

PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2019)



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Prescription Drug Costs

Medication prices are in a constant state of flux. This can make it difficult for prescribers to get a handle on the cost of medications. A survey of this issue suggested that 80% of physicians felt unaware of the actual cost of the medications they prescribe.¹ A systematic review concluded that physicians consistently overestimate costs of inexpensive prescriptions and underestimate costs of expensive medications.² Price may not be the most important factor in selecting a prescription medication but patient-borne costs are an important barrier to optimal outpatient medication use and adherence.^{3,4} Formulary coverage and prescriber selection directly influence out-of-pocket costs for patients.

Recognizing the limitations of physicians' knowledge regarding medication costs, the Alberta College of Family Physicians began producing an annual pricing document for commonly prescribed medications starting in 2011.⁵ Since each province has its own formulary and costing system, such a pricing document would only apply to the province in which it is produced. Following in the footsteps of Alberta, the "Price Comparison of Commonly Prescribed Medications in Manitoba 2016" document was created and launched at the Medication, Evidence and Decision Support (MEDS) Conference in January 2016. The 4th edition, "Price Comparison of Commonly Prescribed Medications in Manitoba 2019" was released at the MEDS conference on January 26th, 2019.

Key changes include:

- Pan-Canadian negotiations produced a drop in the cost of a broad range of generics
- Long-acting insulins are now all Part 1
- Perindopril once pricey – now similar to other ACE inhibitors
- Sumatriptan once pricey – now similar to other triptans
- Donepezil now Part 1 and half the cost, but still doesn't work too well
- Aripiprazole dropped in price by more than 3X
- Carvedilol dropped in price by almost 2X, but still 2X the price of other beta- blockers
- Just quit - varenicline now generic and ~\$100 less/12 week treatment course

It is hoped that this document will enhance the understanding of medication pricing and coverage so that clinically effective medications that are also affordable and cost-effective are preferentially selected.^{3,6}

Methods

The prices represent only the medication cost to the nearest dollar for a 90-day supply, unless otherwise indicated. The cost per unit/tablet has also been provided. Coverage under the Manitoba Pharmacare program (PC) and the Non-Insured Health Benefits (NIHB) has also been listed. These prices do not indicate the full amount paid by patients. In Manitoba dispensing fees are not regulated and may vary between pharmacies. This makes it impossible to calculate the final total price for a given prescription; however, the ranking of relative prices in a particular drug class is unlikely to be altered. For drugs listed on the Manitoba Drug Interchangeability Formulary, the lowest formulary price was used to calculate the cost for a given drug. For all other medications, wholesale prices were used as the source of pricing. The prices listed in this guide were current as of January 2019 (including Pharmacare Bulletin #102 – January 24th, 2019) and may be subject to change.

We hope you continue to find this document of use in your practice and encourage you to forward your suggestions so we can continue to make the document better. Suggestions can be made at the MEDS website (www.medsconference.org) or by sending an email directly to Shawn Bugden at Shawn.Bugden@mun.ca or Jamie Falk at Jamison.Falk@umanitoba.ca

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CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Lipid Lowering Agents							
Rosuvastatin	Crestor	10mg	Daily	\$13	\$0.14	Y	Y
Rosuvastatin	Crestor	20mg	Daily	\$16	\$0.18	Y	Y
Ezetimibe	Ezetrol	10mg	Daily	\$16	\$0.18	Y	Y
Atorvastatin	Lipitor	10mg	Daily	\$16	\$0.18	Y	Y
Rosuvastatin	Crestor	40mg	Daily	\$19	\$0.21	Y	Y
Atorvastatin	Lipitor	20mg	Daily	\$21	\$0.23	Y	Y
Atorvastatin	Lipitor	40mg, 80mg	Daily	\$22	\$0.25	Y	Y
Simvastatin	Zocor	20mg	Daily	\$24	\$0.26	Y	Y
Simvastatin	Zocor	40mg	Daily	\$24	\$0.26	y	y
Pravastatin	Pravachol	20mg	Daily	\$31	\$0.34	Y	Y
β-Blockers							
Bisoprolol	Monacor	5mg	Daily	\$7	\$0.08	Y	Y
Bisoprolol	Monacor	10mg	Daily	\$20	\$0.11	Y	Y
Atenolol	Tenormin	50mg	Daily	\$21	\$0.12	Y	Y
Metoprolol	Lopresor	50mg	BID	\$6	\$0.06	Y	Y
Metoprolol	Lopresor	25mg	BID	\$6	\$0.06	Y	Y
Atenolol	Tenormin	100mg	Daily	\$17	\$0.19	Y	Y
Metoprolol SR	Lopresor SR	100mg	Daily	\$18	\$0.20	Y	Y
Metoprolol	Lopresor	100mg	BID	\$25	\$0.14	Y	Y
Metoprolol SR	Lopresor SR	200mg	Daily	\$33	\$0.37	Y	Y
Carvedilol	Coreg	3.125mg, 6.25mg, 12.5mg, 25mg	BID	\$46	\$0.26	Y	Y
Calcium Channel Blockers							
Amlodipine	Norvasc	5mg	Daily	\$12	\$0.13	Y	Y
Amlodipine	Norvasc	10mg	Daily	\$18	\$0.20	Y	Y
Diltiazem CD	Cardizem CD	120mg	Daily	\$44	\$0.49	Y	Y
Verapamil	Isoptin SR	240mg	Daily	\$51	\$0.57	Y	Y
Nifedipine	Adalat XL	30mg	Daily	\$56	\$0.62	Y	Y
Diltiazem CD	Cardizem CD	180mg	Daily	\$59	\$0.66	Y	Y
Verapamil	Isoptin SR	120mg	Daily	\$62	\$0.69	Y	Y
Verapamil	Isoptin	80mg	TID	\$74	\$0.27	Y	Y
Diltiazem CD	Cardizem CD	240mg	Daily	\$78	\$0.87	Y	Y
Nifedipine	Adalat XL	60mg	Daily	\$84	\$0.94	Y	Y
Verapamil	Isoptin	120mg	TID	\$115	\$0.43	Y	Y

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;

Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release; CD = Controlled delivery.; XL = Extended release.

CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Angiotensin Converting Enzyme Inhibitors (ACEIs)							
Ramipril	Altace	2.5mg, 5mg	Daily	\$7	\$0.08	Y	Y
Ramipril	Altace	10mg	Daily	\$9	\$0.10	Y	Y
Perindopril	Coversyl	4mg	Daily	\$18	\$0.20	Y	Y
Perindopril	Coversyl	8mg	Daily	\$25	\$0.28	Y	Y
Cilazapril	Inhibace	5mg	Daily	\$45	\$0.50	Y	Y
Fosinopril	Monopril	20mg	Daily	\$48	\$0.53	Y	Y
Lisinopril	Zestril	20mg	Daily	\$63	\$0.70	Y	Y
Enalapril	Vasotec	10mg	Daily	\$69	\$0.76	Y	Y
Combination ACEI + Diuretic							
Perindopril/indapamide	Coversyl Plus	4mg/1.25mg	Daily	\$46.02	\$0.51	Y	Y
Perindopril/indapamide	Coversyl Plus HD	8mg/2.5mg	Daily	\$51.46	\$0.57	Y	Y
Lisinopril/ hydrochlorothiazide	Prinzide	20mg/12.5mg, 20mg/25mg	Daily	\$63.10	\$0.70	Y	Y
Enalapril/ hydrochlorothiazide	Vaseretic	10mg/25mg	Daily	\$101.51	\$1.13	Y	Y
Angiotensin II Receptor Blockers (ARBs)							
Valsartan	Diovan	80mg, 160mg	Daily	\$20.40	\$0.23	Y	Y
Telmisartan	Micardis	40mg,80mg	Daily	\$20.42	\$0.23	Y	Y
Candesartan	Atacand	8mg, 16mg, 32mg	Daily	\$21.56	\$0.24	Y	Y
Irbesartan	Avapro	75mg, 150mg, 300mg	Daily	\$21.56	\$0.24	Y	Y
Losartan	Cozaar	25, 50, 100mg	Daily	\$28.32	\$0.31	Y	Y
Combination ARB + Diuretic							
Telmisartan/ hydrochlorothiazide	Micardis Plus	80/12.5, 80 mg/25 mg	Daily	\$19.83	\$0.22	Y	Y
Candesartan/ hydrochlorothiazide	Atacand Plus	16 mg/12.5 mg	Daily	\$20.38	\$0.23	Y	Y
Irbesartan/ hydrochlorothiazide	Avalide	150/12.5, 300/12.5, 300 mg/25 mg	Daily	\$21.56	\$0.24	Y	Y
Losartan/ hydrochlorothiazide	Hyzaar	100 mg/12.5 mg	Daily	\$27.74	\$0.31	Y	Y
Losartan/ hydrochlorothiazide	Hyzaar	50/12.5, 100 mg/25 mg	Daily	\$28.32	\$0.31	Y	Y

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required).

CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dos- ing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Diuretics							
Furosemide	Lasix	20mg	Daily	\$1.97	\$0.02	Y	Y
Hydrochlorothiazide	Hydrodiuril	12.5mg	Daily	\$0.73	\$0.03	Y	Y
Furosemide	Lasix	40mg	Daily	\$2.94	\$0.03	Y	Y
Chlorthalidone	Hygroton	50mg	1/4 Daily	\$11.98	\$0.13	Y	Y
Hydrochlorothiazide	Hydrodiuril	25mg	Daily	\$4.27	\$0.05	Y	Y
Indapamide	Lozide	2.5mg	Daily	\$10.64	\$0.12	Y	Y
Spironolactone	Aldactone	25mg	Daily	\$11.76	\$0.13	Y	Y
Spironolactone	Aldactone	100mg	Daily	\$26.90	\$0.30	Y	Y
Antiplatelet Agents							
ASA-EC	Aspirin	325mg	Daily	\$2.10	\$0.02	N	Y
ASA-EC	Aspirin	81mg	Daily	\$4.77	\$0.05	N	Y
Clopidogrel	Plavix	75mg	Daily	\$24.87	\$0.28	Y	Y
Ticagrelor	Brilinta	90mg	BID	\$292.41	\$1.62	Y- EDS part 2	Y ¹
Anticoagulants							
Warfarin	Coumadin	5mg	Daily	\$13.61	\$0.15	Y	Y
Rivaroxaban	Xarelto	15mg, 20mg	Daily	\$268.38	\$2.98	Y-EDS	Y-PA
Dabigatran	Pradaxa	110mg, 150mg	BID	\$302.40	\$1.68	Y-EDS	Y-PA
Apixaban	Eliquis	2.5mg, 5mg	BID	\$308.79	\$1.72	Y-EDS	Y-PA

¹ Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product.

² NIHB coverage is limited to 12 months. Continued coverage beyond one year may be granted upon receipt of rationale for continuation of therapy from the prescriber.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); EC = Enteric coated.

HYPOGLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Biguanides							
Metformin	Glucophage	500mg	ii BID	\$9	\$0.03	Y	Y
Metformin SR	Glumetza	1000mg	Daily	\$121	\$1.34	N	N
Sulfonylureas							
Gliclazide MR	Diamicon MR	60mg	Daily	\$6	\$0.06	Y	Y
Gliclazide MR	Diamicon MR	30mg	Daily	\$8	\$0.09	Y	Y
Glyburide	Diabeta	5mg	BID	\$12	\$0.07	Y	Y
Gliclazide	Diamicon	80mg	BID	\$50	\$0.28	Y	Y
Meglitinides							
Repaglinide	Gluconorm	1mg	TID	\$23	\$0.08	Y-EDS	Y
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors							
Alogliptin	Nesina	25mg	Daily	\$208	\$2.31	N	N
Linagliptin	Trajenta	5mg	Daily	\$217	\$2.41	Y-EDS	Y-PA
Saxagliptin	Onglyza	5mg	Daily	\$277	\$3.08	Y-EDS	Y-PA
Sitagliptin	Januvia	100mg	Daily	\$287	\$3.18	Y-EDS	Y-PA
Glucagon-like Peptide-1 (GLP-1) Agonist							
Lixisenatide	Adyline	20mcg	Daily	\$359	\$119/box	N	N
Exenatide	Byetta	5mg, 10mg	BID	\$453	\$150/pen	N	N
Dulaglutide	Trulicity	0.75, 1.5mg	Weekly	\$672	\$209/box	N	N
Semaglutide	Ozempic	0.5mg, 1mg	Weekly	\$333-\$667	205/box	N	N
Liraglutide	Victoza	1.2-1.8mg	Daily	\$562-\$843	\$187/box	N	N
Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitors							
Empagliflozin	Jardiance	10mg, 25mg	Daily	\$252.57	\$2.81	Y-EDS	Y-PA
Dapagliflozin	Forxiga	5mg, 10mg	Daily	\$252.81	\$2.81	Y-EDS	Y-PA
Canagliflozin	Invokana	100mg, 300mg	Daily	\$253.53	\$2.82	Y-EDS	Y-PA

¹NIHB coverage may be considered on a case-by-case basis.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release; MR = Modified release.

HYPOGLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	Cost per 5 x 3 mL cartridges	Coverage		
					Pharmacare	NIHB	
Insulin							
Bolus Insulin	Rapid-acting Insulin	Apridra (Glulisine)	100unit/ml	As dir	\$54	Y	Y
		Humalog (lispro)	100unit/ml	As dir	\$62	Y	Y
		NovoRapid (aspart)	100unit/ml	As dir	\$64	Y	Y
	Short-acting (Regular) Insulin	Novolin ge Toronto	100unit/ml	As dir	\$48	Y	Y
		Humulin R	100unit/ml	As dir	\$51	Y	Y
Basal Insulin	Intermediate-acting Insulin	Novolin NPH	100unit/ml	As dir	\$48	Y	Y
		Humulin N	100unit/ml	As dir	\$51	Y	Y
	Long-acting Insulin	Basaglar (glargine)	100unit/ml	As dir	\$73	Y	Y
		Lantus (glargine)	100unit/ml	As dir	\$98	Y	Y
		Levemir (detemir)	100unit/ml	As dir	\$112	Y	Y
	Pre-mixed Insulin	Novolin 30/70	100unit/ml	As dir	\$49	Y	Y
		Humulin 30/70	100unit/ml	As dir	\$51	Y	Y

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NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required).

RESPIRATORY AGENTS

Generic Name	Brand Name (puffs per device)	Strength	Usual Dosing	Cost per device	Coverage	
					Pharmacare	NIHB
β₂-Agonists						
Short-acting β₂-Agonists (SABA)						
Salbutamol	Ventolin MDI (200)	100mcg	2 inh QID (prn)	\$6	Y	Y
Terbutaline	Bricanyl Turbuhaler (100)	500mcg	1 inh QID (prn)	\$9	Y	Y
Salbutamol	Ventolin Diskus (60)	200mcg	1 inh QID (prn)	\$13	N	N
Long-acting β₂-Agonists (LABA)						
Formoterol	Oxeze Turbuhaler (60)	6mcg, 12mcg	1-2 inh BID	\$35-45	Y	Y-PA
Indacaterol	Onbrez Breezhaler (30)	75mcg	1 cap daily	\$50	Y	Y-PA
Formoterol	Foradil Aerolizer (60)	12mcg	1 inh BID	\$55	Y	Y-PA
Salmeterol	Serevent Diskus (60)	50mcg	1 inh BID	\$60	Y	Y-PA
Salmeterol	Serevent Diskhaler (60)	50mcg	1 inh BID	\$60	Y	Y-PA
Anticholinergics						
Short-acting Anticholinergics (SAMA)						
Ipratropium	Atrovent (200)	20mcg	2 inh QID	\$20	Y	Y
Long-acting Anticholinergics (LAMA)						
Umeclidinium	Incruse Ellipta (30)	62.5mcg	1 inh daily	\$50	Y-EDS	Y-PA
Tiotropium	Spiriva (30)	18mcg	1 cap daily	\$55	Y-EDS	Y-PA
Tiotropium	Spiriva Respimat (30)	2.5mg	2 inh daily	\$55	Y-EDS	Y-PA
Glycopyrronium	Seebri Breezhaler (30)	50mcg	1 cap daily	\$55	Y-EDS	Y-PA
Acclidinium	Tudorza (60)	400mcg	1 inh BID	\$55	Y-EDS	Y-PA
Inhaled Corticosteroids						
Fluticasone propionate	Flovent MDI (120)	50mcg, 125mcg, 250mcg	1-2 inh BID	\$25-90	Y	Y
Beclomethasone	Qvar (200)	50mcg, 100mcg	1-2 inh BID	\$35-70	Y	Y
Budesonide	Pulmicort (200)	100mcg, 200mcg, 400mcg	1 inh BID	\$35-100	Y	Y
Mometasone	Asmanex Twisthaler (60)	200mcg, 400mcg	1-2 inh daily-BID	\$40-75	Y	Y
fluticasone furoate	Arnuity Ellipta (30)	100mcg, 200mcg	1-2 inh daily	\$40-80	Y	Y
Fluticasone propionate	Flovent Diskus (60)	250mcg, 500mcg	1-2 inh BID	\$45-70	Y	Y
Ciclesonide	Alvesco (120)	100mcg, 200mcg	1 inh daily	\$50-85	Y	Y

RESPIRATORY AGENTS

Generic Name	Brand Name (# of puffs per device)	Strength	Usual Dosing	Cost per device	Coverage	
					Pharmacare	NIHB
Combination Therapy						
Long-acting β_2-Agonists and Anticholinergics (LABA/LAMA)						
Tiotropium/Olodaterol	Inspiroto Respimat (30)	2.5/2.5mcg	2 inh daily	\$65	Y-EDS	Y-PA
Aclidinium/Formoterol	Duaklir Genuair (60)	400/12mcg	1 inh BID	\$65	Y-EDS	Y-PA
Glycopyrronium/Indacaterol	Ultibro Breezhaler (30)	50/110mcg	1 cap daily	\$85	Y-EDS	Y-PA
Umeclidinium/Vilanterol	Anoro Ellipta (30)	62.5/25mcg	1 inh daily	\$85	Y-EDS	Y-PA
Long-acting β_2-Agonists and Corticosteroids						
Budesonide/Formoterol	Symbicort (120)	100/6 mcg, 200/6mcg	1 inh BID	\$70-90	Y	Y-PA
Fluticasone Furoate/ Vilanterol	Breo Ellipta (30)	100/25mcg, 200/25mcg	1 inh daily	\$90-135	Y	Y-PA
Fluticasone/Salmeterol	Advair Diskus (60)	100/50mcg, 250/50mcg, 500/50mcg	1 inh BID	\$90-150	Y	Y-PA
Mometasone/Formoterol	Zenhale MDI (120)	100/5mcg, 200/5mcg	2 inh BID	\$95-115	Y	Y-PA
Fluticasone/Salmeterol	Advair MDI (120)	250/25mcg, 125/25mcg	1-2 inh BID	\$105-150	Y	Y-PA
Short-acting β_2-Agonists and Anticholinergics (SABA/SAMA)						
Salbutamol/Ipratropium	Combivent Respimat (120)	100mcg/20mcg	1 inh QID	\$30	Y	Y
Long-acting b2Agonist + LAAC + Corticosteroid (LABA/LAMA/ICS)						
Fluticasone Furoate/ Umeclidinium/Vilanterol	Trelegy Ellipta (30)	100/62.5/25mcg	1 inh daily	\$140	N	N
Nasal Corticosteroids						
Beclomethasone	Beconase (200)	50mcg	1-2 sprays/nosril BID	\$12	Y	Y
Mometasone	Nasonex (140)	50mcg	2 sprays/nosril daily	\$15	Y	Y
Fluticasone Propionate	Flonase (120)	50mcg	2 spray/nosril daily	\$22	Y	Y
Leukotriene Receptor Antagonist				90 Day Cost		
Montelukast	Singulair	10mg	Daily	\$40	Y- EDS part 2	Y-PA
Phosphodiesterase-4 Enzyme Inhibitor (PDE-4 Inhibitor)				90 Day Cost		
Roflumilast	Daxas	500mcg	500mcg PO daily	\$202	N	N

¹NIHB coverage limited to 100/25mcg strength device.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); MDI = Metered dose inhaler.

SMOKING CESSATION

Generic Name	Brand Name	Strength	Usual Dosing	Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Smoking Cessation (price based on 12 weeks of use at stated dose)							
Bupropion	Zyban	150mg	BID	\$185	\$1.10	Y	Y ¹
Varenicline	Champix	dosing titration (12 week treatment course)		\$228	4 week starter pack (\$73.16) + two 4-week continuation pack (2x\$77.58)	Y	Y ²
Nicotine Replacement Therapy							
Nicotine Patch	Habitrol	21,14,7 mg	21mg/d x 4w, 14mg/d x 2w, 7mg/d x 2w (total 8 weeks)	\$162	\$20.25 per box of 7 patches (all strengths)	N	Y ⁴
Nicotine Patch	Actavis/Teva	21,14,7 mg		\$173	\$17.28 per box of 7 patches (all strengths)	N	Y ⁴
Nicotine Patch	Nicoderm	21,14,7 mg	21mg/d x 6w, 14mg/d x 2w, 7mg/d x 2w (total 8 weeks)	\$273	\$27.34 per box of 7 patches (all strengths)	N	Y ⁴
Nicotine Gum	Nicorette	2mg	12 pcs/day	\$34.33/105pc		N	Y ³
	Nicorette	4mg	12pcs/day	\$34.33/105pc		N	Y ³
Nicotine Inhaler	Nicorette	cartridge	maximum 12/day	\$34.33/42ctg		N	Y ³

¹Pharmacare does not cover the Zyban brand, but generic is covered.

²NIHB coverage for smoking cessation limited to a maximum of 180 tablets/year.

³NIHB coverage limited to a maximum of 165 tablets/year.

⁴NIHB coverage limited to 945 gum pieces/year, 252 patches/year, 945 inhaler cartridges/year.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release.

PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Antidepressants							
Selective Serotonin Reuptake Inhibitors (SSRIs)							
Citalopram	Celexa	20mg	Daily	\$13	\$0.14	Y	Y
Escitalopram	Ciprallex	10mg	Daily	\$28	\$0.31	Y	Y
Sertraline	Zoloft	50mg	Daily	\$29	\$0.32	Y	Y
Paroxetine	Paxil	20mg	Daily	\$31	\$0.34	Y	Y
Fluoxetine	Prozac	20mg	Daily	\$31	\$0.35	Y	Y
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)							
Venlafaxine	Effexor XR	75mg	Daily	\$17	\$0.19	Y	Y
Duloxetine	Cymbalta	30mg	Daily	\$43	\$0.48	Y	Y
Desvenlafaxine	Pristiq	50mg	Daily	\$211	\$2.34	N	N
Noradrenergic and Serotonergic Antidepressant							
Mirtazapine	Remeron	30mg	HS	\$70	\$0.78	Y	Y
Dopamine and Norepinephrine Reuptake Inhibitors							
Bupropion SR	Wellbutrin SR	150mg	BID	\$91	\$0.50	Y	Y-max 300mg/day
Bupropion XL	Wellbutrin XL	300mg	Daily	\$53	\$0.59	Y	Y-max 300mg/day

¹NIHB coverage limited to a maximum of 300mg/day.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required); SR= Sustained release; XR, XL= Extended release.

PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dos- ing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Antipsychotics							
Aripiprazole	Abilify	15mg	Daily	\$114	\$1.27	Y	Y-PA
Olanzapine	Zyprexa	5mg	Daily	\$33	\$0.37	Y	Y
Olanzapine	Zyprexa	10mg	Daily	\$67	\$0.74	Y	Y
Quetiapine	Seroquel	100mg	TID	\$37	\$0.14	Y	Y
Quetiapine XR	Seroquel XR	300mg	Daily	\$88	\$0.98	Y	Y
Risperidone	Risperdal	1mg	BID	\$45	\$0.25	Y	Y
Benzodiazepines (cost for 90 tablets)							
Oxazepam	Serax	15mg	PRN ¹	\$5	\$0.06	Y	Y ²
Lorazepam	Ativan	1mg	PRN ¹	\$4	\$0.04	Y	Y ²
Alprazolam	Xanax	0.5mg	PRN ¹	\$7	\$0.07	Y	Y ²
Clonazepam	Rivotril	0.5mg	PRN ¹	\$4	\$0.04	Y	Y ²

¹ Cost calculated based on maximum 1 dose per day.

² NIHB coverage limited to a maximum 100-day supply of benzodiazepines at a time, with a maximum daily dose limit of 40 mg diazepam equivalents.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); XR = Extended release.

CONTRACEPTIVES

Generic Name	Brand Name	Strength	Usual Dosing	84 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
1st Generation Progestins							
Ethinyl Estradiol/Norethindrone	Synphasic	(0.035mg/0.5mg, 0.035mg/1mg)	Daily	\$41	\$0.65	Y	Y
2nd Generation Progestins							
Ethinyl Estradiol/Levonorgestrel	Alesse	0.02mg/0.1mg	Daily	\$29	\$0.46	Y	Y
Ethinyl Estradiol/Levonorgestrel	Min-Ovral	0.03mg/0.15mg	Daily	\$32	\$0.51	Y	Y
Ethinyl Estradiol/Levonorgestrel	Triquilar	(0.03mg/0.05mg, 0.04mg/0.075mg, 0.03mg/0.125mg)	Daily	\$50	\$0.79	Y	Y
3rd Generation Progestins							
Ethinyl Estradiol/Desogestrel	Marvelon	0.03mg/0.15mg	Daily	\$32	\$0.50	Y	Y
Ethinyl Estradiol/Norgestimate	Tricyclen Lo	(0.025mg/0.180mg, 0.025mg/0.215mg, 0.025mg/0.250mg)	Daily	\$28	\$0.45	Y	Y
Ethinyl Estradiol/Norgestimate	Tricyclen	(0.035mg/0.180mg, 0.035mg/0.215mg, 0.035mg/0.250mg)	Daily	\$83	\$1.32	Y	Y
Anti-Androgenic Progestins							
Ethinyl Estradiol/Drospirenone	Yasmin	0.03mg/3mg	Daily	\$39	\$0.62	Y	Y
Ethinyl Estradiol/Drospirenone	Yaz	0.02mg/3mg	Daily	\$48	\$0.66	Y	Y
Transdermal and Vaginal Contraceptives							
Etonogestrel	Nuvaring	Vaginal ring	As dir	\$50		N	Y
Norelgestromin	Evra	Patch	As dir	\$59		N	Y
Intrauterine Devices (IUDs)							
Copper IUD	numerous	see below, numerous products available	As dir	see below		N	Y ¹
Levonorgestrel	Mirena, Kyleena, Jaydess	IUD	As dir	\$287 - 346		Y	Y ²

¹ NIHB coverage limited to one IUD every 12 months.. ² NIHB coverage limited to one IUD every 2 years. Note: 21 or 28 day pill packs have equivalent costs.. Copper IUD costs: Flexi-T IUD: \$110.25 Liberte UT380 SHORT: \$53.55 Liberte UT380 STANDARD: \$53.55 Mona Lisa 10: \$74.29 Mona Lisa 5: \$63.00 Mona Lisa N: \$63.00

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required).

HORMONE REPLACEMENT THERAPY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day		Coverage	
				Cost	Per Unit Cost	Pharmacare	NIHB
Oral							
Medroxyprogesterone	Provera	5mg	Daily	\$14	\$0.16	Y	Y
Estradiol-17b	Estrace	1mg	Daily	\$21	\$0.23	Y	Y
Conjugated Estrogen	Premarin	0.625mg	Daily	\$31	\$0.35	Y	Y
Micronized progesterone	Prometrium	100mg	HS	\$129	\$1.44	Y- EDS part 2	Y-PA
Transdermal							
Estradiol-17b Patch	Estradot	50mcg	twice weekly	\$61	\$2.53	Y- EDS part 2	Y
Estradiol-17b Gel	Divigel	0.10%	0.25 mg, 0.5 mg, 1 mg daily	\$82	\$0.91	Y- EDS part 2	Y
	Estrogel	0.06%	2.5g daily (1.5mg estradiol)	\$98	\$0.54		
Vaginal							
Conjugated Estrogen	Premarin Vaginal Cream	0.625mg/g	variable, based on indication	\$11.52/14g tube		Y	Y
Estradiol-17b tablet	Vagifem-10	10mcg	twice weekly	\$111	\$4.26	Y	Y
Estradiol-17b ring	Estring	2 mg	1 ring per 3 months	\$85.73/ring		Y	Y

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required).

ANALGESICS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)							
Naproxen	Naprosyn	500mg	BID	\$38	\$0.21	Y	Y
Diclofenac/Misoprostol	Arthrotec	50mg/200mcg	BID	\$57	\$0.31	Y- EDS part 2	Y
Diclofenac	Voltaren	50mg	BID	\$71	\$0.39	Y	Y
Diclofenac SR	Voltaren SR	75mg	Daily	\$51	\$0.57	Y	Y
COX-2 Inhibitors							
Celecoxib	Celebrex	200mg	Daily	\$24	\$0.27	Y	Y
Combination Analgesics							
Tramadol/Acetaminophen	Tramacet	37.5mg/325mg	1-2 tablets q6h PRN	\$19	\$0.63	N	N
Neuropathic and Chronic Pain							
Amitriptyline	Elavil	25mg	HS	\$11	\$0.12	Y	Y
Amitriptyline	Elavil	50mg	HS	\$21	\$0.23	Y	Y
Nortriptyline	Aventyl	25mg	HS	\$23	\$0.25	y	y
Gabapentin	Neurontin	300mg	TID	\$29	\$0.11	Y	Y ¹
Pregabalin	Lyrica	75mg	BID	\$57	\$0.32	Y	Y-PA ²
Desipramine	Norpramin	50mg	HS	\$65	\$0.72	Y	Y

¹ NIHB coverage limited to a maximum of 4000mg/day (400g per 100-day period). Based on 4 tablets a day for 90 days

² Maximum of 600mg/day

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release.

MIGRAINE

Generic Name	Brand Name	Strength	Usual Dose	Cost per 6 tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Antimigraine							
Sumatriptan	Imitrex	5mg	PRN	\$17	\$2.91	Y- EDS part 2 ¹	Y ²
Sumatriptan	Imitrex	100mg	PRN	\$19	\$3.21	Y- EDS part 2 ¹	Y ²
Zolmitriptan	Zomig	2.5mg	PRN	\$21	\$3.54	Y- EDS part 2 ¹	Y ²
Rizatriptan	Maxalt	5mg	PRN	\$22	\$3.71	Y- EDS part 2 ¹	Y ²
Rizatriptan	Maxalt	10mg	PRN	\$22	\$3.71	Y- EDS part 2 ¹	Y ²
Naratriptan	Amerge	2.5mg	PRN	\$37	\$6.14	Y- EDS part 2 ¹	Y ²

¹ Pharmacare coverage limited to 144 tablets per benefit year.

² NIHB coverage limited to a maximum 12 tablets per 30-day period.

GOUT

Generic Name	Brand Name	Strength	Usual Dose	90 day cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Gout							
Allopurinol	Zyloprim	200mg	Daily	\$12	\$0.13	Y	Y
Colchicine	Colchicine	0.6mg	Daily	\$23	\$0.26	Y	Y

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required).

ANTIMICROBIALS

Generic Name	Brand Name	Strength/Usual Dosing	Cost	Per Unit Cost	Coverage	
					Pharmacare	NIHB
Antimicrobials (cost as per duration indicated in dosing)						
Amoxicillin	Amoxil	500mg TID x 7 days	\$7.18	\$0.34	Y	Y
Amoxicillin/Clavulanate	Clavulin	500mg TID x 7 days	\$19.62	\$0.93	Y- EDS part 2	Y
Azithromycin	Zithromax	500mgx1, 250mg daily x 4 days	\$5.93	\$0.99	Y- EDS part 2	Y
Cephalexin	Keflex	500mg QID x 7 days	\$4.85	\$0.17	Y	Y
Ciprofloxacin	Cipro	500mg BID x 5 days	\$5.28	\$0.53	Y- EDS part 2	Y
Clarithromycin	Biaxin	500mg BID x 5 days	\$16.29	\$1.63	Y- EDS part 2	Y
Clindamycin	Dalacin C	300mg QID x 7 days	\$13.64	\$0.49	Y	Y
Doxycycline	Doxycin	100mg BID x 7 days	\$8.18	\$0.58	Y	Y
Levofloxacin	Levaquin	500mg daily x 7 days	\$24.55	\$3.51	Y- EDS part 2	Y ^{max 14days}
Moxifloxacin	Avelox	400mg daily x 7 days	\$10.66	\$1.52	Y- EDS part 2	Y ^{max 14 days}
Nitrofurantoin	Macrobid	100mg BID x 3 days	\$4.22	\$0.70	Y	Y
Penicillin V K	Pen VK	300mg QID x 7 days	\$5.51	\$0.20	Y	y
Sulfamethoxazole/ Trimethoprim	Septra	DS BID x 3 days	\$0.73	\$0.12	Y	Y
Antivirals						
Acyclovir	Zovirax	800mg 5x/day x7 days	\$99.95	\$2.86	Y	Y
Famciclovir	Famvir	500mg TID x7 days	\$29.63	\$1.41	Y	Y
Oseltamivir	Tamiflu	75mg BID x 5 days	\$31.18	\$3.12	Y- EDS part 2	Y-conditional
Valacyclovir	Valtrex	1000mg TID x7 days	\$27.33	\$0.65	Y	Y

¹ NIHB coverage limited to 14 day treatment course.

Disclaimer: Dosing of many antibiotics variable depending on indication for use.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required).

ALZHEIMER'S DISEASE

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Acetylcholinesterase Inhibitors							
Donepezil	Aricept	5mg, 10mg	Daily	\$43	\$0.48	Y	Y-PA
Galantamine ER	Reminyl ER	8mg, 16mg, 24mg	Daily	\$112	\$1.25	Y	Y-PA
Rivastigmine	Exelon	1.5mg, 3mg, 4.5mg, 6mg	BID	\$235	\$1.30	Y-EDS	Y-PA

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); ER = Extended release.

OSTEOPOROSIS

Generic Name	Brand Name	Strength	Usual Dosing	Yearly Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Calcium Carbonate	Calcium	1250mg (=500mg)	BID	\$16 ¹	\$0.02	N	Y
Vitamin D	Vitamin D	1000 units	Daily	\$10 ¹	\$0.03	N	Y ²
Bisphosphonates							
Risedronate	Actonel	35mg once weekly		\$108	\$2.08	Y-EDS	Y
Alendronate	Fosamax	70mg once weekly		\$115	\$2.21	Y-EDS	Y
Zoledronic Acid	Aclasta	5mg IV once yearly		\$335	\$335	Y-EDS	Y-PA
Bone-Modifying Agent (Monoclonal Antibody)							
Denosumab	Prolia	60mg subcut, q6months		\$773	\$386.32	Y-EDS	Y-PA

¹ Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product

² Certain strengths/brands may not be covered.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required).

UROLOGY

Generic Name	Brand Name	Strength	Usual Dosing	Cost per 4 tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Erectile Dysfunction							
Sildenafil	Viagra	100mg	As directed	\$37	\$9.20	N	N
Tadalafil	Cialis	20mg	As directed	\$46	\$11.47	N	N
Vardenafil	Levitra	20mg	As directed	\$47	\$11.68	N	N

Generic Name	Brand Name	Strength	Usual Dosing	90 day cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Benign Prostatic Hyperplasia (BPH)							
Tamsulosin CR	Flomax CR	0.4mg	HS	\$14	\$0.15	Y	Y
Terazosin	Hytrin	1mg	HS	\$22	\$0.24	Y	Y
Dutasteride	Avodart	0.5mg	Daily	\$27	\$0.30	Y- EDS part 2	Y-PA
Finasteride	Proscar	5mg	Daily	\$39	\$0.43	Y- EDS part 2	Y-PA

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); CR = Controlled release.

OVERACTIVE BLADDER

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Anticholinergics							
Solifenacin	Vesicare	5mg, 10mg	5-10mg Daily	\$27	\$0.30	Y	Y
Tolterodine IR	Detrol	1mg, 2mg	1-2mg BID	\$44	\$0.25	Y	Y-PA
Tolterodine LA	Detrol LA	2mg, 4mg	2-4mg Daily	\$44	\$0.49	Y	Y
Oxybutynin	Ditropan	5mg	5mg BID ¹ (up to TID)	\$45	\$0.25	Y	Y
Fesoterodine	Toviaz	4mg, 8mg	4-8mg Daily	\$142	\$1.58	Y	Y-PA
Trospium	Trosec	20mg	20mg BID	\$154	\$0.86	Y-EDS	Y-PA
Oxybutynin XL	Ditropan XL	5mg, 10mg	5-10mg Daily	\$243	\$2.70	Y	N ²
β₃ – Agonist							
Mirabegron	Myrbetriq	25mg, 50mg ³	25-50mg Daily	\$138	\$1.53	Y	Y-PA

¹Cost provided for BID dosing regimen.

²NIHB coverage may be granted, as reviewed on a case-by-case basis. NIHB Drug Exception Centre must be contacted directly.

³Per unit cost equivalent for 25mg and 50mg tablet strength. Tablet can not be split in half due to extended release (24hr) formulation.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;
Part 2 = Covered for certain indications (prior approval not required); IR = Immediate release; LA = Long acting; XL = Extended release.

GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Proton Pump Inhibitors (PPIs)							
Rabeprazole	Pariet	20mg	Daily	\$13	\$0.14	Y	Y ¹
Pantoprazole	Pantoloc	40mg	Daily	\$19	\$0.21	Y	Y ¹
Omeprazole	Losec	20mg	Daily	\$22	\$0.24	Y	Y ¹
Lansoprazole	Prevacid	15mg, 30mg	Daily	\$45	\$0.50	Y	Y ¹
Esomeprazole	Nexium	40mg	Daily	\$50	\$0.55	Y	N
Histamine H₂-Receptor Antagonists (H₂RAs)							
Ranitidine		150mg	BID	\$23	\$0.13	Y	Y
Antiemetics (cost for 30 tablets)							
Dimenhydrinate	Gravol	50mg	PRN	\$1	\$0.04	N	Y
Metoclopramide	Metonia/Maxeran	10mg	PRN	\$2	\$0.07	Y	Y
Doxylamine/Pyridoxine	Diclectin	10/10mg	PRN	\$19	\$0.64	Y	Y
Ondansetron	Zofran	8mg	PRN	\$150	\$4.99	Y	Y
Laxatives							
Psyllium fiber	Metamucil	1 tsp	up to TID ²	\$14.66/72 doses		N	Y
Lactulose	Lactulose	15ml	daily	0.2175/15ml	\$0.015/ml	Y-EDS	Y
PEG3350	Lax-a-day	17g	daily, as directed ²	\$3.40/7 doses		N	Y
Antidiarrheal (cost for 30 tablets)							
Loperamide	Imodium	2mg	As directed	\$7	\$0.25	Y-EDS	Y

¹ NIHB coverage limited to 400 tablets/capsules every 180 days.

²Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required;

Part 2 = Covered for certain indications (prior approval not required).

GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	Treatment Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB

Helicobacter Pylori Eradication (cost for 14 day treatment course) - "Quadruple therapy"

Clarithromycin	Biaxin	500mg	BID x14d	\$46	\$1.63	Y	Y
Amoxicillin	Amoxil	500mg	2 tablets BID x14d	\$19	\$0.34	Y	Y
Metronidazole	Flagyl	250mg	2 tablets BID x14d	\$4	\$0.07	Y	Y
Omeprazole	Losec	20mg	BID x 14d	\$7	\$0.24	Y	Y ²

Helicobacter Pylori Eradication (cost for 14 day treatment course) - "Quadruple therapy"

Bismuth salicylate	Pepto Bismol	35 mg/mL	30mL QID x14d	\$27	\$6.84/480mL	N	Y ¹
Tetracycline	Generic	250mg	2 tablets QID	\$8	\$0.07	Y	Y
Metronidazole	Flagyl	250mg	QID x14d	\$4	\$0.07	Y	Y
Omeprazole	Losec	20mg	BID x14d	\$7	\$0.24	Y	Y ²

Helicobacter Pylori Eradication (cost for 7 day treatment course) - "Triple therapy"

Amoxicillin	Amoxil	500mg	1000mg BID x7d	\$10	\$0.34	Y	Y
Clarithromycin	Biaxin	500mg	BID x7d	\$23	\$1.63	Y-part 2	Y
Lansoprazole	Prevacid	30mg	BID x7d	\$7	\$0.50	Y	Y
HP-PAC (7 days of	HP-PAC		BID x7d	\$98		Y-EDS	Y

¹ NIHB coverage limited to 120mL/day every 14 days.

IRON PREPARATIONS

Generic Name	Brand Name	Strength (mg elemental iron per tablet or 5mL)	90 Day Cost	90 Day Cost (100 mg elemental iron per day)	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Iron Tablets			1 tab per day	Per tab			
Ferrous sulfate	Generic	300mg (60mg Fe ²⁺)	\$1.41	\$3	\$0.02	N	Y
Ferrous gluconate	Generic	300mg (35mg Fe ²⁺)	\$2.29	\$7	\$0.03	N	Y
Ferrous fumarate	Generic	300mg (100mg Fe ²⁺)	\$6.52	\$7	\$0.07	N	Y
Ferrous sulfate	Fer-in-Sol solution	150mg/5ml (30mg Fe ²⁺ /5ml)	\$14.14	\$47	\$0.16	N	Y
Polysaccharide iron	Feramax	150mg Fe ²⁺ (as polysaccharide-iron complex)	\$35.10	N/A	\$0.39	N	N
Iron in liquid solution			5 mL per day	Per 5 mL			
Ferrous sulfate	Fer-in-Sol Infant Drops	75mg/1mL(15mgFe ²⁺ /1ml)	\$17.19	N/A ²	\$0.19	N	Y
Ferrous fumarate	Generic	300mg/10mL (100mg Fe ²⁺ /10ml)	\$35.10	\$35	\$0.39		

¹ Per unit cost for OTC products not covered by Pharmacare/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes of a given product.

² Not applicable. Fer-In-Sol drops are intended to provide doses smaller than 100mg elemental Fe²⁺ per day. The daily dose for children and infants is based on weight, resulting in significant dose and cost variability.

LEGEND:

NIHB = Non-Insured Health Benefits; EDS = Exception Drug Status, prior approval required; PA= Prior approval required; Part 2 = Covered for certain indications (prior approval not required).