopathy [HCM]); **AND**
- Left ventricular outflow tract (LVOT) peak gradient greater than or equal to 50 mm Hg at rest, after Valsalva maneuver, or postexercise, as confirmed by echocardiography; **AND**
- Receiving beta-blocker or calcium channel blocker therapy and experiencing clinical deterioration in symptoms or echocardiography while receiving either of these treatments.
- Patient is under the care of a cardiologist.

Initial approval: 12 weeks

Discontinuation Criteria:

Mavacamten coverage will be discontinued if either of the following occur:

- The patient has a LVEF less than or equal to 30%; **OR**
- The patient receives septal reduction therapy (SRT).

Renewal approval, if discontinuation criteria are not met: 1 year

02547724	Cosentyx (new din)	secukinumab	150 mg/mL	Pre-filled syringe	NVT
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See Bulletin #89 and #98 for prescribing criteria:

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin89.pdf>

<https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin98.pdf>

02533294	Empaveli	pegcetacoplan	1080 mg/20 mL	Injection	SOB
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For the treatment of adult patients with Paroxysmal Nocturnal Hemoglobinuria (PNH) who have an inadequate response to, or are intolerant of, a C5 inhibitor only if the following criteria are met:

Initiation Criteria:

- Patient has qualified for EDS approval for C5 inhibitor treatment (e.g., eculizumab or ravulizumab); AND
- Patient is experiencing at least ONE of the following:
 - o Persistent anemia with hemoglobin levels less than 105 g/L (10.5 g/dL), despite six months of treatment with a stable dose of a C5 inhibitor, and where causes other than extravascular hemolysis have been excluded; OR
 - o Intolerable adverse events from C5 inhibitor treatment.

Initial approval: 6 months

Renewal Criteria:

- After the initial approval period, a patient may receive approval for further coverage of pegcetacoplan where:
 - o There has been relief in the PNH symptoms that qualified the patient for their initial C5 inhibitor coverage approval; AND
 - o There is a demonstrated clinical improvement in the patient, or stabilization of the patient's condition, while receiving treatment with pegcetacoplan; AND
 - o The patient and treating physician have been adequately adherent to treatment and to measures, including monitoring requirements, taken to evaluate the effectiveness of the therapy.

Requests for renewal must be accompanied by current confirmation of granulocyte and monocyte clone size (by flow cytometry).

Renewal approval: 1 year

Exclusion Criteria (for initial and renewal requests):

- Patients meeting ANY of the following criteria will not be eligible for pegcetacoplan coverage:
 - o Receiving concurrent treatment with other complement inhibitors (e.g., eculizumab or ravulizumab) except in the first 4 weeks of pegcetacoplan treatment; OR
 - o Granulocyte and monocyte clone size both below 10%; OR
 - o Presence of aplastic anemia with two or more of the following: neutrophil count below $0.5 \times 10^9/L$, platelet count below $20 \times 10^9/L$, reticulocytes below $25 \times 10^9/L$, or severe bone marrow hypocellularity; OR
 - o Presence of another life-threatening or severe disease where the long-term prognosis is unlikely to be influenced by therapy (e.g., acute myeloid leukemia or high-risk myelodysplastic syndrome); OR
 - o Presence of another medical condition that might reasonably be expected to compromise a response to pegcetacoplan therapy.

Requests for coverage must be made by or in consultation with a nephrologist or hematologist with experience managing PNH.

02472104 02472112	Lonsurf (new indication)	tipiracil/trifluridine	6.14/15 mg 8.19/20 m	Tablet	TAI
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Metastatic Colorectal Cancer

In combination with bevacizumab, for the treatment of adult patients with metastatic colorectal cancer who have been previously treated with, or are not candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti-VEGF biological agents, and, if RAS wild-type, anti-EGFR agents.

02539861	Omvo	mirikizumab	20 mg/mL	Solution <i>intravenous</i>	LIL
02539853	Omvo	mirikizumab	100 mg/mL	Injection <i>prefilled syringe</i>	LIL
02539845	Omvo	mirikizumab	100 mg/mL	Injection <i>prefilled pen</i>	LIL

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

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

02525755	Oxlumo	lumasiran	94.5 mg/0.5 mL	Injection	ANB
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For the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary oxalate levels in pediatric and adult patients if **all** the following criteria are met:

Initiation Criteria:

- Patient must have a genetically confirmed diagnosis of PH1; **AND**
- Patient must be unable to normalize oxalate excretion (while staying compliant with standard of care therapy, including vitamin B6 for a duration of 3 to 6 months), based on one of the following levels:
 - o 24-hour urine oxalate (level must be at least 1.5 times the upper limit of normal [ULN]), for patients in whom urinary oxalate can be measured; **OR**
 - o Spot urine oxalate:creatinine ratio, for patients who are not continent; **OR**
 - o Plasma oxalate, for patients with end-stage kidney disease (ESKD) or who are on dialysis. Levels must be measured pre-dialysis in applicable patients;

AND

- Lumasiran is being initially prescribed by a nephrologist or metabolic diseases specialist with experience in the diagnosis and management of PH1.

Initial approval duration: 1 year

Discontinuation Criteria:

- Lumasiran coverage will be discontinued if **any** of the following occur:
 - o The patient has received a liver transplant (with or without a kidney transplant); **AND/OR**
 - o There is evidence of no response, or loss of response, to lumasiran treatment.

Response is defined as:

- For patients in whom urinary oxalate can be measured: Lowering 24-hour urine oxalate to less than 1.5 times the ULN; **OR**
- For patients who are not continent: 30% reduction in spot urine oxalate:creatinine ratio compared to baseline; **OR**
- For patients with ESKD or who are on dialysis: 15% reduction in plasma oxalate level compared to baseline. Levels must be measured pre-dialysis in applicable patients.

Subsequent prescribing may occur through a pediatrician, nephrologist or metabolic diseases specialist.

Renewal approval duration (if discontinuation criteria are not met): 1 year

02533979 02533987 02533995	Qulipta <i>(new indication)</i>	atogepant	10 mg 30 mg 60 mg	Tablet	ABV
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For the prevention of migraine in patients who have a confirmed diagnosis of either:

1. Episodic migraine: headaches for less than 15 days per month for more than 3 months of which at least 4 days per month are with migraine; **OR**
2. Chronic migraine: headaches for at least 15 days per month for more than 3 months of which at least 8 days per month are with migraine.

Initiation criteria:

- The patient must have experienced an inadequate response¹, intolerance, or contraindication to at least two oral prophylactic migraine medications² of different classes; AND
- The patient must be under the care of a physician who has appropriate experience in the management of migraine headaches; AND
- The physician must provide the number of headache and migraine days per month at the time of initial request for reimbursement.

Initial approval duration: 6 months

Initial Renewal criteria:

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

Renewal duration: 6 months

Subsequent Renewal criteria:

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

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

²Oral prophylactic medication alternatives include:

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

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

02532409 02532417 02532433	Reddy-Everolimus	everolimus	2.5 mg 5 mg 10 mg	Tablet	DRL
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For the treatment of:

- Advanced Breast Cancer;
- Advanced or Metastatic Pancreatic Neuroendocrine Tumors (pNET);
- Advanced Metastatic Renal Cell Carcinoma (RCC);
- For treatment of unresectable, locally advanced or metastatic, well-differentiated non-functional neuroendocrine tumours (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.

02537044 02537052 02537060	Verquvo	vericiguat	2.5 mg 5 mg 10 mg	Tablet	BAY
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For the treatment of symptomatic chronic heart failure (HF) as an adjunct to standard-of-care therapy in adult patients with reduced ejection fraction who are stabilized after a recent HF decompensation event, if all the following clinical criteria are met:

- Left ventricular ejection fraction (LVEF) less than 45%; and
- New York Heart Association (NYHA) class II to IV symptoms; and
- Recent HF decompensation event requiring hospitalization within the previous 6 months and/or intravenous diuretic treatment for HF (without hospitalization) within the previous 3 months; and
- Vericiguat is used in combination with standard-of-care HF therapy, which includes one medication from each of the following categories (unless there is a contraindication or intolerance):
 - Angiotensin-converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI); and
 - Beta blocker; and

- Mineralocorticoid receptor antagonist (MRA); and
- Sodium-glucose cotransporter-2 (SGLT2) inhibitor

Initiation and up-titration should be conducted by or under the direct guidance of a physician experienced with treatment of HF to respect the referral process.

02528908	Welireg	belzutifan	40 mg	Tablet	MFX
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Treatment of adult patients with von Hippel-Lindau (vHL) disease who require therapy for associated non-metastatic renal cell carcinoma (RCC), Central Nervous System (CNS) hemangioblastomas, or pancreatic neuroendocrine tumors (pNET), not requiring immediate surgery.

02371065 02457113	Zytiga (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	JAN
02525380	Abiraterone (updated criteria)	abiraterone acetate	500 mg	Tablets	JPC
02491397 02491400	Apo-Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	APX
02502305 02529629	Jamp Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	JPC
02503980 02503999	Mar-Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	MAR
02494132	NAT-Abiraterone (updated criteria)	abiraterone acetate	250 mg	Tablets	NAT
02492601 02501503	pms-Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	PMS
02477114 02533251	Reddy-Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	DRL
02486393 02521644	Sandoz Abiraterone (updated criteria)	abiraterone acetate	250 mg 500 mg	Tablets	SDZ

For patients:

- With non-metastatic castration-sensitive prostate cancer (nmCSPC) **AND**
- Who are at very high risk* of developing metastases **AND**
- With good performance status

*Defined as:

- node positive disease **OR**
- node negative with 2 of the following:
 - i) Clinical tumor stage T3 or T4
 - ii) Gleason sum score 8 to 10
 - iii) PSA \geq 40 μ g/L

- Treatment with abiraterone and prednisone should be given with androgen deprivation therapy.
- Treatment should continue until unacceptable toxicity or radiographic progression, up to a maximum of 2 years of therapy.

New Interchangeable Categories

Amoxicillin/Clavulanic Acid — 200/28.5 mg/5 mL — Oral Suspension					\$	\$ + 5%
	02238831	Clavulin 200	GSK		0.1812	0.1903
	02539411	Jamp Amoxi Clav Suspension	JPC		0.1373	0.1442

Brivaracetam — 10 mg — Tablets					\$	\$ + 5%
	02452936	Brivlera	UCB		4.3200	4.5360
	02538679	Apo-Brivaracetam	APX		3.2400	3.4020

Brivaracetam — 25 mg — Tablets					\$	\$ + 5%
	02452944	Brivlera	UCB		4.3200	4.5360
	02538687	Apo-Brivaracetam	APX		3.2400	3.4020

Brivaracetam — 50 mg — Tablets					\$	\$ + 5%
	02452952	Brivlera	UCB		4.3200	4.5360
	02538695	Apo-Brivaracetam	APX		2.1600	2.2680
	02539292	Auro-Brivaracetam	AUP		2.1600	2.2680

Brivaracetam — 75 mg — Tablets					\$	\$ + 5%
	02452960	Brivlera	UCB		4.3200	4.5360
	02538709	Apo-Brivaracetam	APX		3.2400	3.4020

Brivaracetam — 100 mg — Tablets					\$	\$ + 5%
	02452979	Brivlera	UCB		4.3200	4.5360
	02538717	Apo-Brivaracetam	APX		2.1600	2.2680
	02539306	Auro-Brivaracetam	AUP		2.1600	2.2680

Ipratropium Bromide — 200 Doses — 20 mcg/Dose — Metered Dose Aerosol					\$	\$ + 5%
	02247686	Atroven HFA	BOE		0.1023	0.1074
	02542587	Jamp Ipratropium HFA	JPC		0.0767	0.0805

New Interchangeable Products

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

Amoxicillin/Clavulanic Acid — 250/62.5 mg/5 mL — Oral Suspension					\$	\$ + 5%
	02539438	Jamp Amoxi Clav Suspension	JPC		0.1216	** 0.1277

Amoxicillin/Clavulanic Acid — 400/57 mg/5 mL — Oral Suspension					\$	\$ + 5%
	02539446	Jamp Amoxi Clav Suspension	JPC		0.1591	** 0.1671

Cefadroxil — 500 mg — Capsules					\$	\$ + 5%
	02544792	Jamp Cefadroxil	JPC		0.5895	** 0.6190

Diltiazem HCl — 120 mg — Controlled Delivery Capsules					\$	\$ + 5%
	02546086	M-Diltiazem CD	MNP		0.4061	0.4264

Diltiazem HCl — 180 mg — Controlled Delivery Capsules					\$	\$ + 5%
	02546094	M-Diltiazem CD	MNP		0.5391	0.5661

Diltiazem HCl — 240 mg — Controlled Delivery Capsules					\$	\$ + 5%
	02546108	M-Diltiazem CD	MNP		0.7151	0.7509
Diltiazem HCl — 300 mg — Controlled Delivery Capsules					\$	\$ + 5%
	02546116	M-Diltiazem CD	MNP		0.8939	0.9386
Diltiazem HCl — 120 mg — Extended Release Capsules					\$	\$ + 5%
	02546434	M-Diltiazem T	MNP		0.2372	0.2491
Diltiazem HCl — 180 mg — Extended Release Capsules					\$	\$ + 5%
	02546442	M-Diltiazem T	MNP		0.3169	0.3327
Diltiazem HCl — 240 mg — Extended Release Capsules					\$	\$ + 5%
	02546450	M-Diltiazem T	MNP		0.4203	0.4413
Diltiazem HCl — 300 mg — Extended Release Capsules					\$	\$ + 5%
	02546469	M-Diltiazem T	MNP		0.5264	0.5527
Diltiazem HCl — 360 mg — Extended Release Capsules					\$	\$ + 5%
	02546477	M-Diltiazem T	MNP		0.6338	0.6655
Letrozole — 2.5 mg — Tablets					\$	\$ + 5%
	02541912	Jamp Letrozole Tablets	JPC		1.3780	1.4469
Lisdexamfetamine dimesylate — 30 mg — Capsules					\$	\$ + 5%
	02546264	Sandoz Lisdexamfetamine Capsules	SDZ		1.6938	** 1.7785
Mirtazapine — 15 mg — Tablets					\$	\$ + 5%
	02541572	Teva-Mirtazapine	TEV		0.2310	0.2426
Mirtazapine — 45 mg — Tablets					\$	\$ + 5%
	02541580	Teva-Mirtazapine	TEV		0.6930	0.7277
Ondansetron — 4 mg/5 mL — Oral Solution					\$	\$ + 5%
	02524090	Mint-Ondansetron Solution	MPH		0.7952	**0.8350
Ursodiol — 250 mg — Tablets					\$	\$ + 5%
	02544032	NRA-Ursodiol	NRA		0.3818	0.4009
Ursodiol — 500 mg — Tablets					\$	\$ + 5%
	02544024	NRA-Ursodiol	NRA		0.7242	0.7604

** 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%)
02240774	Apo-Cefadroxil	cefadroxil	500 mg	Capsules	0.5895	** 0.6190
02291967	Apo-Ondansetron	ondansetron	4 mg/5 mL	Oral Solution	0.7952	**0.8350
02490617	Jamp-Ondansetron	ondansetron	5 mg/5 mL	Oral Solution	0.7952	**0.8350
02542226	M-Amoxi Clav	amoxicillin/clavulanic acid	250/62.5 mg/ 5 mL	Oral Liquid	0.1216	** 0.1277
02530694	M-Amoxi Clav	amoxicillin/clavulanic acid	400/57 mg/5 mL	Oral Liquid	0.1591	** 0.1671

02454831	Metoject	methotrexate	10 mg/0.2mL	Injection	16.3020	**17.1171
02454750	Metoject	methotrexate	12.5 mg/0.25mL	Injection	17.1600	**18.0180
02545896	Teva-Lisdexamfetamine	lisdexamfetamine dimesylate	30 mg	Capsules	1.6938	** 1.7785
02235134	Teva-Cefadroxil	cefadroxil	500 mg	Capsules	0.5895	** 0.6190

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

Product Deletions

(as identified for discontinuation in Bulletin # 135)

The following products have been deleted.

02300699	Atripla	efavirenz/emtricitabine/ tenofovir disoproxil fumarate	600/200/300 mg	Tablet
02215012	Ceptaz Injection	ceftazidime	1 g/vial	Injection
00030570	Dalacin C 150 mg	clindamycin	150 mg	Capsule
02027860	Daypro	oxaprozin	600 mg	Tablet
02205963	Dexiron	iron	50 mg/mL	Injection
00873454	Eryc Delayed-Release Capsules	erythromycin	333 mg	Enteric Coated Capsules
02230898	Foradil Dry Powder Capsules For Inhalation	formoterol fumarate	12 mcg	Capsule
02456958	Heparin Sodium Injection	heparin sodium	5000 U/0.5 mL	Injection
02238674	Intron A	interferon Alfa-2B	6 MU/mL	Injection
02419173	Jamp-Methotrexate	methotrexate	25 mg/ mL	Injection
02368552	Jamp-Risedronate	risedronate sodium	35 mg	Tablet
02352346 02352354	Jamp-Ropinirole	ropinirole	1 mg 2 mg	Tablet
02391260 02391279 02391287	Jamp-Rosuvastatin	rosuvastatin	10 mg 20 mg 40 mg	Tablet
00658855 00534560	Lopressor SR	metoprolol tartrate	100 mg 200 mg	Extended Release Tablet
02398427	Methotrexate Injection	methotrexate	25 mg/ mL	Injection
00315966 00343838	Minestrin 1/20	ethinyl estradiol/ norethindrone acetate	20 mcg/1 mg	Tablet
02243588	Mylan-Nitro Sublingual Spray	nitroglycerin	0.4 mg	Sublingual Spray
02237921 02237922	Mylan-Verapamil	verapamil hydrochloride	80 mg 120 mg	Tablet
02350750	Naproxen	naproxen	250 mg	Tablet
00195057	Neo-Medrol Acne Lotion	aluminum chlorhydrate/ methylprednisilone acetate/ neomycin sulfate/ sulfur	100/2.5/2.5/50 mg/mL	Lotion

02176084	Novo-Ketotifen	Ketotifen	1 mg/5 mL	Oral Liquid
02230619	Pediapred	prednisolone	5 mg/mL	Oral Solution
02454386 02454394	pms-Erlotinib	erlotinib	100 mg 150 mg	Tablet
02248610	Reyataz	atazanavir	150 mg	Capsule
00329320	Sandomigram	pizotifen	0.5 mg	Tablet
02484676	Sandoz Efavirenz/ Emtricitabine/Tenofovir	efavirenz/emtricitabine/ tenofovir disoproxil fumarate	600/200/300 mg	Tablet
02239886 02239888	Sustiva	efavirenz	50 mg 200 mg	Capsule
02246045	Sustiva Tablets	efavirenz	600 mg	Tablet
00808563	Triazolam	triazolam	0.125 mg	Tablet
02268205 02247310	Twinject	epinephrine	0.15 mg/0.15 mL 0.3 mg/ 0.3 mL	Injection
00728179	Urispas	flavoxate hydrochloride	200 mg	Tablet
02238618	Viracept	elfinavir	50 mg/g	Powder for Oral Solution
02240357	Ziagen	abacavir	300 mg	Tablet

Interchangeable Category Deletions

Lovastatin — 20 mg — Tablets
Lovastatin — 40 mg — Tablets
Metoprolol Tartrate — 100 mg — Sustained Release Tablets
Prednisolone Sodium Phosphate — 5 mg/5 mL — Oral Solution
Verapamil HCl — 80 mg — Tablets
Verapamil HCl — 120 mg — Tablets

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 137

02248572	ACT Lovastatin	lovastatin	20 mg	Tablet
02248573	ACT Lovastatin	lovastatin	40 mg	Tablet
02257890	ACT Sumatriptan	sumatriptan	50 mg	Tablet
02438453	AG-Zolmitriptan ODT	zolmitriptan	2.5 mg	Orally Disintegrating Tablet
02237820 02237821	Amerge	Naratriptan	1 mg 2.5 mg	Tablet

02221861	Anandron	Nilutamide	50 mg	Tablet
02243661	Apo-Oxaprozin	oxaprozin	600 mg	Tablet
02458764 02458772	CCP-Rizatriptan ODT	rizatriptan	5 mg 10 mg	Orally Disintegrating Tablet
02458780	CCP-Zolmitriptan	zolmitriptan	2.5 mg	Tablet
01916858	Clavulin 500 F Tab	amoxicillin/clavulanic acid	500/125 mg	Tablet
02352397	Diclofenac EC	diclofenac sodium	50 mg	Enteric Coated Tablet
02132664	Fragmin	dalteparin sodium	10000 IU / mL	Injection
02416441	Galexos	simeprevir	150 mg	Capsule
02453150 02453169 02453177	Ibrance	palbociclib	75 mg 100 mg 125 mg	Capsule
02418193 02418207 02418215	Jamp-Irbesartan	irbesartan	75 mg 150 mg 300 mg	Tablet
02418223 02418231 02418258	Jamp-Irbesartan and Hydrochlorothiazide	irbesartan/ hydrochlorothiazide	150/12.5 mg 300/12.5 mg 300/25 mg	Tablet
02357143 02357151 02357178	Jamp-Sertraline	sertraline	25 mg 50 mg 100 mg	Capsule
02420287	Jamp-Tobramycin	tobramycin	40 mg/mL	Injection
02420309	Jamp-Vancomycin	vancomycin	1 g/vial	Injection
02497352 02497379	Mar-Osetamivir	oseltamivir	30 mg 75 mg	Capsule
02423553	Mint-Ciproflox	ciprofloxacin	250 mg	Tablet
02317427 02317435	Mint-Ciprofloxacin	ciprofloxacin	250 mg 500 mg	Tablet
00676411	Morphine HP 25 - 25mg/mL	morphine sulfate	25 mg/mL	Solution
02350793 02350807	Naproxen EC	naproxen	375 mg 500 mg	Enteric Coated Tablet
02351021	Naproxen Sodium DS	naproxen sodium	550 mg	Tablet
01937219	Novamilor	amiloride hydrochloride/ hydrochlorothiazide	5/50 mg	Tablet
02501880	NRA-Omeprazole	omeprazole	20 mg	Delayed Release Tablet
02248078	Pegasys	peginterferon alfa-2A	180 mcg/mL	Injection
02253410 02253429	Pegasys RBV	peginterferon alfa-2A/ ribavirin	180 mcg/mL and 200 mg/Tab 180 mcg/0.5 mL and 200 mg/Tab	Injection and Tablet

02239753	pms-Diclofenac K	diclofenac potassium	50 mg	Tablet
02011956	Polytrim Ophthalmic Solution	polymyxin B/trimethoprim	1000U/1 mg/mL	Ophthalmic Solution
02474921	Probuphine	probuphine hydrochloride	80 mg	Implant
00638692	Procan SR	procainamide hydrochloride	250 mg	Extended Release Tablet
02343053 02343061	Propafenone	propafenone hydrochloride	150 mg 300 mg	Tablet
02384698	Ran-Alendronate	alendronic acid	5 mg	Tablet
02319063	Ran-Gabapentin	gabapentin	300 mg	Capsule
02247096	Ratio-Amcinonide	amcinonide	0.1%	Ointment
02296071	Ratio-Fluticasone	fluticasone propionate	50 mcg/Dose	Metered Dose Inhaler
02261936	Sandoz-Diclofenac	diclofenac sodium	100 mg	Suppository
02243338 02243339	Sandoz Diltiazem CD	diltiazem hydrochloride	120 mg 180 mg	Controlled Delivery Capsules
02245918 02245919 02245920 02245921	Sandoz Diltiazem T	diltiazem hydrochloride	120 mg 180 mg 240 mg 300 mg	Extended Release Capsule
02229441	Sandoz Gentamicin	gentamicin sulfate	3 mg/mL	Otic Solution
02289199 02289202 02289229	Sandoz Lisinopril	lisinopril	5 mg 10 mg 20 mg	Tablet
02297914	Sandoz Pioglitazone	pioglitazone	30 mg	Tablet
01987682	Sofra-Tulle	framycetin sulfate	1%	Dressing
00596965	Statex Suppositories 20 mg	morphine sulfate	20 mg	Suppository
00578576	Stieva-A	Tretinoin	0.025%	Cream
02262800 02279347	Strattera	atomoxetine	10 mg 80 mg	Capsule
00392480	Supeudol 10	oxycodone hydrochloride	10 mg	Suppository
00392472	Supeudol 20	oxycodone hydrochloride	20 mg	Suppository
02298074	Taro-Rabeprazole	rabeprazole	10 mg	Tablet
02400022 02400030	Teva-Capecitabine	capecitabine	150 mg 500 mg	Tablet
00021261	Teva-Chloroquine	chloroquine phosphate	250 mg	Tablet
02241704	Teva-Gemfibrozil	gemfibrozil	300 mg	Capsule
02285096	Teva-Lisinopril (Type P)	lisinopril	20 mg	Tablet
02240432 02243942	Teveten	eprosartan	400 mg 600 mg	Film Coated Tablet

02253631	Teveten Plus	eprosartan/ hydrochlorothiazide	600/12.5 mg	Film Coated Tablet
02046156	Transderm-Nitro 0.6	nitroglycerin	0.6 mg/hour	Extended Release Patch
00852384	Transderm Nitro 0.4	nitroglycerin	0.4 mg/hour	Extended Release Patch
00584223	Transderm-Nitro 0.2	nitroglycerin	0.2 mg/hour	Extended Release Patch
02470632	Trispan	triamcinolone hexacetonide	20 mg/mL	Injection
02154862	Tridesilon 0.05% Desonide Cream	desonide	0.05%	cream
02238984	Urso	ursodiol	250 mg	Tablet
02213419	Ventolin Nebules P. F - 2.5 mg/2.5 mL	salbutamol	2.5 mg/ 2.5 mL	Solution
02213427	Ventolin Nebules P. F - 5 mg/2.5 mL	salbutamol	5 mg/ 2.5 mL	Solution

The following change will take effect on March 19, 2025

Interchangeable Generic Product Price Decreases

Unless otherwise communicated, prices of the following products will decrease on March 19, 2025
(3-months after listing).

					(\$)	(\$ + Allowable Markup)
02538679	Apo-Brivaracetam	brivaracetam	10 mg	Tablet	2.3760	** 2.4948
02538687	Apo-Brivaracetam	brivaracetam	25 mg	Tablet	2.3760	** 2.4948
02538709	Apo-Brivaracetam	brivaracetam	75 mg	Tablet	2.3760	** 2.4948
02539411	Jamp Amoxi Clav Suspension	amoxicillin/clavulanic acid	200/28.5 mg/ 5 mL	Oral Solution	0.1007	** 0.1057
02542587	Jamp Ipratropium FHA	ipratropium bromide	20 mcg/Dose	Metered Dose Inhaler	0.0563	** 0.0591

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