BULLETIN # 139

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on April 1, 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 April 1, 2025

Bulletin 139 is currently available for download:
https://www.gov.mb.ca/health/mdbif/bulletins.html

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_pdrc.pdf

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The following changes will take effect on April 1, 2025

Effective April 01, 2025 the following Part 1 benefits will be listed in the Drugs Provided at No Cost section of the Manitoba Drug Benefits Formulary.

Drugs Provided at No Cost - Part 1 Updates

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02293854	**Plan B**	levonorgestrel	1.5 mg	Tablet	PAL
02433532	**Backup Plan Onestep**	levonorgestrel	1.5 mg	Tablet	APX
02425009	**Contingency One**	levonorgestrel	1.5 mg	Tablet	MYL

* Abbreviation of Manufacturers' Name

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02550865	**Apo-Tiotropium**	tiotropium	18 mcg	Powder for Inhalation	APX
02326663	**Erythromycin Ophthalmic Ointment**	erythromycin	5 mg/g	Ophthalmic Ointment	STM
02546337 02546345 02546353 02546361	**Jamp Imipramine**	imipramine hydrochloride	10 mg 25 mg 50 mg 75 mg	Tablet	JPC
02546396 02546418 02546426	**Jamp Levocarb**	levodopa/carbidopa	100 mg/10 mg 100 mg/25 mg 250 mg/25 mg	Tablet	JPC
00884502 00836273 02239834 02230248 02239833	**Lupron Depot** *(moved from Part 2 to Part 1)*	leuprolide acetate	3.75 mg/syringe 7.5 mg/syringe 11.25 mg/syringe 22.5 mg/syringe 30 mg/syringe	Prefilled Syringe	ABV
02548585 02548593 02548607 02548615	**Lurasidone**	lurasidone hydrochloride	20 mg 40 mg 60 mg 80 mg	Tablet	SAH
02532689	**Mirtazapine**	mirtazapine	15 mg	Tablet	SAH
02548275	**M-Metformin**	metformin hydrochloride	1000 mg	Tablet	MNP
02551608 02551616 02551624 02551632	**M-Rivaroxaban**	rivaroxaban	2.5 mg 10 mg 15 mg 20 mg	Tablet	MNP
02522314 02522322 02522330 02522349	**NRA-Lurasidone**	lurasidone hydrochloride	20 mg 40 mg 60 mg 80 mg	Tablet	NRA

02547899 02547902 02547910 02547929	**Rivaroxaban**	rivaroxaban	2.5 mg 10 mg 15 mg 20 mg	Tablet	SAH

* Abbreviation of Manufacturers' Name

Exception Drug Status Additions

02538555 02538563	**Akeega**	abiraterone acetate/ niraparib	500 mg/50 mg 500 mg/100 mg	Tablet	JAN

In combination with prednisone or prednisolone for the first-line treatment of adult patients with deleterious or suspected deleterious BRCA mutated (germline and/or somatic) metastatic castration-resistant prostate cancer (mCRPC), who are asymptomatic or mildly symptomatic, and in whom chemotherapy is not clinically indicated.

02542420	**Amvuttra**	vutrisiran	25 mg/ 0.5 mL	Pre-Filled Syringe	ANB

Initiation Criteria:
For the treatment of polyneuropathy in patients with hereditary transthyretin-mediated amyloidosis (hATTR), meeting all the following criteria:

1. Age 18 years of age or older; AND
2. Has a confirmed genetic diagnosis of hereditary transthyretin-mediated amyloidosis; AND
3. Symptomatic with polyneuropathy disability (PND) stage I to less than or equal to IIIB or with familial amyloidotic polyneuropathy (FAP) stage I or II; AND
4. Under the care of a specialist with experience in the diagnosis and management of hATTR.

Exclusion Criteria:
- Pre-symptomatic patients
- Patients diagnosed with severe heart failure symptoms (defined as New York Heart Association class III or IV)
- Patients who are recipients of a liver transplant
- Patients who will be using vutrisiran in combination with other interfering ribonucleic acid drugs or transthyretin stabilizers used to treat hATTR.

Discontinuation Criteria:
Treatment with vutrisiran will be discontinued for patients who are:
- Permanently bedridden and dependent on assistance for basic activities of daily living, or
- Receiving end-of-life/palliative care where survival of less than one year is expected.

Renewal Criteria:
Renewal of funding will be considered if patients do not meet the discontinuation criteria.

Patients should be assessed after 9 months of treatment and then every six months thereafter.

Duration of Approval of initiation requests: 10 months
Duration of Approval of first renewal: 6 months
Duration of Approval of 2nd and subsequent renewals: 1 year

Notes to Prescribers:
- Laboratory documentation for the genetic mutation for hATTR must be included with the application.
- Signs and symptoms of polyneuropathy should be listed.
- In your application, please list all drugs that the patient is using including whether they are using any of the following: diflunisal, inotersen, tafamidis, patisiran.
- Confirmation that the patient does not meet each of the listed exclusions must be provided on the request.

Definitions:
Familial Amyloid Polyneuropathy (FAP) stage: Clinical staging system for the neuropathy symptoms of hATTR (formerly termed familial amyloid neuropathy).
- FAP Stage 1: Walking without assistance, mild neuropathy (sensory, autonomic, and motor) in lower limbs
- FAP Stage 2: Walking with assistance, moderate impairment in lower limbs, trunk, and upper limbs
- FAP Stage 3: wheelchair or bed-ridden, severe neuropathy

Polyneuropathy disability score (PND): A five-stage measure of neuropathy impairment ranging from 0 (no impairment) to 4 (confined to a wheelchair or bedridden).

- Stage 0: no impairment
- Stage I: sensory disturbances but preserved walking capability
- Stage II: impaired walking capability but ability to walk without a stick or crutches
- Stage IIIA: walking only with the help of one stick or crutch
- Stage IIIB: walking with the help of two sticks or crutches
- Stage IV: confined to a wheelchair or bedridden

02542021	**GLN-Posaconazole**	posaconazole	100 mg	Delayed Release Tablet	GLM

For antifungal prophylaxis for patients who are treated with venetoclax in combination with azacitidine and who cannot tolerate voriconazole.

02523191	**Ixifi**	infliximab	100 mg/vial	Powder for Solution	PFI

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.

Crohn's Disease
For the treatment of moderate to severely active Crohn's Disease in patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

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

Fistulizing Crohn's Disease
For the treatment of Fistulizing Crohn’s Disease in patients with actively draining perianal or enterocutaneous fistula who meet the following criteria:

- Presence of fistula that has persisted despite a course of antibiotic therapy (e.g. ciprofloxacin and/or metronidazole) AND
- Have had inadequate response, intolerance or contraindications to an immunosuppressive agent (e.g. azathioprine or 6 mercaptopurine).

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

Plaque Psoriasis
For the 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 4 months. For continued coverage the physician must confirm the patient's response to treatment and demonstration of treatment clinical benefits:

- ≥ 50% reduction in the PASI score with ≥ 5 point improvement in the DLQI
- ≥ 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.

Psoriatic Arthritis
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 contraindication 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.

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

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

Ulcerative Colitis
For the treatment of patients 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.

02550644 02550652	**M-Pirfenidone**	pirfenidone	267 mg 801 mg	Tablet	MNP

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.

02547732	**Praluent** *(new strength)*	alirocumab	300 mg/2 mL	Injection	SAA

See Bulletin #104 for prescribing criteria
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin104.pdf

02511576	**Remsima SC**	infliximab	120 mg/mL	Pre-filled Syringe	CHC
02511584	**Remsima SC**	infliximab	120 mg/mL	Pre-filled Pen	CHC

Crohn’s Disease
For the treatment of moderate to severely active Crohn's Disease in adult patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

Patient must have completed an induction regimen with intravenous infliximab, or be stabilized on intravenous infliximab in the maintenance setting, to continue to maintenance therapy with subcutaneous infliximab.

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

Ulcerative Colitis
For the treatment of adult patients with moderate to severely active ulcerative colitis who have had inadequate response, intolerance or contraindications to conventional therapy including 5-aminosalicylate compounds AND corticosteroids.
Patient must have completed an induction regimen with intravenous infliximab, or be stabilized on intravenous infliximab in the maintenance setting, to continue to maintenance therapy with subcutaneous infliximab.

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

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

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

02548550 02548569 02548577	**Sitagliptin**	sitagliptin	25 mg 50 mg 100 mg	Tablet	SAH

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.

02550245 02550253	**Steqeyma**	ustekinumab	45 mg/0.5 mL 90 mg/1 mL	Injection	CHC

Crohn’s Disease
For treatment of moderate to severely active Crohn's Disease in adult patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

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

Fistulizing Crohn's Disease
For the treatment of Fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula who meet the following criteria:
- Presence of fistula that has persisted despite a course of antibiotic therapy (e.g. ciprofloxacin and/or metronidazole) AND
- Have had inadequate response, intolerance or contraindications to an immunosuppressive agent (e.g. azathioprine or 6 mercaptopurine).

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

Psoriatic Arthritis
For treatment of patients over 18 years of age who have active psoriatic arthritis who have failed treatment with at least 3 DMARD therapies, one of which is methotrexate and/or leflunomide unless intolerance or 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.

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:

- ≥ 50% reduction in the PASI score with ≥ 5 point improvement in the DLQI
- ≥ 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.

Steqeyma will be a preferred ustekinumab option for all ustekinumab-naïve patients prescribed an ustekinumab product for Psoriasis. Preferred means the first ustekinumab product to be considered for reimbursement for ustekinumab-naive patients. Patients will not be permitted to switch from Steqeyma to another ustekinumab product or vice versa, if:
- Previously trialed and deemed unresponsive to ustekinumab.

02550261	**Steqeyma IV**	ustekinumab	5 mg/mL	Solution	CHC

Crohn's Disease
For treatment of moderate to severely active Crohn's Disease in adult patients with inadequate response, intolerance or contraindications to an adequate course of corticosteroids AND an immunosuppressive agent.

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

Fistulizing Crohn's Disease
For the treatment of Fistulizing Crohn's Disease in patients with actively draining perianal or enterocutaneous fistula who meet the following criteria:
- Presence of fistula that has persisted despite a course of antibiotic therapy (e.g. ciprofloxacin and/or metronidazole) AND
- Have had inadequate response, intolerance or contraindications to an immunosuppressive agent (e.g. azathioprine or 6 mercaptopurine).

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

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

In combination with pemetrexed and platinum-based chemotherapy for the first-line treatment of patients with locally advanced (not amenable to curative therapies) or metastatic non-small cell lung cancer whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions (Ex19del) or exon 21 (L858R) substitution mutations.

02487098 02487101 02487128	**Verzenio** *(new indication)*	abemaciclib	50 mg 100 mg 150 mg	Tablet	LIL

In combination with endocrine therapy (ET) for the adjuvant treatment of adult patients with hormone receptor (HR)–positive, human epidermal growth factor receptor 2 (HER2)–negative, node-positive, early breast cancer at high risk of disease recurrence based on clinicopathological features

New Interchangeable Categories

IMIPRAMINE HYDROCHLORIDE – 10 mg – Tablets			**$**	**$ + 5%**
00360201	Imipramine	AAA	0.1257	0.1320
02546337	Jamp Imipramine	JPC	0.1257	0.1320

IMIPRAMINE HYDROCHLORIDE – 25 mg – Tablets			**$**	**$ + 5%**
00312797	Imipramine	AAA	0.2316	0.2432
02546345	Jamp Imipramine	JPC	0.2316	0.2432

IMIPRAMINE HYDROCHLORIDE – 50 mg – Tablets			**$**	**$ + 5%**
00326852	Imipramine	AAA	0.4519	0.4745
02546353	Jamp Imipramine	JPC	0.4519	0.4745

IMIPRAMINE HYDROCHLORIDE – 75 mg – Tablets			**$**	**$ + 5%**
00644579	Imipramine	AAA	0.7243	0.7605
02546361	Jamp Imipramine	JPC	0.7243	0.7605

METFORMIN HYDROCHLORIDE – 1000 mg – Tablets			**$**	**$ + 5%**
02548275	M-Metformin	MNP	0.0399	0.0419
02534673	PRZ-Metformin	PRZ	0.0399	0.0419

New Interchangeable Products

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

ERYTHROMYCIN — 5MG/G — Ophthalmic Ointment			**$**	**$ + 5%**
02326663	Erythromycin Ophthalmic Ointment	STM	4.2000	4.4100

LEVODOPA/CARBIDOPA — 100 mg/10 mg — Tablets			**$**	**$ + 5%**
02546396	Jamp Levocarb	JPC	0.1479	0.1553

LEVODOPA/CARBIDOPA — 100 mg/25 mg — Tablets			**$**	**$ + 5%**
02546418	Jamp Levocarb	JPC	0.2209	0.2319

LEVODOPA/CARBIDOPA — 250 mg/25 mg — Tablets			**$**	**$ + 5%**
02546426	Jamp Levocarb	JPC	0.2466	0.2589

LURASIDONE HCL — 20 mg — Tablets			**$**	**$ + 5%**
02548585	Lurasidone	SAH	1.2250	1.2863
02522314	NRA-Lurasidone	NRA	1.2250	1.2863

LURASIDONE HCL — 40 mg — Tablets			**$**	**$ + 5%**
02548593	Lurasidone	SAH	1.2250	1.2863
02522322	NRA-Lurasidone	NRA	1.2250	1.2863

LURASIDONE HCL — 60 mg — Tablets			**$**	**$ + 5%**
02548607	Lurasidone	SAH	1.2250	1.2863
02522330	NRA-Lurasidone	NRA	1.2250	1.2863

LURASIDONE HCL — 80 mg — Tablets			**$**	**$ + 5%**
02548615	Lurasidone	SAH	1.2250	1.2863
02522349	NRA-Lurasidone	NRA	1.2250	1.2863

MIRTAZAPINE — 15 mg — Tablets			**$**	**$ + 5%**
02532689	Mirtazapine	SAH	0.2310	0.2426

PIRFENIDONE — 267 mg — Tablets			**$**	**$ + 5%**
02550644	M-Pirfenidone	MNP	3.3560	3.5238

PIRFENIDONE — 801 mg — Tablets			**$**	**$ + 5%**
02550652	M-Pirfenidone	MNP	10.0680	10.5714

POSACONAZOLE — 100 mg — Delayed ReleaseTablets			**$**	**$ + 5%**
02542021	GLN-Posaconazole	GLM	11.6808	12.2648

RIVAROXABAN — 2.5 mg — Tablets			**$**	**$ + 5%**
02551608	M-Rivaroxaban	MNP	0.3550	0.3728
02547899	Rivaroxaban	SAH	0.3550	0.3728

RIVAROXABAN — 10 mg — Tablets			**$**	**$ + 5%**
02551616	M-Rivaroxaban	MNP	0.7175	0.7534
02547902	Rivaroxaban	SAH	0.7175	0.7534

RIVAROXABAN — 15 mg — Tablets			**$**	**$ + 5%**
02551624	M-Rivaroxaban	MNP	0.7175	0.7534
02547910	Rivaroxaban	SAH	0.7175	0.7534

RIVAROXABAN — 20 mg — Tablets				**$**	**$ + 5%**
02551632	M-Rivaroxaban	MNP	0.7175	0.7534
02547929	Rivaroxaban	SAH	0.7175	0.7534

SITAGLIPTIN — 25 mg — Tablets				**$**	**$ + 5%**
02548550	Sitagliptin	SAH	0.8197	0.8607

SITAGLIPTIN — 50 mg — Tablets				**$**	**$ + 5%**
02548569	Sitagliptin	SAH	0.8197	0.8607

SITAGLIPTIN — 100 mg — Tablets				**$**	**$ + 5%**
02548577	Sitagliptin	SAH	0.8197	0.8607

TIOTROPIUM — 18 mcg — Powder for Inhalation				**$**	**$ + 5%**
02550865	Apo-Tiotropium	APX	0.9143	0.9600

** 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%)**

02192683	3TC	lamivudine	150 mg	Tablet	6.6017	6.9318
02247825	3TC	lamivudine	300 mg	Tablet	13.2541	13.9169
02248808	Adderall XR	mixed salts amphetamine	5 mg	Extended Release Capsule	2.4028	2.5229
02248809	Adderall XR	mixed salts amphetamine	10 mg	Extended Release Capsule	2.7307	2.8672
02248810	Adderall XR	mixed salts amphetamine	15 mg	Extended Release Capsule	3.0586	3.2115
02248811	Adderall XR	mixed salts amphetamine	20 mg	Extended Release Capsule	3.3865	3.5558
02248812	Adderall XR	mixed salts amphetamine	25 mg	Extended Release Capsule	3.7145	3.9002
02248813	Adderall XR	mixed salts amphetamine	30 mg	Extended Release Capsule	4.0424	4.2445
02240835	Advair 100 Diskus	fluticasone propionate/salmeterol	100/50 mcg	Powder for Inhalation	1.6196	1.7006
02240836	Advair 250 Diskus	fluticasone propionate/salmeterol	250/50 mcg	Powder for Inhalation	1.9467	2.0440
02240837	Advair 500 Diskus	fluticasone propionate/salmeterol	500/50 mcg	Powder for Inhalation	2.7636	2.9018
02239665	Alertec	modafinil	100 mg	Tablet	1.8844	1.9786
02221829	Altace	ramipril	1.25 mg	Capsule	0.9820	1.0311
02221837	Altace	ramipril	2.5 mg	Capsule	1.1048	1.1600
02221845	Altace	ramipril	5 mg	Capsule	1.1335	1.1902
02221853	Altace	ramipril	10 mg	Capsule	1.4563	1.5291
02243325	Apo-Propafenone	propafenone hydrochoride	300 mg	Tablet	1.1116	1.1672
02224135	Arimidex	anastrozole	1 mg	Tablet	6.1836	6.4928

01917056	Arthrotec 50	diclofenac sodium/misoprostol	50 mg/200 mcg	Tablet	0.7301	0.7666
02229837	Arthrotec 75	diclofenac sodium/misoprostol	75 mg/200 mcg	Tablet	0.9937	1.0434
02239092	Atacand	candesartan cilexetil	16 mg	Tablet	1.5520	1.6296
02311658	Atacand	candesartan cilexetil	32 mg	Tablet	1.5520	1.6296
02239090	Atacand	candesartan cilexetil	4 mg	Tablet	0.9338	0.9805
02239091	Atacand	candesartan cilexetil	8 mg	Tablet	1.5520	1.6296
02244021	Atacand Plus	candesartan cilexetil/ hydrochlorothiazide	16 /12.5 mg	Tablet	1.5520	1.6296
02332922	Atacand Plus	candesartan cilexetil/ hydrochlorothiazide	32 /12.5 mg	Tablet	1.5835	1.6627
02247813	Avodart	dutasteride	0.5 mg	Capsule	2.1225	2.2286
02083523	Bezalip SR	bezafibrate	400 mg	Sustained Release Tablet	2.8171	2.9580
02277166	Biphentin	methylphenidate hydrochloride	10 mg	Extended Release Capsule	0.9921	1.0417
02277131	Biphentin	methylphenidate hydrochloride	15 mg	Extended Release Capsule	1.4224	1.4935
02277158	Biphentin	methylphenidate hydrochloride	20 mg	Extended Release Capsule	1.8332	1.9249
02277174	Biphentin	methylphenidate hydrochloride	30 mg	Extended Release Capsule	2.5188	2.6447
02277182	Biphentin	methylphenidate hydrochloride	40 mg	Extended Release Capsule	3.2088	3.3692
02277190	Biphentin	methylphenidate hydrochloride	50 mg	Extended Release Capsule	3.8940	4.0887
02277204	Biphentin	methylphenidate hydrochloride	60 mg	Extended Release Capsule	4.5313	4.7579
02277212	Biphentin	methylphenidate hydrochloride	80 mg	Extended Release Capsule	5.9740	6.2727
02368544	Brilinta	ticagrelor	90 mg	Tablet	1.7281	1.8145
02301334	Brimonidine P	brimonidine tartrate	0.15%	Ophthalmic Solution	2.0792	2.1832
00461733	Carbolith	lithium carbonate	150 mg	Capsule	0.1559	0.1637
00236683	Carbolith	lithium carbonate	300 mg	Capsule	0.1211	0.1272
02239607	Celexa 20 MG	citalopram	20 mg	Tablet	1.7650	1.8533
02239608	Celexa 40 MG	citalopram	40 mg	Tablet	1.7650	1.8533
02192748	Cellcept	mycophenolate mofetil	250 mg	Capsule	2.2136	2.3243
02237484	Cellcept	mycophenolate mofetil	500 mg	Tablet	4.4273	4.6487
00548375	Cesamet	nabilone	1 mg	Capsule	8.3502	8.7677
02256193	Cesamet	nabilone	0.5 mg	Capsule	4.1753	4.3841

02263238	Cipralex-10MG	escitalopram	10 mg	Tablet	2.2395	2.3515
02263254	Cipralex-20MG	escitalopram	20 mg	Tablet	2.3912	2.5108
02252716	Ciprodex	ciprofloxacin/dexamethasone	0.3%/0.1%	Otic Suspension	4.1033	4.3085
02238831	Clavulin 200	amoxicillin/clavulanic acid	200 mg/28.5 mg/ 5 mL	Oral Suspension	0.1832	0.1924
01916874	Clavulin 250 F	amoxicillin/clavulanic acid	250 mg/62.5 mg/ 5 mL	Oral Suspension	0.2555	0.2683
02238830	Clavulin 400	amoxicillin/clavulanic acid	400 mg/ 57 mg/ 5 mL	Oral Suspension	0.3598	0.3778
00812382	Clotrimaderm Topical	clotrimazole	1%	Topical Cream	0.2833	0.2975
02247732	Concerta	methylphenidate hydrochloride	18 mg	Extended Release Tablet	3.2081	3.3685
02250241	Concerta	methylphenidate hydrochloride	27 mg	Extended Release Tablet	3.7024	3.8875
02247733	Concerta	methylphenidate hydrochloride	36 mg	Extended Release Tablet	4.1968	4.4066
02247734	Concerta	methylphenidate hydrochloride	54 mg	Extended Release Tablet	5.1847	5.4439
02240113	Cosopt	dorzolamide/timolol	20 mg/5 mg/mL	Ophthalmic Solution	9.5137	9.9894
02123274	Coversyl	perindopril erbumine	2 mg	Tablet	0.7791	0.8181
02123282	Coversyl	perindopril erbumine	4 mg	Tablet	0.9753	1.0241
02246624	Coversyl	perindopril erbumine	8 mg	Tablet	1.3660	1.4343
02246569	Coversyl Plus	perindopril erbumine/ indapamide	4 mg/1.25 mg	Tablet	1.1757	1.2345
02321653	Coversyl Plus HD	perindopril erbumine/ indapamide	8 mg/2.5 mg	Tablet	1.3123	1.3779
02246568	Coversyl Plus LD	perindopril erbumine/ indapamide	2 mg/0.625 mg	Tablet	1.0160	1.0668
02265540	Crestor - 5MG	rosuvastatin	5 mg	Tablet	1.4764	1.5502
02247162	Crestor - 10MG	rosuvastatin	10 mg	Tablet	1.5679	1.6463
02247163	Crestor - 20MG	rosuvastatin	20 mg	Tablet	1.9512	2.0488
02247164	Crestor - 40MG	rosuvastatin	40 mg	Tablet	2.2904	2.4049
00029246	Delatestryl	testosterone enanthate	200 mg/mL	Injection	13.7575	14.4454
02213281	Dermovate Scalp Application	clobetasol propionate	0.05%	Scalp Solution	0.8636	0.9068
02213265	Dermovate Cream	clobetasol propionate	0.05%	Cream	1.0203	1.0713
02213273	Dermovate Ointment	clobetasol propionate	0.05%	Ointment	1.0203	1.0713
01924516	Dexedrine	dextroamphetamine sulfate	5 mg	Tablet	0.8219	0.8630
01924559	Dexedrine Spansule	dextroamphetamine sulfate	10 mg	Sustained Release Capsule	1.2135	1.2742
01924567	Dexedrine Spansule	dextroamphetamine sulfate	15 mg	Sustained Release Capsule	1.4837	1.5579

02242987	Diamicron MR	gliclazide	30 mg	Tablet	0.1628	0.1709
02356422	Diamicron MR	gliclazide	60 mg	Tablet	0.2932	0.3079
00705438	Dilaudid	hydromorphone HCl	1 mg	Tablet	0.1011	0.1062
00125083	Dilaudid	hydromorphone HCl	2 mg	Tablet	0.1507	0.1582
00125121	Dilaudid	hydromorphone HCl	4 mg	Tablet	0.2383	0.2502
00786543	Dilaudid	hydromorphone HCl	8 mg	Tablet	0.3754	0.3942
02270528	Diovan	valsartan	40 mg	Tablet	1.3734	1.4421
02244781	Diovan	valsartan	80 mg	Tablet	1.4078	1.4782
02244782	Diovan	valsartan	160 mg	Tablet	1.4079	1.4783
02289504	Diovan	valsartan	320 mg	Tablet	1.3702	1.4387
02241900	Diovan-HCT	valsartan/HCTZ	80/12.5 mg	Tablet	1.4003	1.4703
02241901	Diovan-HCT	valsartan/HCTZ	160/12.5 mg	Tablet	1.4054	1.4757
02246955	Diovan-HCT	valsartan/HCTZ	160/25 mg	Tablet	1.4109	1.4814
02308908	Diovan-HCT	valsartan/HCTZ	320/12.5 mg	Tablet	1.4032	1.4734
02308916	Diovan-HCT	valsartan/HCTZ	320/25 mg	Tablet	1.4032	1.4734
02242471	Dostinex	cabergoline	0.5 mg	Tablet	22.9246	24.0708
02319012	Dovobet Gel	betamethasone /calcipotriol	0.5 mg/50 mcg	Topical Gel	1.9101	2.0056
02244126	Dovobet Ointment	betamethasone /calcipotriol	0.5 mg/50 mcg	Topical Ointment	2.0208	2.1218
02244002	Estradot 100	estradiol-17ß	100 mcg	Patch	3.8829	4.0770
02244000	Estradot 50	estradiol-17ß	50 mcg	Patch	3.4298	3.6013
02244001	Estradot 75	estradiol-17ß	75 mcg	Patch	3.6774	3.8613
02239028	Evista	raloxifene hydrochloride	60 mg	Tablet	2.1849	2.2941
02242115	Exelon	rivastigmine	1.5 mg	Capsule	3.1325	3.2891
02242116	Exelon	rivastigmine	3 mg	Capsule	3.1325	3.2891
02242117	Exelon	rivastigmine	4.5 mg	Capsule	3.1325	3.2891
02242118	Exelon	rivastigmine	6 mg	Capsule	3.1325	3.2891
02231384	Femara	letrozole	2.5 mg	Tablet	8.5895	9.0190
02244292	Flovent HFA	fluticasone propionate	125 mcg	Metered Dose Inhaler	0.4623	0.4854
02244293	Flovent HFA	fluticasone propionate	250 mcg	Metered Dose Inhaler	0.9237	0.9699
00586668	Fucidin Cream 2%	fusidic acid	2%	Cream	1.0036	1.0538
02502631	Jamp Calcium Polystyrene Sulfonate	calcium polystyrene sulfonate	999 mg/g	Powder for Solution	0.2456	0.2579

02212161	Imitrex DF Tab 100mg	sumatriptan	100 mg	Tablet	20.7487	21.7861
02212153	Imitrex DF Tab 50mg	sumatriptan	50 mg	Tablet	18.8342	19.7759
00004596	Imuran	azathioprine	50 mg	Tablet	1.3530	1.4207
02245821	Ketorolac	ketorolac tromethamine	0.5%	Ophthalmic Solution	2.9693	3.1178
02142104	Lamictal	lamotrigine	100 mg	Tablet	2.0547	2.1574
02142112	Lamictal	lamotrigine	150 mg	Tablet	3.0279	3.1793
02142082	Lamictal	lamotrigine	25 mg	Tablet	0.5144	0.5401
02031116	Lamisil	terbinafine	250 mg	Tablet	4.8313	5.0729
02410745	Lorazepam Sublingual	lorazepam	0.5 mg	Sublingual Tablet	0.0984	0.1033
02410753	Lorazepam Sublingual	lorazepam	1 mg	Sublingual Tablet	0.1240	0.1301
02410761	Lorazepam Sublingual	lorazepam	2 mg	Sublingual Tablet	0.1923	0.2019
02537850	Lupin-Tiotropium	tiotropium	18 mcg	Powder for Inhalation	0.9143	0.9600
00899356	Manerix	moclobemide	150 mg	Tablet	0.8938	0.9385
02166747	Manerix	moclobemide	300 mg	Tablet	1.7553	1.8431
02481227	Mar-Dapsone	dapsone	100 mg	Tablet	1.1952	1.2550
02217422	Mepron	atovaquone	750 mg/5 mL	Oral Suspension	3.6068	3.7871
00869961	Mestinon	pyridostigmine bromide	60 mg	Tablet	0.6378	0.6697
02015439	MS Contin	morphine sulfate	15 mg	Extended Release Tablet	0.9724	1.0210
02014297	MS Contin	morphine sulfate	30 mg	Extended Release Tablet	1.4698	1.5433
02014300	MS Contin	morphine sulfate	60 mg	Extended Release Tablet	2.5917	2.7213
02014319	MS Contin	morphine sulfate	100 mg	Extended Release Tablet	3.9456	4.1429
02014327	MS Contin	morphine sulfate	200 mg	Extended Release Tablet	7.3566	7.7244
02014203	MS.IR	morphine sulfate	5 mg	Immediate Release Tablet	0.1126	0.1182
02014211	MS.IR	morphine sulfate	10 mg	Immediate Release Tablet	0.1741	0.1828
02457164	Mylan-Propafenone	propafenone hydrochoride	300 mg	Tablet	1.1116	1.1672
02150689	Neoral	cyclosporine	25 mg	Capsule	1.6620	1.7451
02150662	Neoral	cyclosporine	50 mg	Capsule	3.2416	3.4037
02150670	Neoral	cyclosporine	100 mg	Capsule	6.4858	6.8101
02244522	Nexium	esomeprazole	40 mg	Delayed ReleaseTablet	2.6256	2.7569
02199270	Nitoman	tetrabenazine	25 mg	Tablet	9.5550	10.0328

02375842	Onglyza	saxagliptin	2.5 mg	Tablet	2.7399	2.8769
02333554	Onglyza	saxagliptin	5 mg	Tablet	3.2706	3.4341
02243796	Pariet	rabeprazole sodium	10 mg	Tablet	1.5578	1.6357
02243797	Pariet	rabeprazole sodium	20 mg	Tablet	3.1156	3.2714
02027887	Paxil Tab 10mg	paroxetine	10 mg	Tablet	2.2452	2.3575
01940481	Paxil Tab 20mg	paroxetine	20 mg	Tablet	2.3822	2.5013
01940473	Paxil Tab 30mg	paroxetine	30 mg	Tablet	2.5304	2.6569
02229099	Pulmicort Nebuamp 0.125 mg/mL	budesonide	0.125 mg/mL	Inhalation Suspension	0.2669	0.2802
01978918	Pulmicort Nebuamp 0.25 mg/mL	budesonide	0.25 mg/mL	Inhalation Suspension	0.5346	0.5613
01978926	Pulmicort Nebuamp 0.5 mg/mL	budesonide	0.5 mg/mL	Inhalation Suspension	1.0659	1.1192
02238998	Rho-Nitro Pumpspray	nitroglycerin	0.4 mg/ACT	Sublingual Spray	0.0434	0.0456
02390698	Sandoz Fenofibrate E	fenofibrate	48 mg	Tablet	0.3600	0.3780
00432814	Sandoz Fluorometholone	fluorometholone	0.1%	Ophthalmic Solution	1.9974	2.0973
02321513	Seroquel XR	quetiapine	150 mg	Extended Release Tablet	2.2219	2.3330
02300192	Seroquel XR	quetiapine	200 mg	Extended Release Tablet	3.0045	3.1547
02300206	Seroquel XR	quetiapine	300 mg	Extended Release Tablet	4.4095	4.6300
02300214	Seroquel XR	quetiapine	400 mg	Extended Release Tablet	5.9859	6.2852
02300184	Seroquel XR	quetiapine	50 mg	Extended Release Tablet	1.1280	1.1844
02236951	Seroquel	quetiapine	25 mg	Tablet	0.5375	0.5644
02236952	Seroquel	quetiapine	100 mg	Tablet	1.4340	1.5057
02236953	Seroquel	quetiapine	200 mg	Tablet	2.8795	3.0235
02244107	Seroquel	quetiapine	300 mg	Tablet	4.2019	4.4120
02070847	Soriatane	acitretin	10 mg	Capsule	3.0596	3.2126
02070863	Soriatane	acitretin	25 mg	Capsule	5.3744	5.6431
02246793	Spiriva	tiotropium	18 mcg	Powder for Inhalation	0.9143	0.9600
02047454	Sporanox	itraconazole	100 mg	Capsule	6.3595	6.6775
02367394	Taro-Carbamazepine	carbamazepine	100 mg/5 mL	Oral Suspension	0.0884	0.0928

02266385	Taro-Mometasone Lotion	mometasone furoate	0.1%	Topical Lotion	0.4072	0.4276
02367157	Taro-Mometasone Cream	mometasone furoate	0.1%	Topical Cream	0.6138	0.6445
02250896	Taro-Phenytoin	phenytoin	125 mg/5 mL	Suspension	0.0492	0.0517
00010405	Tegretol	carbamazepine	200 mg	Tablet	0.5549	0.5826
00773611	Tegretol CR	carbamazepine	200 mg	Extended Release Tablet	0.5595	0.5875
00755583	Tegretol CR	carbamazepine	400 mg	Extended Release Tablet	1.1189	1.1748
02194333	Tegretol Suspension	carbamazepine	100 mg/5 mL	Oral Suspension	0.1072	0.1126
02231150	Tiazac	diltiazem HCl	120 mg	Extended Release Capsule	1.2012	1.2613
02231151	Tiazac	diltiazem HCl	180 mg	Extended Release Capsule	1.6046	1.6848
02231152	Tiazac	diltiazem HCl	240 mg	Extended Release Capsule	2.1284	2.2348
02231154	Tiazac	diltiazem HCl	300 mg	Extended Release Capsule	2.6657	2.7990
02231155	Tiazac	diltiazem HCl	360 mg	Extended Release Capsule	3.2093	3.3698
02256746	Tiazac XC	diltiazem HCl	180 mg	Extended Release Tablet	1.4205	1.4915
02256754	Tiazac XC	diltiazem HCl	240 mg	Extended Release Tablet	1.8863	1.9806
02256762	Tiazac XC	diltiazem HCl	300 mg	Extended Release Tablet	1.8807	1.9747
02256770	Tiazac XC	diltiazem HCl	360 mg	Extended Release Tablet	1.8862	1.9805
00451207	Timoptic	timolol	0.5%	Ophthalmic Solution	7.0316	7.3832
02230893	Topamax 25MG	topiramate	25 mg	Tablet	2.2114	2.3220
02230894	Topamax 100MG	topiramate	100 mg	Tablet	4.1467	4.3540
02230896	Topamax 200MG	topiramate	200 mg	Tablet	6.1231	6.4293
02244981	Tracleer	bosentan	62.5 mg	Tablet	83.4092	87.5797
02244982	Tracleer	bosentan	125 mg	Tablet	83.4092	87.5797
02242068	Trileptal	oxcarbazepine	300 mg	Tablet	1.0508	1.1033
02242069	Trileptal	oxcarbazepine	600 mg	Tablet	2.1032	2.2084
02216205	Trusopt	dorzolamide	2%	Ophthalmic Solution	6.0325	6.3341
00718149	Tryptan	l-tryptophan	500 mg	Capsule	0.9750	1.0238
00654531	Tryptan	l-tryptophan	1 G	Tablet	1.9592	2.0572
02029456	Tryptan	l-tryptophan	500 mg	Tablet	0.9750	1.0238
02219492	Valtrex	valacyclovir	500 mg	Tablet	4.3461	4.5634

02241497	Ventolin HFA	salbutamol	100 mcg	Metered Dose Inhaler	0.0396	0.0416
00881635	Voltaren Rapide	diclofenac potassium	50 mg	Tablet	1.2621	1.3252
00632724	Voltaren	diclofenac sodium	50 mg	Suppository	1.8669	1.9602
01940414	Voltaren Ophtha	diclofenac sodium	0.1%	Ophthalmic Solution	4.0636	4.2668
02352303	Votrient	pazopanib	200 mg	Tablet	39.4287	41.4001
02439603	Vyvanse	lisdexamfetamine dimesylate	10 mg	Capsule	2.3315	2.4481
02347156	Vyvanse	lisdexamfetamine dimesylate	20 mg	Capsule	2.9002	3.0452
02322951	Vyvanse	lisdexamfetamine dimesylate	30 mg	Capsule	3.4688	3.6422
02347164	Vyvanse	lisdexamfetamine dimesylate	40 mg	Capsule	4.0375	4.2394
02322978	Vyvanse	lisdexamfetamine dimesylate	50 mg	Capsule	4.6062	4.8365
02347172	Vyvanse	lisdexamfetamine dimesylate	60 mg	Capsule	5.1748	5.4335
02490226	Vyvanse	lisdexamfetamine dimesylate	10 mg	Chewable Tablet	2.3315	2.4481
02490234	Vyvanse	lisdexamfetamine dimesylate	20 mg	Chewable Tablet	2.9002	3.0452
02490242	Vyvanse	lisdexamfetamine dimesylate	30 mg	Chewable Tablet	3.4688	3.6422
02490250	Vyvanse	lisdexamfetamine dimesylate	40 mg	Chewable Tablet	4.0375	4.2394
02490269	Vyvanse	lisdexamfetamine dimesylate	50 mg	Chewable Tablet	4.6061	4.8364
02490277	Vyvanse	lisdexamfetamine dimesylate	60 mg	Chewable Tablet	5.1748	5.4335
02275090	Wellbutrin XL	bupropion hydrochloride	150 mg	Extended Release Tablet	0.6052	0.6355
02275104	Wellbutrin XL	bupropion hydrochloride	300 mg	Extended Release Tablet	1.2106	1.2711
00569771	Zovirax	acyclovir	5%	Ointment	18.3366	19.2534
02371065	Zytiga	abiraterone acetate	250 mg	Tablet	34.1977	35.9076
02457113	Zytiga	abiraterone acetate	500 mg	Tablet	68.3955	71.8153

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

Product Deletions

(as identified for discontinuation in Bulletin # 138)

The following products have been deleted.

02480050 02480069 02480077 02480085 02480093	AG-Simvastatin	simvastatin	5 mg 10 mg 20 mg 40 mg 80 mg	Tablet
02248727 02248728	Apo-Alendronate	alendronic acid	5 mg 10 mg	Tablet
02379058 02353504 02353512	Apo-Losartan	losartan potassium	25 mg 50 mg 100 mg	Tablet

02313901 02313928 02313936 02313944	Apo-Quetiapine	quetiapine	25 mg 100 mg 200 mg 300 mg	Tablet
02248501 02248502	Apo-Quinapril	quinapril	20 mg 40 mg	Tablet
02254514	Apo-Quinine	quinine sulfate	200 mg	Capsule
00755893	Apo-Pindol	pindolol	15 mg	Tablet
00733059	Apo-Ranitidine	ranitidine	150 mg	Tablet
02406098 02406101 02406128	Auro-Irbesartan	irbesartan	75 mg 150 mg 300 mg	Tablet
02447878 02447886 02447894	Auro-Irbesartan HCT	hydrochlorothiazide/ irbesartan	12.5/150 mg 12.5/300 mg 25/300 mg	Tablet
02441144	Auro-Rizatriptan	rizatriptan	10 mg	Tablet
02447207 02447223 02447258	Bio-Quetiapine	quetiapine	100 mg 200 mg 300 mg	Tablet
00010340	Entrophen ECT	acetylsalicylic acid	650 mg	Enteric-Coated Tablet
00682020	Erythro-Base	erythromycin	250 mg	Tablet
02393751	Esbriet	pirfenidone	267 mg	Capsule
01911473	Inhibace	cilazapril	2.5 mg	Tablet
02420147	Jamp-Cyanocobalamin	vitamin B12	1000 mcg/mL	Injection
02442353 02442361	Jamp-Montelukast	montelukast	4 mg 5 mg	Tablet
02502429	Jamp Prasugrel	prasugrel	10 mg	Tablet
02352338	Jamp-Ropinirole	ropinirole	0.25 mg	Tablet
02379708	Mar-Ciprofloxacin	ciprofloxacin	750 mg	Tablet
02476177 02476185	Mar-Flecainide	flecainide acetate	50 mg 100 mg	Tablet
02391473 02391481 02391503	Mar-Gabapentin	gabapentin	100 mg 300 mg 400 mg	Capsule
02399865 02399873	Mar-Montelukast	montelukast	4 mg 5 mg	Tablet
02447053	Mar-Moxifloxacin	moxifloxacin	400 mg	Tablet

02399822 02399830 02399849 02399857	Mar-Quetiapine	quetiapine	25 mg 100 mg 200 mg 300 mg	Tablet
02420457	Mar-Ramipril	ramipril	1.25 mg	Capsule
00504742	Mazepine	carbamazepine	200 mg	Tablet
00560952 00560960 00560979	Minipress	prazosin	1 mg 2 mg 5 mg	Tablet
02505797 02505819	Mint-Levofloxacin	levofloxacin	250 mg 500 mg	Tablet
02162415	Naprosyn	naproxen	375 mg	Enteric-Coated Tablet
00738824 00738840	Novo-Hydroxyzin	hydroxyzine hydrochloride	10 mg 50 mg	Capsule
02236783	Orciprenaline	orciprenaline sulfate	2 mg/mL	Syrup
00641324	Odan-Erythromycin	erythromycin	5 mg/g	Ophthalmic Ointment
02264951 02264986	Pamidronate Disodium	pamidronate disodium	3 mg/mL 9 mg/mL	Injection
02495805 02495821 02495813	pms-Cyclosporine	cyclosporine	25 mg 50 mg 100 mg	Capsule
02023814	Prednisolone/ Sulfacetamide	prednisolone acetate /sulfacetamide sodium	0.5%/10%	Opthalmic Suspension
02204606	Prolastin-C	$alpha_1$-Proteinase Inhibitor (human)	1000 mg/vial	Powder for Solution
00695440	Quinine-Odan	quinine sulfate	200 mg	Capsule
02438259 02438267	Ran-Duloxetine	duloxetine	30 mg 60 mg	Capsule
01927825 01927817	Rovamycin	spiramycin	250 mg 500 mg	Capsule
00839205	Sandostatin	octreotide	100 mcg/mL	Injection
02113031	Stadol NS	butorphanol tartrate	10 mg/mL	Liquid Metered Dose Aerosol
00594636	Statex	morphine sulfate	25 mg	Tablet
02262819 02262843	Strattera	atomoxetine	18 mg 60 mg	Capsule
00441767	Sulfinpyrazone	sulfinpyrazone	200 mg	Tablet
02230661	Tenoxicam	tenoxicam	20 mg	Tablet
00862924	Teva-Diltiazem	diltiazem hydrochloride	30 mg	Tablet
00312762	Tolbutamide	tobutamide	500 mg	Tablet

00687456	Viroptic	trifluridine	1%	Opthalmic Solution
02230837 02230840	Xylac	loxapine	5 mg 50 mg	Tablet
02231143	Zithromax	azithromycin	600 mg	Tablet
00886157	Zovirax	acyclovir	200 mg/5 mL	Oral Liquid

Interchangeable Category Deletions

OCTREOTIDE ACETATE — 100 mcg/mL — Injection

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 140

02416328	Aubagio	teriflunomide	14 mg	Tablet
02243763	Comtan	entacapone	200 mg	Tablet
00830208 00830216 00830224 00830232 00830240	Congest	conjugated estrogens	2.5 mg 1.25 mg 0.9 mg 0.625 mg 0.3 mg	Tablet
02412829	Levemir Flextouch	insulin detemir	100 unit/mL	Solution
02351013	Naproxen Sodium	naproxen sodium	275 mg	Tablet
02243722 02243724	Oesclim	estradiol	25 mcg 50 mcg	Patch
00577782	PDP-Isoniazid	isoniazid	50 mg	Tablet
00587265	pms-Benztropine	benztropine mesylate	2 mg	Tablet
02240331	pms-Bezafibrate	bezafibrate	200 mg	Tablet
02246284	pms-Brimonidine	brimonidine tartrate	0.2%	Ophthalmic Solution
02230941	pms-Buspirone	buspirone hydrochloride	5 mg	Tablet
02230104	pms-Flutamide	flutamide	250 mg	Tablet
02398370 02398389 02398397	pms-Galantamine ER	galantamine	8 mg 16 mg 24 mg	Capsule
00759503	pms-Haloperidol	haloperidol	2 mg/mL	Oral Solution
00741817	pms-Hydroxyzine	hydroxyzine hydrochloride	10 mg/5 mL	Oral Syrup
02433028	pms-Lansoprazole	lansoprazole	30 mg	Capsule

02017237	pms -Naproxen	naproxen	500 mg	Suppository
02293749	pms-Paroxetine	paroxetine	40 mg	Tablet
00751898	pms-Perphenazine Concentrate	perphenazine	3.2 mg/mL	Oral Liquid
02240363	pms-Polytrimethoprim	polymyxin B sulfate/ trimethoprim	10000 u/mL/ 1 mg/mL	Ophthalmic Liquid
02310805 02310813	pms-Rabeprazole EC	rabeprazole sodium	10 mg 20 mg	Enteric Coated Tablet
02273047	pms-Temazepam	temazepam	30 mg	Capsule
02324229	pms-Zolmitriptan	zolmitriptan	2.5 mg	Tablet
02324768	pms-Zolmitriptan ODT	zolmitriptan	2.5 mg	Orally Disintegrating Tablet
00466409	Pulmophylline ELX	theophylline	80 mg/15 mL	Oral Elixir
02489058	Riva-Dapsone	dapsone	100 mg	Tablet
02482274 02482282 02482290	Riva-Levetiracetam	levetiracetam	250 mg 500 mg 750 mg	Tablet
02224887	Soframycin Eye Drops	framycetin sulfate	5 mg/mL	Ophthalmic drops
02224879	Soframycin Skin Ointment	framycetin sulfate/ gramicidin	15 mg/g/ 50 mcg/g	Ointment
02224895	Soframycin Sterile Eye Ointment	framycetin sulfate	5 mg/g	Ophthalmic ointment
00518182	Stieva-A	tretinoin	0.05%/w/w	Cream
02262835	Strattera	atomoxetine	40 mg	Capsule
02294230 02294249 02294257	Taro-Lisinopril	lisinopril	5 mg 10 mg 20 mg	Tablet
02264749	Taro-Mometasone Ointment	mometasone furoate	0.1%	Topical Ointment
02239101	Xylac	loxapine	25 mg/mL	Solution