BULLETIN # 120

Manitoba Drug Benefits and Manitoba Drug Interchangeability Formulary Amendments

The following amendments will take effect on
August 17, 2022 AND September 20, 2022

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 August 17, 2022 AND September 20, 2022

Bulletin 120 is currently available for download:
http://www.gov.mb.ca/health/mdbif/bulletin120.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

Note: The PSV file for Bulletin # 120 will be effective September 20, 2022 ONLY.
There will be NO PSV FILE to accompany the changes effective August 17, 2022

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

Inside This Issue

The following changes will take effect on August 17, 2022

Exception Drug Status Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02517140	**Trikafta**	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	100 mg/50 mg/ 75 mg & 150 mg	Tablet-Kit	VEP
02526670	**Trikafta** *(line extension)*	elexacaftor/tezacaftor/ ivacaftor/ivacaftor	50 mg/25 mg/ 37.5 mg & 75 mg	Tablet-Kit	VEP

For the treatment of cystic fibrosis (CF) in patients who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene**.**

Initiation criteria:

• Patient is 6 years of age or older; **AND**
• Confirmed diagnosis of cystic fibrosis (CF) with at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene; **AND**
• Patient is optimized with best supportive care for their CF at the time of initiation; **AND**
• Patient has demonstrated adherence to their prescribed CF therapeutic regimen.

For initial coverage, the following pre-treatment measurements MUST be provided:
1. Baseline spirometry measurements of FEV1 in litres and % predicted (within the last 3 months); AND
2. Number of days treated with oral and/or IV antibiotics for pulmonary exacerbations in the previous 6 months **OR** number of pulmonary exacerbations requiring oral and/or IV antibiotics in the previous 6 months; **AND**
3. Number of CF-related hospitalizations in the previous 6 months; **AND**
4. Weight, height, and body mass index (BMI); **AND**
5. Cystic Fibrosis Questionnaire Revised (CFQ-R) respiratory domain score.

This drug must be prescribed by a clinical specialist affiliated with a Canadian cystic fibrosis centre.

Patients will only be eligible for coverage of **ONE** cystic fibrosis CFTR modulator at a time.

Initial approval duration: 7 months

Renewal criteria:

At the time of the first renewal:
• Patient continues to demonstrate adherence to their prescribed cystic fibrosis therapeutic regimen; **AND**
• Patient has demonstrated at least ONE of the following after 6 months of treatment with Trikafta:
• Improvement in FEV1 % predicted by 5% predicted or more, relative to baseline; **OR**
• A decrease in the total number of days for which the patient received treatment with oral and/or IV antibiotics for pulmonary exacerbations compared with the 6 month period prior to initiating treatment **OR** a decrease in the total number of pulmonary exacerbations requiring oral and/or IV antibiotics compared with the 6 month period prior to initiating treatment; **OR**
• Decreased number of CF-related hospitalizations at 6 months compared with the 6 month period prior to initiating treatment; **OR**
• No decline in BMI at 6 months compared with the baseline BMI assessment; **OR**
• Improvement by 4 points or more in the CFQ-R respiratory domain score compared with the baseline score.

Renewal duration: 1 year

Continuation criteria:

For subsequent renewals:
• Patient is continuing to benefit from therapy with Trikafta.

The physician must provide evidence of continuing benefit from treatment with Trikafta.

Renewal duration: 1 year

Non-eligibility/Discontinuation criteria:

• When intended for use in combination with other CFTR modulators; **OR**
• Patient has undergone lung transplantation.

For coverage, dosing will be approved as follows:
Patients ≥12 years of age: 2 tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 tablet (ivacaftor 150 mg) in the evening.

Patients 6 to <12 years of age weighing ≥ 30 kg: 2 tablets (each containing elexacaftor 100 mg, tezacaftor 50 mg and ivacaftor 75 mg) in the morning and 1 tablet (ivacaftor 150 mg) in the evening.

Patients 6 to <12 years of age weighing < 30 kg: 2 tablets (each containing elexacaftor 50 mg, tezacaftor 25 mg and ivacaftor 37.5 mg) in the morning and 1 tablet (ivacaftor 75 mg) in the evening.

The following changes will take effect on September 20, 2022

Part 1 Additions

DIN	TRADE NAME	GENERIC	STRENGTH	FORM	MFR*
02519178	**Bicalutamide**	bicalutamide	50 mg	Tablet	SAH
02519879 02519887	**Capecitabine**	capecitabine	150 mg 500 mg	Tablet	JPC
02521253 02521261	**Cephalexin**	cephalexin	250 mg 500 mg	Tablet	SAH
02400421 02400448 02400456 02400464	**Diltiazem CD**	diltiazem HCl	120 mg 180 mg 240 mg 300 mg	Controlled Delivery Capsule	SAH
02421437	**Drospirenone and Ethinyl Estradiol 21**	ethinyl estradiol/ drospirenone	0.03 mg/3 mg	Tablet	GLM
02421445	**Drospirenone and Ethinyl Estradiol 28**	ethinyl estradiol/ drospirenone	0.03 mg/3 mg	Tablet	GLM
02519348	**Hydroxychloroquine**	hydroxychloroquine sulfate	200 mg	Tablet	SAH
02502631	**Jamp Calcium Polystyrene Sulfonate**	calcium polystyrene sulfonate	999 mg/g	Powder for Solution	JPC
02504553 02504561 02504588	**Jamp Levetiracetam**	levetiracetam	250 mg 500 mg 750 mg	Tablet	JPC
02519127	**Mometasone**	mometasone	50 mcg	Nasal Spray	SAH

Part 2 Additions

02492415	**Baqsimi** *moved from EDS*	glucagon	3 mg	Powder	LIL

For the treatment of severe hypoglycemia (SH) reactions in patients with diabetes mellitus who are receiving insulin therapy and are at high risk for SH, when impaired consciousness precludes oral carbohydrates

Coverage will be provided for up to 7 devices per benefit year.

02517396 02517418	**Fluconazole**	fluconazole	50 mg 100 mg	Tablet	SAH

For the prophylaxis and treatment of:
a) oropharyngeal and esophageal candidiasis in immunocompromised patients; and
b) systemic fungal infections other than oropharyngeal candidiasis.

02521229	**Fluconazole-150**	fluconazole	150 mg	Capsule	SAH

For single dose treatment of vaginal candidiasis in patients who fail or are intolerant to topical antifungal therapy.

02492598	**Taro-Ticagrelor**	ticagrelor	90 mg	Tablet	TAR

For the treatment of patients with:
a) Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis, or recurrent STEMI, NSTEMI or UA after prior revascularization via percutaneous coronary intervention (PCI); or
b) STEMI and undergoing revascularization via PCI; or
c) NSTEMI, UA or high risk angiographic anatomy and undergoing revascularization via PCI.

Treatment must be initiated in-hospital and prescribed by a specialist with experience in managing acute coronary syndrome (ACS).

Exception Drug Status Additions

02487381 02487403	**Apo-Apixaban**	apixaban	2.5 mg 5 mg	Tablet	APX

• For patients with non-valvular atrial fibrillation (AF) for the prevention of stroke and systemic embolism AND in whom:
(a) Anticoagulation is inadequate following a resonable trial on warfarin; OR
(b) Anticoagulation with warfarin is contraindicated or not possible due to inability to regularly monitor via International Normalized Ratio (INR) testing (i.e. no access to INR testing services at a laboratory, clinic, pharmacy and at home.)

• For the treatment of venous thromboembolic events (VTE) (deep vein thrombosis [DVT] and pulmonary embolism [PE]) and the prevention of recurrent DVT and PE for a duration of up to six months.

02487381	**Apo-Apixaban**	apixaban	2.5 mg	Tablet	APX

For the prophylaxis of venous thromboembolism (VTE) following elective total hip replacement surgery or elective total knee replacement surgery, where the initial post-operative doses are administered in an acute care (hospital) setting.

02500639	**Apo-Teriflunomide**	teriflunomide	14 mg	Tablet	APX
02504170	**Jamp Teriflunomide**	teriflunomide	14 mg	Tablet	JPC
02523833	**M-Teriflunomide**	teriflunomide	14 mg	Tablet	MNP
02500310	**NAT-Teriflunomide**	teriflunomide	14 mg	Tablet	NAT
02500434	**pms-Teriflunomide**	teriflunomide	14 mg	Tablet	PMS
02501090	**Teva-Teriflunomide**	teriflunomide	14 mg	Tablet	TEV

For the treatment of patients 18 years or older who have relapsing-remitting MS when prescribed by a neurologist from the Manitoba MS Clinic.

02518058	**Breztri Aerosphere**	budesonide/glycopyrronium/ formoterol	182/8.2/5.8 mcg	Metered Dose Inhaler	AZC

For the long-term maintenance treatment of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema according to the following:
• Patients should not be started on triple inhaled therapy as initial therapy for COPD
• For use in patients who are not controlled on optimal dual-inhaled therapy for COPD

02495805 02495821 02495813	**Cyclosporine**	cyclosporine	25 mg 50 mg 100 mg	Capsule	STR

a) Psoriasis resistant to topical treatments (steroids, coal tar), systemic retinoids, MTX, hydroxyurea, PUVA, UVB treatment.
b) Rheumatoid arthritis.
c) Pediatric nephrotic syndrome.
d) Vasculitis failing other therapies such as steroids, Imuran.
e) Aplastic anemia.
f) Inflammatory bowel disease.
g) Where prescribed by a neurologist for the treatment of myasthenia gravis refractory to azathioprine, with or without steroids or where azathioprine is contraindicated.

02502445	**Inrebic**	fedratinib	100 mg	Capsule	BMS

For the treatment of splenomegaly and/or disease-related symptoms in adult patients with intermediate-2 or high-risk primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis. Fedratinib should be initiated in patients for whom ruxolitinib is contraindicated or patients who are intolerant of ruxolitinib.

02500264	**Kynmobi**	apomorphine HCl	10 mg	Film	SPC
02500272	**Kynmobi**	apomorphine HCl	15 mg	Film	SPC
02500280	**Kynmobi**	apomorphine HCl	20 mg	Film	SPC
02500299	**Kynmobi**	apomorphine HCl	25 mg	Film	SPC
02500302	**Kynmobi**	apomorphine HCl	30 mg	Film	SPC

For the acute, intermittent treatment of hypomobility “off” episodes (“end of dose wearing off” and unpredictable “on/off” episodes) in patients with advanced Parkinson’s disease (PD), if the following criteria are met:
• Apomorphine sublingual film should only be used as adjunctive therapy in patients who are receiving optimized PD therapy (i.e. levodopa and derivatives and adjunctive therapy such as dopaminergic agonists or MAO-B inhibitors or amantadine derivatives) and still experiencing “off” episodes.
• Patients should be under the care of a neurologist who is experienced in the treatment of PD.

Discontinuation criteria:

• Treatment with apomorphine sublingual film should be discontinued unless an improvement of at least 3.25 points is achieved in the Movement Disorders Society Unified Parkinson’s Disease Rating Scale Part III (MDS-UPDRS III) score measured within 30 to 60 minutes after a titrated dose of apomorphine sublingual film is administered. This assessment should occur not more than one year after apomorphine sublingual film has been titrated to a stable and tolerated dose.
• The maximum amount required should not exceed five films per day or 90 mg in total (whichever is reached first).

Lenalidomide *(new indication)*	2.5 mg 5 mg 10 mg 15 mg 20 mg 25 mg	Capsule

Lenalidomide in combination with rituximab, for the treatment of patients with:
• Relapsed/refractory indolent B-cell lymphomas (Grades 1 to 3a follicular lymphoma or marginal zone lymphoma) AND
• Confirmed CD20 antigen positive disease AND
• Prior systemic therapy with chemo-immunotherapy

Treatment with rituximab and lenalidomide is for up to 5 cycles, followed by lenalidomide monotherapy for 7 cycles (total 1-year therapy).

02504855	**Mar-Trientine**	trientine HCl	250 mg	Capsule	MAR

For the treatment of Wilson's disease in patients who have intolerance or a contraindication to d-penicillamine.

Notes:

• In adult patients, trientine therapy must be initiated by a clinician with experience in the management of Wilson's disease and in pediatric patients, initiation and renewal of trientine therapy must be overseen by a clinician with experience in the management of Wilson's disease. Consult notes from an expert in Wilson's disease may be provided to support the request from prescribers.

02510197	**Onureg**	azacitidine	200 mg	Tablet	CEL
02510200	**Onureg**	azacitidine	300 mg	Tablet	CEL

As a maintenance therapy for the treatment of adult patients with acute myeloid leukemia (AML) who have achieved complete remission (CR) or complete remission with incomplete blood count recovery (CRi) following induction therapy with or without consolidation treatment, and who are not eligible for hematopoietic stem cell transplantation (HSCT).

For clarity:

• Patients must have newly diagnosed AML (de novo or secondary to prior myelodysplastic syndrome [MDS] or chronic myelomonocytic leukemia [CMML]) with intermediate- or poor-risk cytogenetics
• Patients must have achieved first remission (CR or CRi) following induction with or without consolidation chemotherapy
• Patients must not be eligible for HSCT
• Patients must have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 3 and adequate organ function
• Patients must be adults (≥ 18 years of age)
• Azacitidine should be discontinued upon the occurrence of any of the following:
    ○ Disease relapse (i.e., appearance of >5% blasts in the bone marrow or peripheral blood)
    ○ Unacceptable toxicity
    ○ Patient becomes eligible (at the discretion of the treating clinician) for allogeneic bone marrow or stem cell transplantation during the treatment period

02424622	**Posanol**	posaconazole	100 mg	Tablet	MFX

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

02507862	**Taro-Lenalidomide**	lenalidomide	2.5 mg	Capsule	TAR
02507870			5 mg		
02507889			10 mg		
02507897			15 mg		
02507900			20 mg		
02507919			25 mg		

Please refer to Bulletins 64, 79, 88, 91, 99, 109 for prescribing criteria.
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin64.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin79.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin88.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin91.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin99.pdf
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin109.pdf
Lenalidomide for any new initiation effective November 25, 2021 of a lenalidomide-based regimen will be dispensed at CancerCare Manitoba (CCMB).

02523922	**Tenofovir**	tenofovir	300 mg	Tablet	SIP

Please refer to Bulletin 64 for prescribing critiera.
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin64.pdf

02495244	**Vascepa**	icosapent ethyl	1 G	Capsule	HLS

To reduce the risk of cardiovascular events in statin-treated patients with elevated triglycerides, who meet all of the following criteria:
• Aged 45 years or older; AND
• Established cardiovascular disease (CVD)[1] (secondary prevention); AND
• Baseline fasting triglyceride level greater than or equal to 1.7 mmol/L and lower than 5.6 mmol/L, measured within the preceding 3 months before starting treatment with icosapent ethyl; AND
• Baseline low-density lipoprotein cholesterol (LDL-C) level greater than 1.0mmol/L and lower than 2.6 mmol/L; AND
• Receiving a maximally tolerated statin dose for a minimum of 4 weeks, targeted to achieve an LDL-C lower than 2.0 mmol/L.

[1]Established CVD is defined as: history of coronary artery disease (eg. myocardial infarction, angina, coronary procedure, abdominal aortic aneurysm), cerebrovascular disease (eg. stroke, transient ischemic attack, carotid obstruction), or peripheral artery disease.

Note: Approval will be for a maximum of 4g daily.

Voriconazole *(new indication)*	50 mg 200 mg	Tablets	

For antifungal prophylaxis for patients who are treated with venetoclax in combination with azacitidine.

02459795	**Xolair** *(line extension - New Format)*	omalizumab	150 mg/mL	Injection	NVT

Please refer to Bulletin 91 for prescribing criteria.
https://www.gov.mb.ca/health/mdbif/docs/bulletins/bulletin91.pdf

New Interchangeable Categories

Apixaban - 2.5 mg - Tablets			**$**	**$ + 5%**
02377233	Eliquis	BMS	1.6336	1.7153
02487381	Apo-Apixaban	APX	1.2252	1.2865

Apixaban - 5 mg - Tablets			**$**	**$ + 5%**
02397714	Eliquis	BMS	1.6336	1.7153
02487403	Apo-Apixaban	APX	1.2252	1.2865

Calcium Polystyrene Sulfonate - 999 mg/g - Powder for Solution			**$**	**$ + 5%**
02017741	Resonium Calcium	SAA	0.3397	0.3567
02502631	Jamp Calcium Polystyrene Sulfonate	JPC	0.3397	0.3567

Teriflunomide - 14 mg - Tablets			**$**	**$ + 5%**
02416328	Aubagio	SAA	59.7200	62.7060
02500639	Apo-Teriflunomide	APX	14.9300	15.6765
02504170	Jamp Teriflunomide	JPC	14.9300	15.6765
02523833	M-Teriflunomide	MNP	14.9300	15.6765
02500310	NAT-Teriflunomide	NAT	14.9300	15.6765
02500434	pms-Teriflunomide	PMS	14.9300	15.6765
02501090	Teva-Teriflunomide	TEV	14.9300	15.6765

Ticagrelor - 90 mg - Tablets			**$**	**$ + 5%**
02368544	Brilinta	AZC	1.5470	1.6244
02492598	Taro-Ticagrelor	TAR	1.1880	1.2474

New Interchangeable Products

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

Bicalutamide - 50 mg - Tablets			**$**	**$ + 5%**
02519178	Bicalutamide	SAH	1.2690	1.3325

Capecitabine - 150 mg - Tablets			**$**	**$ + 5%**
02519879	Capecitabine	JPC	0.4751	0.4804

Capecitabine - 500 mg - Tablets			**$**	**$ + 5%**
02519887	Capectiabine	JPC	1.5250	1.6013

Cephalexin - 250 mg - Tablets			**$**	**$ + 5%**
02521253	Cephalexin	SAH	0.0866	0.0909

Cephalexin - 500 mg - Tablets			**$**	**$ + 5%**
02521261	Cephalexin	SAH	0.1731	0.1818

Cyclosporine - 25 mg - Capsules			**$**	**$ + 5%**
02495805	Cyclosporine	STR	0.7870	** 0.8264

Cyclosporine - 50 mg - Capsules			**$**	**$ + 5%**
02495821	Cyclosporine	STR	1.5350	** 1.6118

Cyclosporine - 100 mg - Capsules			**$**	**$ + 5%**
02495813	Cyclosporine	STR	3.0720	** 3.2256

Desvenlafaxine - 50 mg - Tablets			**$**	**$ + 5%**
02495139	Jamp Desvenlafaxine	JPC	2.3409	** 2.4579

Desvenlafaxine - 100 mg - Tablets			**$**	**$ + 5%**
02495147	Jamp Desvenlafaxine	JPC	2.3409	** 2.4579

Diltiazem HCl - 120 mg - Controlled Delivery Capsules			**$**	**$ + 5%**
02400421	Diltiazem CD	SAH	0.4061	0.4264

Diltiazem HCl - 180 mg - Controlled Delivery Capsules			**$**	**$ + 5%**
02400448	Diltiazem CD	SAH	0.5391	0.5661

Diltiazem HCl - 240 mg - Controlled Delivery Capsules			**$**	**$ + 5%**
02400456	Diltiazem CD	SAH	0.7151	0.7509

Diltiazem HCl - 300 mg - Controlled Delivery Capsules			**$**	**$ + 5%**
02400464	Diltiazem CD	SAH	0.8939	0.9386

Ethinyl Estradiol/Drospirenone - 0.03 mg/3 mg - Tablets			**$**	**$ + 5%**
02421437	Drospirenone and Ethinyl Estradiol 21	GLM	0.2962	0.3110

Ethinyl Estradiol/Drospirenone - 0.03 mg/3 mg - Tablets			**$**	**$ + 5%**
02421445	Drospirenone and Ethinyl Estradiol 28	GLM	0.2221	0.2332

Fluconazole - 50 mg - Tablets			**$**	**$ + 5%**
02517396	Fluconazole	SAH	1.2904	1.3549

Fluconazole - 100 mg - Tablets			**$**	**$ + 5%**
02517418	Fluconazole	SAH	2.2891	2.4036

Fluconazole - 150 mg - Capsules			**$**	**$ + 5%**
02521229	Fluconazole-150	SAH	3.9400	4.1370

Hydroxychloroquine Sulfate - 200 mg - Tablets			**$**	**$ + 5%**
02519348	Hydroxychloroquine	SAH	0.1576	0.1655

Lenalidomide - 2.5 mg - Capsules			**$**	**$ + 5%**
02507862	Taro-Lenalidomide	TAR	82.3750	86.4938

Lenalidomide - 5 mg - Capsules			**$**	**$ + 5%**
02507870	Taro-Lenalidomide	TAR	85.0000	89.2500

Lenalidomide - 10 mg - Capsules			**$**	**$ + 5%**
02507889	Taro-Lenalidomide	TAR	90.2500	94.7625

Lenalidomide - 15 mg - Capsules			**$**	**$ + 5%**
02507897	Taro-Lenalidomide	TAR	95.5000	100.2750

Lenalidomide - 20 mg - Capsules			**$**	**$ + 5%**
02507900	Taro-Lenalidomide	TAR	100.7500	105.7875

Lenalidomide - 25 mg - Capsules			**$**	**$ + 5%**
02507919	Taro-Lenalidomide	TAR	106.0000	111.3000

Levetiracetam - 250 mg - Tablets			**$**	**$ + 5%**
02504553	Jamp Levetiracetam	JPC	0.3210	0.3371

Levetiracetam - 500 mg - Tablets			**$**	**$ + 5%**
02504561	Jamp Levetiracetam	JPC	0.3911	0.4107

Levetiracetam - 750 mg - Tablets			**$**	**$ + 5%**
02504588	Jamp Levetiracetam	JPC	0.5416	0.5687

Mometasone - 50 mcg - Nasal Spray			**$**	**$ + 5%**
02519127	Mometasone	SAH	0.0752	0.0790

Tenofovir - 300 mg - Tablets			**$**	**$ + 5%**
02523922	Tenofovir	SIP	4.8884	5.1328

** 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%)**

02466988	Apo-Desvenlafaxine	desvenlafaxine	50 mg	Tablet	2.3410	2.4581
02466996	Apo-Desvenlafaxine	desvenlafaxine	100 mg	Tablet	2.3410	2.4581
02347253	Auro-Cefprozil	cefprozil	500 mg	Tablet	2.0038	** 2.1040
02454319	Jamp-Risperidone	risperidone	1 mg/mL	Oral Solution	0.7080	0.7434
02423308	Mint-Tolterodine	tolterodine	1 mg	Tablet	0.4910	** 0.5156
02423316	Mint-Tolterodine	tolterodine	2 mg	Tablet	0.4910	** 0.5156
02473968	Odan-Sodium Polystyrene Sulfonate	sodium polystyrene sulfonate	250 mg/mL	Suspension	0.1409	0.1479
02279266	pms-Risperidone	risperidone	1 mg/mL	Oral Solution	0.7080	0.7434
02314088	Ran-Ropinirole	ropinirole	5 mg	Tablet	1.7450	** 1.8323
02247073	Sandoz Cyclosporine	cyclosporine	25 mg	Capsule	0.7870	** 0.8264
02247074	Sandoz Cyclosporine	cyclosporine	50 mg	Capsule	1.5350	** 1.6118
02242821	Sandoz Cyclosporine	cyclosporine	100 mg	Capsule	3.0720	** 3.2256
02261928	Sandoz Diclofenac	diclofenac sodium	50 mg	Suppository	1.2818	1.3459
02293536	Taro-Cefprozil	cefprozil	500mg	Tablet	2.0038	** 2.1040
02316870	Teva-Ropinirole	ropinirole	5 mg	Tablet	1.7450	** 1.8323
02299593	Teva-Tolterodine	tolterodine	1 mg	Tablet	0.4910	** 0.5156
02299607	Teva-Tolterodine	tolterodine	2 mg	Tablet	0.4910	** 0.5156

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

Product Deletions

(as identified for deletion in Bulletin # 119)

The following products have been deleted.

02415739	Apo-Travoprost Z	travoprost	0.004 %	Ophthalmic Solution

Discontinued Products

The following products will be deleted with the next Formulary amendments and will appear as "Product Deletions" on Bulletin # 121.

00807788	Blephamide	prednisolone/sulfacetamid	0.2/10 %	Ophthalmic Drops
02112736	Cortenema	hydrocortisone	100 mg/60 mL	Enema
02285010	DDVAP Melt	desmopressin acetate	240 mcg	Orally Disintegrating Tablet
02042231	Inderal-LA	propranolol HCl	60 mg	Capsule
02042258	Inderal-LA	propranolol HCl	80 mg	Capsule
02042266	Inderal-LA	propranolol HCl	120 mg	Capsule
02042274	Inderal-LA	propranolol HCl	160 mg	Capsule
02337800	Apo-Ropinirole	ropinirole	5 mg	Tablet
02352362	Jamp-Ropinirole	ropinirole	5 mg	Tablet
02302187	Sandoz Cefprozil	cefprozil	500 mg	Tablet