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# BULLETIN # 111

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## Manitoba Drug Benefits and Interchangeability Formulary Amendments

The following amendments will take effect on  
**April 1, 2021**



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 1, 2021

Bulletin 111 is currently available for download:

<http://www.gov.mb.ca/health/mdbif/bulletin111.pdf>

Please also refer to the psv/excel files\* found on the Manitoba Health website under "**Notices**" here:

<https://www.gov.mb.ca/health/pharmacare/healthprofessionals.html>

\*The psv/excel files contain the following information: **DIN, PRODUCT NAME, UNIT PRICE (List Price + 5%) & LOWEST GENERIC PRICE (List Price + 5%)**

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## Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02469898 02469901	<b>Admelog</b>	insulin lispro	100 U/mL	Solution	SAA
02469871	<b>Admelog Solostar</b>	insulin lispro	100 U/mL	Solution	SAA
02481588	<b>AG-Pantoprazole</b>	pantoprazole	40 mg	Tablet	ANP
02469812 02469820	<b>GLN-Olmesartan</b>	olmesartan	20 mg 40 mg	Tablet	GLM
02475707 02475715 02475723	<b>GLN-Olmesartan HCTZ</b>	olmesartan/HCTZ	20 mg/12.5 mg 40 mg/12.5 mg 40 mg/25 mg	Tablet	GLM
02493705 02493713	<b>Jamp Flecainide</b>	flecainide	50 mg 100 mg	Tablet	JPC
02386755 02386763	<b>Jamp Telmisartan</b>	telmisartan	40 mg 80 mg	Tablet	JPC
02389940 02389959	<b>Jamp Telmisartan-HCT</b>	telmisartan/HCTZ	80 mg/12.5 mg 80 mg/25 mg	Tablet	JPC
02496380 02496399	<b>Mint-Nadolol</b>	nadolol	40 mg 80 mg	Tablet	MPH
02479737 02479745	<b>NRA-Celecoxib</b>	celecoxib	100 mg 200 mg	Capsule	NRA
02482037	<b>NRA-Clopidogrel</b>	clopidogrel	75 mg	Tablet	NRA
02482126 02482134	<b>NRA-Duloxetine</b>	duloxetine	30 mg 60 mg	Capsule	NRA
02476851 02476878	<b>NRA-Escitalopram</b>	escitalopram	10 mg 20 mg	Tablet	NRA
02481669	<b>NRA-Ezetimibe</b>	ezetimibe	10 mg	Tablet	NRA
02503875 02503883	<b>NRA-Fluoxetine</b>	fluoxetine	10 mg 20 mg	Capsule	NRA
02499258 02499266	<b>NRA-Olmesartan</b>	olmesartan	20 mg 40 mg	Tablet	NRA
02501880	<b>NRA-Omeprazole</b>	omeprazole	20 mg	Tablet	NRA
02471825	<b>NRA-Pantoprazole</b>	pantoprazole	40 mg	Tablet	NRA
02479753 02479761 02479788	<b>NRA-Paroxetine</b>	paroxetine	10 mg 20 mg 30 mg	Tablet	NRA
02489015 02489023 02489031	<b>NRA-Perindopril</b>	perindopril	2 mg 4 mg 8 mg	Tablet	NRA
02481901	<b>Taro-Ciprofloxacin/ Dexamethasone</b>	ciprofloxacin/ dexamethasone	0.3 %/0.1 %	Otic Suspension	TAR
02454696	<b>Taro-Fenofibrate E</b>	fenofibrate	145 mg	Tablet	TAR
02496003	<b>Taro-Testosterone Cypionate</b>	testosterone cypionate	100 mg/mL	Injection	TAR
02494337 02494345	<b>Teva-Liothyronine</b>	liothyronine	5 mcg 25 mcg	Tablet	TEV

02432919 02432927 02432943	<b>Trintellix</b>	vortioxetine	5 mg 10 mg 20 mg	Tablet	LUN
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## Part 2 Additions

02485419	<b>AG-Cyclobenzaprine</b>	cyclobenzaprine	10 mg	Tablet	ANP
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As an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions not responding to alternative therapy.

Coverage will be provided for up to 126 tablets per benefit year.

02496356	<b>AG-Emtricitabine/ Tenofovir</b>	emtricitabine/tenofovir	200/300 mg	Tablet	ANP
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(a) 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;

(b) For the treatment as a dual nucleoside (nucleotide) option for treatment of HIV patients where the virus is susceptible to both these agents and efavirenz is not indicated due to adverse effects or antiretroviral resistance.

02497409 02497425	<b>Jamp Oseltamivir</b>	oseltamivir	30 mg 75 mg	Capsule	JPC
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Refer to Part 2 of the Specified Drug Regulations for complete prescribing criteria

02479680	<b>NRA-Azithromycin</b>	azithromycin	250 mg	Tablet	NRA
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For the treatment of patients:

- (a) not responding to or intolerant of alternative antibiotics (e.g. amoxicillin and erythromycin);
- (b) with mycobacterial infections due to the mycobacterium avium and mycobacterium intracellulare;
- (c) with sexually transmitted disease due to Chlamydia
- (d) with pneumonia;
- (e) with infections requiring a macrolide (including CAP in patients 65 and older) with documented intolerance to erythromycin

02492008	<b>NRA-Ciprofloxacin</b>	ciprofloxacin	500 mg	Tablet	NRA
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- (a) Step-down care following hospital separation in patients treated with parenteral antibiotics;
- (b) Treatment of pseudomonal infections or resistant gram-negative infections;
- (c) Treatment of resistant gonococcal infections;
- (d) Treatment of infections in persons allergic alternative agents (eg. penicillins, cephalosporins and sulfonamides);
- (e) Treatment of infections in immunocompromised patients;
- (f) Treatment of diabetic foot infections and complications of orthopedic surgery;
- (g) Treatment of chronic bacterial prostatitis.

02489821	<b>NRA-Montelukast</b>	montelukast	10 mg	Tablet	NRA
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(a) Indicated as adjunctive therapy for asthma in cases where:

- maximum doses of inhaled corticosteroids have not effectively controlled symptoms, or
- evidence of serious adverse effects associated with corticosteroids exists. e.g. Adrenal suppression, increased lung infections;

(b) Indicated as first line therapy for exercise induced asthma.

## Part 3 Additions

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

02479907	<b>Accel-Entecavir</b>	entecavir	0.5 mg	Tablet	ACC
02453797	<b>Entecavir</b>	entecavir	0.5 mg	Tablet	STR

Criteria may be obtained from the EDS office at Manitoba Health.

02490986 02490994	<b>ACH-Imatinib</b>	imatinib	100 mg 400 mg	Tablet	ACH
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As per Gleevec criteria (<http://gov.m.ca/health/mbbif/edsnotice.pdf>)

02491397 02491400	<b>Apo-Abiraterone</b>	abiraterone acetate	250 mg 500 mg	Tablet	APX
02494132	<b>NAT-Abiraterone</b>	abiraterone acetate	250 mg	Tablet	NAT
02492601 02501503	<b>pms-Abiraterone</b>	abiraterone acetate	250 mg 500 mg	Tablet	PMS
02486393	<b>Sandoz Abiraterone</b>	abiraterone acetate	250 mg	Tablet	SDZ

For the treatment of histologically confirmed metastatic castrate-resistant prostate cancer with disease progression after prior androgen deprivation therapy OR with disease progression after prior chemotherapy with Docetaxel.

02496933	<b>Avsola</b>	infliximab	100 mg/vial	Powder for Solution	AGA
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Avsola will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Rheumatoid Arthritis, Ankylosing Spondylitis, Crohn's Disease, Ulcerative Colitis, Psoriatic Arthritis, and Psoriasis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

### 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.*

Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Rheumatoid Arthritis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients. Patients will not be permitted to switch from Avsola, Renflexis or Inflectra to another infliximab 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 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.*

Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Ankylosing Spondylitis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients. Patients will not be permitted to switch from Avsola, Renflexis or Inflectra to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

### **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 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.*

Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Psoriatic Arthritis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients. Patients will not be permitted to switch from Avsola, Renflexis or Inflectra to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

### **Psoriasis**

For the treatment of adult patients with severe plaque psoriasis with one or more of the following:

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

The initial request is approved 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:

- $\geq 50$  percent reduction in the PASI score with  $\geq 5$  point improvement in the DLQI; OR
- $\geq 75$  percent reduction in the PASI score; OR
- $\geq 50$  percent 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.*

Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Psoriasis. Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients. Patients will not be permitted to switch from Avsola, Renflexis or Inflectra to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

### **Crohn's Disease**

For 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.*

For Adults: Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Crohn's Disease.

For Pediatrics: Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Crohn's Disease.

Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Remicade, Renflexis, Inflectra or Avsola to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

### 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.*

For Adults: Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Fistulizing Crohn's Disease.

Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Remicade, Renflexis, Inflectra or Avsola to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

### Ulcerative Colitis

For the treatment of patients with moderate to severely active ulcerative colitis who have had an 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.*

For Adults: Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Ulcerative Colitis.

For Pediatrics: Avsola, Renflexis or Inflectra will be a preferred infliximab option for all infliximab-naïve patients prescribed an infliximab product for Ulcerative Colitis.

Preferred means the first infliximab product to be considered for reimbursement for infliximab-naïve patients.

Patients will not be permitted to switch from Remicade, Renflexis, Inflectra or Avsola to another infliximab product or vice versa, if:

- Previously trialed and deemed unresponsive to therapy.

02455331 02455323	<b>Brenzys</b> (new indications)	etanercept	50 mg/mL	Solution	SBC
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### 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)  $\geq 10$
- 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  $\geq 5$  point improvement in the DLQI
- $\geq 75\%$  reduction in the PASI score
- $\geq 50\%$  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.*

**Brenzys will be a preferred etanercept option for all etanercept-naïve patients prescribed an etanercept product for Psoriasis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naïve patients.**

**Patients will not be permitted to switch from Brenzys 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.*

**Brenzys will be a preferred etanercept option for all etanercept-naïve patients weighing 63kg (138 pounds) or more who are prescribed an etanercept product for Polyarticular Juvenile Idiopathic Arthritis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naïve patients.**

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

**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 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.*

**Brenzys will be a preferred etanercept option for all etanercept-naïve patients prescribed an etanercept product for Psoriatic Arthritis. Preferred means the first etanercept product to be considered for reimbursement for etanercept-naïve patients.**

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

02498189	<b>Jamp Dienogest</b>	dienogest	2 mg	Tablet	JPC
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The management of pelvic pain associated with endometriosis in patients for whom one or more less costly hormonal options are either ineffective or cannot be used.

02472104 02472112	<b>Lonsurf</b>	tipiracil/trifluridine	6.14/15 mg 8.19/20 mg	Tablet	TAI
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In combination with best supportive care (BSC) for the treatment of adult patients with metastatic gastric cancer or adenocarcinoma of the gastroesophageal junction, who have been previously treated with at least two prior lines of chemotherapy including a fluoropyrimidine, a platinum, and either a taxane or irinotecan and if appropriate, with HER2/neu-targeted therapy. Eligible patients include those with with Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Treatment should continue until unacceptable toxicity or disease progression.

02489252	<b>Onpattro</b>	patisiran	2 mg/mL	Solution	ANB
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For the treatment of polyneuropathy in patients with hereditary transthyretin-mediated amyloidosis (hATTR). Complete criteria may be obtained from the EDS office at Manitoba Health.

02415690	<b>Opsumit</b>	macitentan	10 mg	Tablet	JAN
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For the treatment of patients with at least World Health Organization functional class III idiopathic pulmonary arterial hypertension (PAH) or pulmonary hypertension associated with connective tissue disease who have failed on vasodilators. Maximum dose is 10 mg/day.

02445727	<b>Revestive</b> <i>(new indication)</i>	teduglutide	5 mg/vial	Kit	TAK
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For the treatment of short bowel syndrome in pediatric patients 1 year of age and above. Complete criteria may be obtained from the EDS office at Manitoba Health.

02480948 02505614	<b>Takhzyro</b>	lanadelumab	300 mg/2mL	Solution	SHI
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For routine prevention of attacks of hereditary angioedema (HAE). Complete criteria may be obtained from the EDS office at Manitoba Health.

## New Interchangeable Categories

<b>Abiraterone - 250 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02371065	Zytiga	JAN	31.1050	32.6603		
02491397	Apo-Abiraterone	APX	7.6563	8.0391		
02494132	NAT-Abiraterone	NAT	7.6563	8.0391		
02492601	pms-Abiraterone	PMS	7.6563	8.0391		
02486393	Sandoz Abiraterone	SDZ	7.6563	8.0391		

<b>Abiraterone - 500 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02457113	Zytiga	JAN	62.2100	65.3205		
02491400	Apo-Abiraterone	APX	30.6250	32.1563		
02501503	pms-Abiraterone	PMS	30.6250	32.1563		

<b>Ciprofloxacin/Dexamethasone - 0.3 %/0.1 % - Otic Suspension</b>					<b>\$</b>	<b>\$ + 5%</b>
02252716	Ciprodex	NVT	3.9520	4.1496		
02481901	Taro-Ciprofloxacin/ Dexamethasone	TAR	2.8840	3.0282		

<b>Liothyronine - 5 mcg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
01919458	Cytomel	PFI	1.4176	1.4885		
02494337	Teva-Liothyronine	TEV	1.1587	1.2166		

<b>Liothyronine - 25 mcg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
01919466	Cytomel	PFI	1.5409	1.6179		
02494345	Teva-Liothyronine	TEV	1.2595	1.3225		

<b>Nadolol - 40 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
00782505	Apo-Nadolol	APX	0.2375	0.2494		
02496380	Mint-Nadolol	MPH	0.2375	0.2494		

<b>Nadolol - 80 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
00782467	Apo-Nadolol	APX	0.3410	0.3581		
02496399	Mint-Nadolol	MPH	0.3410	0.3581		

<b>Testosterone Cypionate - 100 mg/mL - Injection</b>					<b>\$</b>	<b>\$ + 5%</b>
00030783	Depo-Testosterone	PFI	4.5220	4.7481		
02496003	Taro-Testosterone Cypionate	TAR	3.4878	3.6622		

## New Interchangeable Products

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

<b>Azithromycin - 250 mcg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02479680	NRA-Azithromycin	NRA	0.9410	0.9881		

<b>Celecoxib - 100 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02479737	NRA-Celecoxib	NRA	0.1279	0.1343		

<b>Celecoxib - 200 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
02479745	NRA-Celecoxib	NRA	0.2558	0.2686		

<b>Ciprofloxacin - 500 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02492008	NRA-Ciprofloxacin	NRA	0.5025	0.5276		



<b>Clopidogrel - 75 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02482037	NRA-Clopidogrel	NRA	0.2631	0.2763	
<b>Cyclobenzaprine - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02485419	AG-Cyclobenzaprine	ANP	0.1022	0.1073	
<b>Dienogest - 2 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02498189	Jamp Dienogest	JPC	1.0231	** 1.0743	
<b>Duloxetine - 30 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02482126	NRA-Duloxetine	NRA	0.4814	0.5055	
<b>Duloxetine - 60 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02482134	NRA-Duloxetine	NRA	0.9769	1.0257	
<b>Emtricitabine/Tenofovir - 200 mg/300 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02496356	AG-Emtricitabine/Tenofovir	ANP	7.3035	7.6687	
<b>Entecavir - 0.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02479907	Accel-Entecavir	ACC	5.5000	5.7750	
	02453797	Entecavir	STR	5.5000	5.7750	
<b>Escitalopram - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02476851	NRA-Escitalopram	NRA	0.3109	0.3264	
<b>Escitalopram - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02476878	NRA-Escitalopram	NRA	0.3310	0.3746	
<b>Ezetimibe - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02481669	NRA-Ezetimibe	NRA	0.1811	0.1902	
<b>Fenofibrate - 145 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02454696	Taro-Fenofibrate E	TAR	0.5489	** 0.5763	
<b>Flecainide - 50 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02493705	Jamp Flecainide	JPC	0.1389	** 0.1458	
<b>Flecainide - 100 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02493713	Jamp Flecainide	JPC	0.2779	** 0.2918	
<b>Fluoxetine - 10 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02503875	NRA-Fluoxetine	NRA	0.3404	0.3574	
<b>Fluoxetine - 20 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02503883	NRA-Fluoxetine	NRA	0.3311	0.3477	
<b>Imatinib - 100 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02490986	ACH-Imatinib	ACH	5.2079	5.4684	
<b>Imatinib - 400 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02490994	ACH-Imatinib	ACH	20.8314	21.8729	
<b>Lansoprazole - 15 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02357682	Lansoprazole	SAH	0.5000	0.5250	

<b>Lansoprazole - 30 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02357690	Lansoprazole	SAH	0.5000	0.5250	
<b>Montelukast - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02489821	NRA-Montelukast	NRA	0.4231	0.4443	
<b>Olmesartan - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02469812	GLN-Olmesartan	GLM	0.3019	0.3170	
	02499258	NRA-Olmesartan	NRA	0.3019	0.3170	
<b>Olmesartan - 40 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02469820	GLN-Olmesartan	GLM	0.3019	0.3170	
	02499266	NRA-Olmesartan	NRA	0.3019	0.3170	
<b>Olmesartan/HCTZ - 20 mg/12.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02475707	GLN-Olmesartan HCTZ	GLM	0.3019	0.3170	
<b>Olmesartan/HCTZ - 40 mg/12.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02475715	GLN-Olmesartan HCTZ	GLM	0.3019	0.3170	
<b>Olmesartan/HCTZ - 40 mg/20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02475723	GLN-Olmesartan HCTZ	GLM	0.3019	0.3170	
<b>Omeprazole - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02501880	NRA-Omeprazole	NRA	0.2287	0.2401	
<b>Oseltamivir - 30 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02497409	Jamp Oseltamivir	JPC	0.5243	0.5505	
<b>Oseltamivir - 75 mg - Capsules</b>					<b>\$</b>	<b>\$ + 5%</b>
	02497425	Jamp Oseltamivir	JPC	1.0393	1.0913	
<b>Pantoprazole - 40 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02471825	NRA-Pantoprazole	NRA	0.2016	0.2117	
	02481588	AG-Pantoprazole	ANP	0.2016	0.2117	
<b>Paroxetine - 10 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02479753	NRA-Paroxetine	NRA	0.3046	0.3198	
<b>Paroxetine - 20 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02479761	NRA- Paroxetine	NRA	0.3250	0.3413	
<b>Paroxetine - 30 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02479788	NRA-Paroxetine	NRA	0.3453	0.3626	
<b>Perindopril - 2 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02489015	NRA-Perindopril	NRA	0.1632	0.1714	
<b>Perindopril - 4 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02489023	NRA-Perindopril	NRA	0.2042	0.2144	
<b>Perindopril - 8 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02489031	NRA-Perindopril	NRA	0.2831	0.2973	
<b>Telmisartan - 40 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
	02386755	Jamp Telmisartan	JPC	0.2161	0.2269	

<b>Telmisartan - 80 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02386763	Jamp Telmisartan	JPC	0.2161	0.2269		

<b>Telmisartan/HCTZ - 80/12.5 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02389940	Jamp Telmisartan-HCT	JPC	0.2098	0.2203		

<b>Telmisartan/HCTZ - 80/25 mg - Tablets</b>					<b>\$</b>	<b>\$ + 5%</b>
02389959	Jamp Telmisartan-HCT	JPC	0.2098	0.2203		

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

## Product Deletions (as identified for deletion in Bulletin # 110)

The following products have been deleted.

02241112	Avandia	rosiglitazone	2 mg	Tablet
02237770	Avonex	interferon beta-1a	30 mcg	Injection
00206032	Colchicine	colchicine	1 mg	Tablet
00621374	Colchicine	colchicine	1 mg	Tablet
02132699	Colestid Orange	colestipol	5 G	Powder
02233014	Copaxone	glatiramer acetate	20 mg	Injection
02023644	Diopentolate	cyclopentolate hydrochloride	1%	Ophthalmic Solution
02408163	Fibrystal	ulipristal	5 mg	Tablet
02240295	Humalog Mix 25 (Pen)	insulin lispro/protamine	100 U/mL	Injection
00564966	Lozide	indapamide	2.5 mg	Tablet
00024430 00024457	Navane	thiothixene	2 mg 10 mg	Capsule
00313815 00313823	Orap	pimozide	2 mg 4 mg	Tablet
00839396 00839418	Prinivil	lisinopril	10 mg 20 mg	Tablet
02163934	Tylenol with Codeine #2	acetaminophen/caffeine/ codeine	300/15/15 mg	Tablet
02163926	Tylenol with Codeine #3	acetaminophen/caffeine/ codeine	300/15/30 mg	Tablet
02163918	Tylenol with Codeine #4	acetaminophen/codeine	300/60 mg	Tablet
00038830	Vitamin B12	vitamin B12	1 mg/mL	Injection
00895644 00895652	Apo-Dipyridamole-FC	dipyridamole	25 mg 50 mg	Tablet
02295377 02295393	Apo-Glimepiride	glimepiride	1 mg 4 mg	Tablet
02371251	Apo-Losartan HCTZ	losartan/HCTZ	100/25 mg	Tablet
00402788 00402753 00402761	Apo-Propranolol	propranolol	10 mg 40 mg 80 mg	Tablet
00790427	Ketoprofen	ketoprofen	50 mg	Capsule

01913425 01913433 01913441 01913468 01913476	Novo-Doxepin	doxepin	25 mg 50 mg 75 mg 100 mg 150 mg	Capsule
02324199	Novo-Etidronatecal	etidronate/calcium	400/500 mg	Tablet
02405709	Ran-Fluoxetine	fluoxetine	20 mg	Capsule
02374552 02374560 02374579	Ran-Sertraline	sertraline	25 mg 50 mg 100 mg	Capsule
02396084	Ran-Topiramate	topiramate	100 mg	Tablet
02302179	Sandoz Cefprozil	cefprozil	250 mg	Tablet
02285096	Teva-Lisinopril (Type P)	lisinopril	20 mg	Tablet

### Category Deletions

- Acetaminophen Compound with Codeine - 15 mg - Tablets
- Acetaminophen Compound with Codeine - 30 mg - Tablets
- Rosiglitazone - 2 mg - Tablets

### Interchangeable Product Price Changes

The following changes in prices have occurred:

					(\$)	(\$ + 5%)
02192683	3TC	lamivudine	150 mg	Tablet	5.6833	5.9675
02247825	3TC	lamivudine	300 mg	Tablet	11.4102	11.9807
01947664	Accupril	quinapril	5 mg	Tablet	1.0131	1.0638
01947672	Accupril	quinapril	10 mg	Tablet	1.0131	1.0638
01947680	Accupril	quinapril	20 mg	Tablet	1.0131	1.0638
01947699	Accupril	quinapril	40 mg	Tablet	1.0131	1.0638
02237367	Accuretic	quinapril/ hydrochlorothiazide	10 mg/12.5 mg	Tablet	1.0189	1.0698
02237368	Accuretic	quinapril/ hydrochlorothiazide	20 mg/12.5 mg	Tablet	1.0189	1.0698
02237369	Accuretic	quinapril/ hydrochlorothiazide	20 mg/25 mg	Tablet	0.9797	1.0287
02240835	Advair	fluticasone propionate/ salmeterol	100 mcg/50 mcg	Powder for Inhalation	1.5213	1.5974
02240836	Advair	fluticasone propionate/ salmeterol	250 mcg/50 mcg	Powder for Inhalation	1.8212	1.9123
02240837	Advair	fluticasone propionate/ salmeterol	500 mcg/50 mcg	Powder for Inhalation	2.5855	2.7148
02242705	Aromasin	exemestane	25 mg	Tablet	5.7532	6.0409
02041421	Ativan	lorazepam	1 mg	Tablet	0.0521	0.0547
02041448	Ativan	lorazepam	2 mg	Tablet	0.0816	0.0857
02041456	Ativan	lorazepam	0.5 mg	Sublingual Tablets	0.1278	0.1342

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02041464	Ativan	lorazepam	1 mg	Sublingual Tablets	0.1606	0.1686
02041472	Ativan	lorazepam	2 mg	Sublingual Tablets	0.2496	0.2621
02247813	Avodart	dutasteride	0.5 mg	Capsules	1.7927	1.8823
02083523	Bezalip SR	bezafibrate	400 mg	Tablet	2.4578	2.5807
02273233	Caduet	amlodipine/atorvastatin	5 mg/10 mg	Tablet	2.4380	2.5599
02273241	Caduet	amlodipine/atorvastatin	5 mg/20 mg	Tablet	2.8750	3.0188
02273268	Caduet	amlodipine/atorvastatin	5 mg/40 mg	Tablet	3.0389	3.1908
02273276	Caduet	amlodipine/atorvastatin	5 mg/80 mg	Tablet	3.0389	3.1908
02273284	Caduet	amlodipine/atorvastatin	10 mg/10 mg	Tablet	2.5740	2.7027
02273292	Caduet	amlodipine/atorvastatin	10 mg/20 mg	Tablet	3.2090	3.3695
02273306	Caduet	amlodipine/atorvastatin	10 mg/40 mg	Tablet	3.3619	3.5300
02273314	Caduet	amlodipine/atorvastatin	10 mg/80 mg	Tablet	3.3619	3.5300
02239941	Celebrex	celecoxib	100 mg	Capsule	0.7175	0.7534
02239942	Celebrex	celecoxib	200 mg	Capsule	1.4352	1.5070
02239607	Celexa	citalopram	20 mg	Tablet	1.5324	1.6090
02239608	Celexa	citalopram	40 mg	Tablet	1.5324	1.6090
02263238	Cipralext	escitalopram	10 mg	Tablet	1.9445	2.0417
02263254	Cipralext	escitalopram	20 mg	Tablet	2.0761	2.1799
01916858	Clavulin-500 F	amoxicillin/clavulanic acid	500 mg/125 mg	Tablet	1.6060	1.6863
02238829	Clavulin-875	amoxicillin/clavulanic acid	875 mg/125 mg	Tablet	2.3415	2.4586
02239213	Combivir	lamivudine/zidovudine	150 mg/300 mg	Tablet	12.1140	12.7197
02247732	Concerta	methylphenidate	18 mg	Tablet	2.7057	2.8410
02250241	Concerta	methylphenidate	27 mg	Tablet	3.1225	3.2786
02247733	Concerta	methylphenidate	36 mg	Tablet	3.5394	3.7164
02247734	Concerta	methylphenidate	54 mg	Tablet	4.3728	4.5914
02240113	Cosopt	dorzolamide/timolol	20 mg/5 mg/mL	Ophthalmic Solution	8.1110	8.5166
02123274	Coversyl	perindopril	2 mg	Tablet	0.7154	0.7512
02123282	Coversyl	perindopril	4 mg	Tablet	0.8957	0.9405
02246624	Coversyl	perindopril	8 mg	Tablet	1.2541	1.3168
02246568	Coversyl Plus LD	perindopril/indapamide	2 mg/0.625 mg	Tablet	0.9193	0.9653
02246569	Coversyl Plus	perindopril/indapamide	4 mg/1.25 mg	Tablet	1.0796	1.1336
02321653	Coversyl Plus HD	perindopril/indapamide	8 mg/2.5 mg	Tablet	1.1690	1.2275
02301482	Cymbalta	duloxetine	30 mg	Capsule	2.1596	2.2676
02301490	Cymbalta	duloxetine	60 mg	Capsule	4.3832	4.6024
02239064	Detrol	tolterodine	1 mg	Tablet	1.0432	1.0954

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02239065	Detrol	tolterodine	2 mg	Tablet	1.0432	1.0954
02244612	Detrol LA	tolterodine	2 mg	Capsule	2.0841	2.1883
02244613	Detrol LA	tolterodine	4 mg	Capsule	2.0841	2.1883
01950592	Dicetel	pinaverium	50 mg	Tablet	0.3798	0.3988
02230684	Dicetel	pinaverium	100 mg	Tablet	0.6622	0.6953
00023450	Dilantin	phenytoin	25 mg/mL	Oral Liquid	0.0582	0.0611
00022780	Dilantin	phenytoin	100 mg	Capsule	0.0909	0.0954
02270528	Diovan	valsartan	40 mg	Tablet	1.2850	1.3493
02244781	Diovan	valsartan	80 mg	Tablet	1.3150	1.3808
02244782	Diovan	valsartan	160 mg	Tablet	1.3150	1.3808
02289504	Diovan	valsartan	320 mg	Tablet	1.2900	1.3545
02241900	Diovan HCTZ	valsartan/ hydrochlorothiazide	80 mg/12.5 mg	Tablet	1.3075	1.3729
02241901	Diovan HCTZ	valsartan/ hydrochlorothiazide	160 mg/12.5 mg	Tablet	1.3125	1.3781
02246955	Diovan HCTZ	valsartan/ hydrochlorothiazide	160 mg/25 mg	Tablet	1.3175	1.3834
02308908	Diovan HCTZ	valsartan/ hydrochlorothiazide	320 mg/12.5 mg	Tablet	1.3300	1.3965
02308916	Diovan HCTZ	valsartan/ hydrochlorothiazide	320 mg/25 mg	Tablet	1.3275	1.3939
02237279	Effexor XR	venlafaxine	37.5 mg	Capsule	1.0204	1.0714
02237280	Effexor XR	venlafaxine	75 mg	Capsule	2.0410	2.1431
02237282	Effexor XR	venlafaxine	150 mg	Capsule	2.1547	2.2624
00596418	Epival	divalproex sodium	125 mg	Tablet	0.3309	0.3474
00596426	Epival	divalproex sodium	250 mg	Tablet	0.5950	0.6248
00596434	Epival	divalproex sodium	500 mg	Tablet	1.1905	1.2500
02244000	Estradot	estradiol 17 $\beta$	50 mcg	Patch	3.1775	3.3364
02244001	Estradot	estradiol 17 $\beta$	75 mcg	Patch	3.4075	3.5779
02244002	Estradot	estradiol 17 $\beta$	100 mcg	Patch	3.5975	3.7774
02242115	Exelon	rivastigmine	1.5 mg	Capsule	2.8425	2.9846
02242116	Exelon	rivastigmine	3 mg	Capsule	2.8425	2.9846
02242117	Exelon	rivastigmine	4.5 mg	Capsule	2.8425	2.9846
02242118	Exelon	rivastigmine	6 mg	Capsule	2.8425	2.9846
02231384	Femara	letrozole	2.5 mg	Tablet	7.6350	8.0168
00247855	FML	fluorometholone	0.1 %	Ophthalmic Solution	3.4215	3.5926
02239193	Heptovir	lamivudine	100 mg	Tablet	5.2307	5.4922
02212153	Imitrex DR	sumatriptan	50 mg	Tablet	16.6567	17.4895
02212161	Imitrex DR	sumatriptan	100 mg	Tablet	18.3500	19.2675
02216167	Imovane	zopiclone	5 mg	Tablet	1.0832	1.1374

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01926799	Imovane	zopiclone	7.5 mg	Tablet	1.3677	1.4361
02323052	Inspra	eplerenone	25 mg	Tablet	2.8540	2.9967
02323060	Inspra	eplerenone	50 mg	Tablet	2.8540	2.9967
02269341	Kivexa	abacavir/lamivudine	600/300 mg	Tablet	25.9296	27.2261
02142082	Lamictal	lamotrigine	25 mg	Tablet	0.4345	0.4562
02142104	Lamictal	lamotrigine	100 mg	Tablet	1.7356	1.8224
02142112	Lamictal	lamotrigine	150 mg	Tablet	2.5578	2.6857
02031116	Lamisil	terbinafine HCl	250 mg	Tablet	4.5125	4.7381
02269074	Lipidil EZ	fenofibrate	48 mg	Tablet	0.4608	0.4838
02269082	Lipidil EZ	fenofibrate	145 mg	Tablet	1.1801	1.2391
02230711	Lipitor	atorvastatin	10 mg	Tablet	1.8588	1.9517
02230713	Lipitor	atorvastatin	20 mg	Tablet	2.3234	2.4396
02230714	Lipitor	atorvastatin	40 mg	Tablet	2.4973	2.6222
02243097	Lipitor	atorvastatin	80 mg	Tablet	2.4973	2.6222
02131048	Lioresal Intrathecal	baclofen	0.05 mg/mL	Injection	18.5440	19.4712
02131056	Lioresal Intrathecal	baclofen	0.5 mg/mL	Injection	13.8920	14.5866
02131064	Lioresal Intrathecal	baclofen	2 mg/mL	Injection	55.5760	58.3548
02268418	Lyrica	pregabalin	25 mg	Capsule	0.8733	0.9170
02268426	Lyrica	pregabalin	50 mg	Capsule	1.3698	1.4383
02268434	Lyrica	pregabalin	75 mg	Capsule	1.7725	1.8611
02268450	Lyrica	pregabalin	150 mg	Capsule	2.4432	2.5654
02268485	Lyrica	pregabalin	300 mg	Capsule	2.4432	2.5654
02042320	Min Ovrал	ethinyl estradiol/ levonorgestrel	0.03 mg/0.15 mg	Tablet	0.8471	0.8895
02042339	Min Ovrал	ethinyl estradiol/ levonorgestrel	0.03 mg/0.15 mg	Tablet	0.6353	0.6671
02015439	MS Contin SRT	morphine sulfate	10 mg	Tablet	0.8290	0.8705
02014297	MS Contin SRT	morphine sulfate	30 mg	Tablet	1.2535	1.3162
02014300	MS Contin SRT	morphine sulfate	60 mg	Tablet	2.2100	2.3205
02014319	MS Contin SRT	morphine sulfate	100 mg	Tablet	3.3640	3.5322
02014327	MS Contin SRT	morphine sulfate	200 mg	Tablet	6.2720	6.5856
02150689	Neoral	cyclosporine	25 mg	Capsule	1.5520	1.6296
02150662	Neoral	cyclosporine	50 mg	Capsule	3.0270	3.1784
02150670	Neoral	cyclosporine	100 mg	Capsule	6.0560	6.3588
02084260	Neurontin	gabapentin	100 mg	Capsule	0.4772	0.5011
02084279	Neurontin	gabapentin	300 mg	Capsule	1.1418	1.1989
02084287	Neurontin	gabapentin	400 mg	Capsule	1.3607	1.4287
02239717	Neurontin	gabapentin	600 mg	Tablet	2.0756	2.1794

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00878928	Norvasc	amlodipine	5 mg	Tablet	1.4345	1.5062
00878936	Norvasc	amlodipine	10 mg	Tablet	2.0939	2.1986
02231934	Oxy-IR	oxycodone HCl	5 mg	Tablet	0.2910	0.3056
02240131	Oxy-IR	oxycodone HCl	10 mg	Tablet	0.4300	0.4515
02240132	Oxy-IR	oxycodone HCl	20 mg	Tablet	0.7480	0.7854
02243796	Pariet	rabeprazole	10 mg	Tablet	1.2331	1.2948
02243797	Pariet	rabeprazole	20 mg	Tablet	2.4666	2.5899
02027887	Paxil	paroxetine HCl	10 mg	Tablet	1.8853	1.9796
01940481	Paxil	paroxetine HCl	20 mg	Tablet	2.0123	2.1129
01940473	Paxil	paroxetine HCl	30 mg	Tablet	2.1377	2.2446
02011956	Polytrim	trimethoprim sulfate/ polymyxin B sulfate	1 mg/ 10,000 U/mL	Ophthalmic Solution	3.6528	3.3854
02165503	Prevacid	lansoprazole	15 mg	Capsule	2.1501	2.2576
02165511	Prevacid	lansoprazole	30 mg	Capsule	2.1501	2.2576
02324024	Prezista	darunavir	600 mg	Tablet	17.4920	18.3666
00708917	Provera	medroxyprogesterone acetate	2.5 mg	Tablet	0.2365	0.2483
00030937	Provera	medroxyprogesterone acetate	5 mg	Tablet	0.4730	0.4967
00729973	Provera	medroxyprogesterone acetate	10 mg	Tablet	0.9460	0.9933
00005606	Ritalin	methylphenidate	10 mg	Tablet	0.4478	0.4702
00632775	Ritalin SR	methylphenidate	20 mg	Tablet	0.7856	0.8249
01902660	Retrovir	zidovudine	100 mg	Capsule	2.1301	2.2366
02243878	Serc	betahistine	16 mg	Tablet	0.5018	0.5269
02247998	Serc	betahistine	24 mg	Tablet	0.7525	0.7901
02070847	Soriatane	acitretin	10 mg	Capsule	2.7376	2.8745
02070863	Soriatane	acitretin	25 mg	Capsule	4.8079	5.0483
02047454	Sporanox	itraconazole	100 mg	Capsule	5.4880	5.7624
02231347	Sporanox	itraconazole	10 mg/mL	Oral Solution	1.0236	1.0748
02194333	Tegretol	carbamazepine	100 mg/5 mL	Suspension	0.1002	0.1052
00010405	Tegretol	carbamazepine	200 mg	Tablet	0.5182	0.5441
00773611	Tegretol CR	carbamazepine	200 mg	Tablet	0.5224	0.5485
00755583	Tegretol CR	carbamazepine	400 mg	Tablet	1.0449	1.0971
00451207	Timoptic	timolol maleate	0.5 %	Ophthalmic Solution	5.9950	6.2948
02230893	Topamax	topiramate	25 mg	Tablet	1.7505	1.8380
02230894	Topamax	topiramate	100 mg	Tablet	3.2900	3.4545
02230896	Topamax	topiramate	200 mg	Tablet	4.8470	5.0894
02244981	Tracleer	bosentan	62.5 mg	Tablet	66.0400	69.3420



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02244982	Tracleer	bosentan	125 mg	Tablet	66.0400	69.3420
02216205	Trusopt	dorzolamide	2 %	Ophthalmic Solution	5.1440	5.4012
02219492	Valtrex	valacyclovir	500 mg	Tablet	3.6710	3.8546
02213419	Ventolin PF	salbutamol sulfate	2.5 mg/2.5 mL	Solution	0.2508	0.2633
02213427	Ventolin PF	salbutamol sulfate	5 mg/2.5 mL	Solution	0.2944	0.3091
02241497	Ventolin HFA	salbutamol sulfate	100 mcg	Metered Dose Inhaler	0.0333	0.0350
00417270	Visken	pindolol	5 mg	Tablet	0.7397	0.7767
00443174	Visken	pindolol	10 mg	Tablet	1.2630	1.3262
02307065	Volibris	ambrisentan	5 mg	Tablet	132.4677	139.0911
02307073	Volibris	ambrisentan	10 mg	Tablet	132.4677	139.0911
00632724	Voltaren	diclofenac sodium	50 mg	Suppository	1.7430	1.8302
00881635	Voltaren Rapid	diclofenac potassium	50 mg	Tablet	1.1220	1.1781
02246619	Xalacom	latanoprost/timolol	50 mcg/ 5mg/mL	Ophthalmic Solution	14.0320	14.7336
02231493	Xalatan	latanoprost	0.005 %	Ophthalmic Solution	12.3960	13.0158
00548359	Xanax	alprazolam	0.25 mg	Tablet	0.3069	0.3222
00548367	Xanax	alprazolam	0.5 mg	Tablet	0.3672	0.3856
00723770	Xanax	alprazolam	1 mg	Tablet	0.6673	0.7007
02298597	Zeldox	ziprasidone	20 mg	Capsule	1.8950	1.9898
02298600	Zeldox	ziprasidone	40 mg	Capsule	2.1707	2.2792
02298619	Zeldox	ziprasidone	60 mg	Capsule	2.1707	2.2792
02298627	Zeldox	ziprasidone	80 mg	Capsule	2.1707	2.2792
02240357	Ziagen	abacavir	300 mg	Tablet	7.9434	8.3406
02213567	Zofran	ondansetron	4 mg	Tablet	15.0430	15.7952
02213575	Zofran	ondansetron	8 mg	Tablet	22.9540	24.1017
02239372	Zofran ODT	ondansetron	4 mg	Disintegrating Tablets	14.4770	15.2009
02239373	Zofran ODT	ondansetron	8 mg	Disintegrating Tablets	22.0920	23.1966
02132702	Zoloft	sertraline	25 mg	Capsule	0.8937	0.9384
01962817	Zoloft	sertraline	50 mg	Capsule	1.7872	1.8766
01962779	Zoloft	sertraline	100 mg	Capsule	1.9010	1.9961
02358840	ACT Raloxifene	raloxifene	60 mg	Tablet	1.0268	** 1.0781
02411253	Apo-Amlodipine/ Atorvastatin	amlodipine/atorvastatin	5 mg/10 mg	Tablet	1.1603	** 1.2183
02239698	Apo-Divalproex	divalproex	125 mg	Tablet	0.1539	** 0.1616
02239699	Apo-Divalproex	divalproex	250 mg	Tablet	0.2767	** 0.2905
02239700	Apo-Divalproex	divalproex	500 mg	Tablet	0.5537	** 0.5814

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02275538	Apo-Flecainide	flecainide	50 mg	Tablet	0.1389	** 0.1458
02275546	Apo-Flecainide	flecainide	100 mg	Tablet	0.2779	** 0.2918
02245246	Apo-Indapamide	indapamide	1.25 mg	Tablet	0.1490	** 0.1565
02223678	Apo-Indapamide	indapamide	2.5 mg	Tablet	0.2364	** 0.2482
02249332	Apo-Methylphenidate	methylphenidate	20 mg	Tablet	0.3387	0.3556
02279215	Apo-Raloxifene	raloxifene	60 mg	Tablet	1.0268	** 1.0781
02147653	Apo-Trazodone-D	trazodone	150 mg	Tablet	0.1453	** 0.1526
02493055	Aspen-Dienogest	dienogest	2 mg	Tablet	1.0231	** 1.0743
02482363	Auro-Azithromycin	azithromycin	20 mg/mL	Oral Suspension	0.5881	** 0.6175
02482371	Auro-Azithromycin	azithromycin	40 mg/mL	Oral Suspension	0.8330	** 0.8747
02459957	Auro-Flecainide	flecainide	50 mg	Tablet	0.1389	** 0.1458
02459965	Auro-Flecainide	flecainide	100 mg	Tablet	0.2779	** 0.2918
02299801	Auro-Mirtazapine OD	mirtazapine	15 mg	Orally Disintegrating Tablets	0.4046	** 0.4248
02299828	Auro-Mirtazapine OD	mirtazapine	30 mg	Orally Disintegrating Tablets	0.8087	** 0.8491
02299836	Auro-Mirtazapine OD	mirtazapine	45 mg	Orally Disintegrating Tablets	1.2132	** 1.2739
02362759	GD-Amlodipine/ Atorvastatin	amlodipine/atorvastatin	5 mg/10 mg	Tablet	1.1603	** 1.2183
02458926	Mylan-Divalproex	divalproex	125 mg	Tablet	0.1539	** 0.1616
02458934	Mylan-Divalproex	divalproex	250 mg	Tablet	0.2767	** 0.2905
02459019	Mylan-Divalproex	divalproex	500 mg	Tablet	0.5537	** 0.5814
02240067	Mylan-Indapamide	indapamide	1.25 mg	Tablet	0.1490	** 0.1565
02153483	Mylan-Indapamide	indapamide	2.5 mg	Tablet	0.2364	** 0.2482
02240851	Proctodan-HC	pramoxine HCl/zinc sulfate monohydrate/ hydrocortisone acetate	20 mg/10 mg/ 10 mg	Suppository	1.3650	** 1.4333
02332388	Sandoz Azithromycin	azithromycin	20 mg/mL	Oral Suspension	0.5881	** 0.6175
02332396	Sandoz Azithromycin	azithromycin	40 mg/mL	Oral Suspension	0.8330	** 0.8747
02246967	Sandoz Estradiol Derm	estradiol 17 $\beta$	50 mcg	Transdermal Patches	2.7864	** 2.9257
0224698	Sandoz Estradiol Derm	estradiol 17 $\beta$	75 mcg	Transdermal Patches	2.9886	** 3.1380
02246969	Sandoz Estradiol Derm	estradiol 17 $\beta$	100 mcg	Transdermal Patches	3.1618	** 3.3199
02390701	Sandoz Fenofibrate E	fenofibrate	145 mg	Tablet	0.5489	** 0.5763
02144298	Teva-Trazodone	trazodone	150 mg	Tablet	0.1453	** 0.1526
02348799	Trazodone	trazodone	150 mg	Tablet	0.1453	** 0.1526

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

## Discontinued Products

**The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 112.**

01997580	Asacol	mesalazine	400 mg	Tablet
02357860	Celestoderm V/2	betamethasone	0.05%	Cream
02357844	Celestoderm V	betamethasone	0.1 %	Cream
00836362	DDAVP	desmopressin	10 mcg	Spray
02264323 02264331 02264358 02264366 02264374 02264390 02264404 02264412 02264420 02264439 02264447 02264455	Euthyrox	levothyroxine sodium	25 mcg 50 mcg 75 mcg 88 mcg 100 mcg 112 mcg 125 mcg 137 mcg 150 mcg 175 mcg 200 mcg 300 mcg	Tablet
02250004	Fenomax 160 mg	fenofibrate	160 mg	Capsule
00716782 00716790	Fluoderm	fluocinolone acetonide	0.01 % 0.025 %	Cream
00716812	Fluoderm	fluocinolone acetonide	0.025 %	Ointment
02223767	Norprolac	quingolide HCl	0.075 mg	Tablet
02091887 02092808	Rifadin	rifampin	150 mg 300 mg	Capsule
02014165 02014181	Uniphyll	theophylline	400 mg 600 mg	Tablet
00497533	Vitamin B <sup>12</sup>	vitamin b <sup>12</sup>	0.1mg/mL	Injection
02255545 02255553	ACT-Atenolol	atenolol	50 mg 100 mg	Tablet
02263866	ACT Etidrocal	calcium/etidronate	500/400 mg	Kit
02295385	Apo-Glimepiride	glimepiride	2 mg	Tablet
02389088	Mar-Olanzapine ODT	olanzapine	5 mg	Orally Disintegrating Tablets
02393018	Mint-Irbesartan/HCTZ	irbesartan/HCTZ	300 mg/12.5 mg	Tablet
02278111	pms-Famciclovir	famciclovir	500 mg	Tablet
02358921	pms-Raloxifene	raloxifene	60 mg	Tablet
02247917 02247918 02247919	pms-Ramipril	ramipril	2.5 mg 5 mg 10 mg	Capsule
02397110 02397129	Ran-Quetiapine	quetiapine	200 mg 300 mg	Tablet
00557102	Riva-Dicylomine	dicyclomine HCl	10 mg	Capsule
02247439 02247440	Sandoz Bisoprolol	bisoprolol	5 mg 10 mg	Tablet

02314010 02314029	Sandoz Quetiapine	quetiapine	200 mg 300 mg	Tablet
02243229 02243230	Sandoz Ranitidine	ranitidine	150 mg 300 mg	Tablet
02245161	Sandoz Sertraline	sertraline	100 mg	Capsule
02442639 02442647	SDZ Celecoxib	celecoxib	100 mg 200 mg	Capsule
02108151	Teva-Minocycline	minocycline HCl	100 mg	Capsule