

PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2021)



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Welcome to the 6th Edition of our medication pricing guide. The “Price Comparison of Commonly Prescribed Medications in Manitoba 2021” was released virtually at the MEDS conference on January 30th, 2021.

Covid-19 may have turned the world upside down but life goes on and medication prices remain an ever changing phenomenon. 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 medications 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 cover-age and prescriber selection directly influence out-of-pocket costs for patients.

The Alberta College of Family Physicians began producing an annual pricing document for commonly prescribed medications starting in 2011. We have followed in their footsteps to create a pricing guide that reflects the Manitoba formulary and costing system. Alberta has moved away from an annual guide to a continuously updated document that reflects formulary changes as they are made. Always willing to recognize (and copy) a good idea when we see one, we have decided to take a similar approach with the Manitoba guide. Beginning in 2021, we will create multiple updated editions of the pricing guide throughout the year and post the updated version online. Our plan is to make these updates after each Pharmacare Bulletin. Each update will indicate the version number and date of update. We hope this will be a useful approach and ensure that all prescribers always have access to the latest pricing information.

At the start of 2021 some prices to note include:

- You play an ACE (inhibitor)... when you prescribe Ramipril which is priced much lower than other ACE-inhibitors
- Use your ABC when prescribing Calcium Channel Blockers... Amlodipine is less costly than other calcium channel blockers
- There is a broad range of prices for drugs for “over-active bladder” (see page 23)
- LABA/LAMA combination may be a good choice for COPD patients but choose carefully... they vary in price by almost 50% (see page 11)
- Price may be the last thing you think about when selecting an antidepressant but you don’t want the price tag to decrease compliance. The drugs (SSRIs, SNRIs etc.) have a 20 fold range in prices (see page 14)
- Need a PPI? Consider the lowest cost rabeprazole. BUT do you really need a PPI?

It is hoped that this document will enhance the understanding of medication pricing and coverage so that clinically effective medications that are also afford-able and cost-effective are preferentially selected^{3,5}

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, whole-sale prices were used as the source of pricing, including OTC products where retail mark-up will vary. The prices listed in this guide were current as of January 2021 (including Pharmacare Bulletin #110 – January 21, 2021) 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 | | | | | | | |
| Atorvastatin | Lipitor | 10mg | Daily | \$16 | \$0.18 | Y | Y |
| Atorvastatin | Lipitor | 20mg | Daily | \$21 | \$0.23 | Y | Y |
| Atorvastatin | Lipitor | 40mg, 80mg | Daily | \$22 | \$0.25 | Y | Y |
| Ezetimibe | Ezetrol | 10mg | Daily | \$17 | \$0.19 | Y | Y |
| Pravastatin | Pravachol | 20mg | Daily | \$33 | \$0.36 | Y | Y |
| Rosuvastatin | Crestor | 10mg | Daily | \$13 | \$0.14 | Y | Y |
| Rosuvastatin | Crestor | 20mg | Daily | \$16 | \$0.18 | Y | Y |
| Rosuvastatin | Crestor | 40mg | Daily | \$19 | \$0.21 | Y | Y |
| Simvastatin | Zocor | 20mg, 40mg | Daily | \$24 | \$0.26 | Y | Y |
| β-Blockers | | | | | | | |
| Atenolol | Tenormin | 50mg | Daily | \$10 | \$0.12 | Y | Y |
| Atenolol | Tenormin | 100mg | Daily | \$17 | \$0.19 | Y | Y |
| Bisoprolol | Monacor | 5mg | Daily | \$7 | \$0.08 | Y | Y |
| Bisoprolol | Monacor | 10mg | Daily | \$10 | \$0.11 | Y | Y |
| Carvedilol | Coreg | 3.125mg, 6.25mg, 12.5mg, 25mg | BID | \$46 | \$0.26 | Y | Y |
| Metoprolol | Lopresor | 25mg | BID | \$12 | \$0.07 | Y | Y |
| Metoprolol | Lopresor | 50mg | BID | \$12 | \$0.07 | Y | Y |
| Metoprolol | Lopresor | 100mg | BID | \$26 | \$0.15 | Y | Y |
| Metoprolol SR | Lopresor SR | 100mg | Daily | \$19 | \$0.21 | Y | Y |
| Metoprolol SR | Lopresor SR | 200mg | Daily | \$35 | \$0.39 | Y | Y |
| Calcium Channel Blockers (mainly vascular effects) | | | | | | | |
| Amlodipine | Norvasc | 5mg | Daily | \$13 | \$0.14 | Y | Y |
| Amlodipine | Norvasc | 10mg | Daily | \$19 | \$0.21 | Y | Y |
| Nifedipine XL | Adalat XL | 30mg | Daily | \$58 | \$0.65 | Y | Y |
| Nifedipine XL | Adalat XL | 60mg | Daily | \$89 | \$0.98 | Y | Y |
| Calcium Channel Blockers (mainly cardiac effects) | | | | | | | |
| Diltiazem CD | Cardizem CD | 120mg | Daily | \$38 | \$0.43 | Y | Y |
| Diltiazem CD | Cardizem CD | 180mg | Daily | \$51 | \$0.57 | Y | Y |
| Diltiazem CD | Cardizem CD | 240mg | Daily | \$68 | \$0.75 | Y | Y |
| Diltiazem ER | Tiazac ER | 120mg | Daily | \$22 | \$0.25 | Y | Y |
| Diltiazem ER | Tiazac ER | 180mg | Daily | \$30 | \$0.33 | Y | Y |
| Diltiazem ER | Tiazac ER | 240mg | Daily | \$40 | \$0.44 | Y | Y |
| Verapamil | Isoptin | 80mg | TID | \$78 | \$0.29 | Y | Y |
| Verapamil | Isoptin | 120mg | TID | \$121 | \$0.45 | Y | Y |
| Verapamil | Isoptin SR | 120mg | Daily | \$65 | \$0.72 | Y | Y |
| Verapamil | Isoptin SR | 240mg | Daily | \$54 | \$0.60 | 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; ER = 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) | | | | | | | |
| Cilazapril | Inhibace | 5mg | Daily | \$47 | \$0.52 | Y | Y |
| Enalapril | Vasotec | 10mg | Daily | \$31 | \$0.34 | Y | Y |
| Fosinopril | Monopril | 20mg | Daily | \$50 | \$0.55 | Y | Y |
| Lisinopril | Zestril | 20mg | Daily | \$66 | \$0.74 | Y | Y |
| Perindopril | Coversyl | 4mg | Daily | \$19 | \$0.21 | Y | Y |
| Perindopril | Coversyl | 8mg | Daily | \$27 | \$0.30 | Y | Y |
| Ramipril | Altace | 2.5mg, 5mg | Daily | \$8 | \$0.09 | Y | Y |
| Ramipril | Altace | 10mg | Daily | \$10 | \$0.11 | Y | Y |
| Combination ACEI + Diuretic | | | | | | | |
| Enalapril/ Hydrochlorothiazide | Vaseretic | 10mg/25mg | Daily | \$102 | \$1.13 | Y | Y |
| Lisinopril/ Hydrochlorothiazide | Prinzide | 20mg/12.5mg, 20mg/25mg | Daily | \$66 | \$0.74 | Y | Y |
| Perindopril/Indapamide | Coversyl Plus | 4mg/1.25mg | Daily | \$24 | \$0.27 | Y | Y |
| Perindopril/Indapamide | Coversyl Plus HD | 8mg/2.5mg | Daily | \$27 | \$0.30 | Y | Y |
| Angiotensin II Receptor Blockers (ARBs) | | | | | | | |
| Candesartan | Atacand | 8mg, 16mg, 32mg | Daily | \$22 | \$0.24 | Y | Y |
| Irbesartan | Avapro | 75mg, 150mg, 300mg | Daily | \$22 | \$0.24 | Y | Y |
| Losartan | Cozaar | 25mg, 50mg, 100mg | Daily | \$30 | \$0.33 | Y | Y |
| Telmisartan | Micardis | 40mg, 80mg | Daily | \$20 | \$0.23 | Y | Y |
| Valsartan | Diovan | 80mg, 160mg | Daily | \$20 | \$0.23 | Y | Y |
| Combination ARB + Diuretic | | | | | | | |
| Candesartan/ Hydrochlorothiazide | Atacand Plus | 16mg/12.5 mg | Daily | \$20 | \$0.23 | Y | Y |
| Irbesartan/ Hydrochlorothiazide | Avalide | 300mg/25mg | Daily | \$21 | \$0.23 | Y | Y |
| Irbesartan/ Hydrochlorothiazide | Avalide | 150mg/12.5mg, 300mg/12.5mg | Daily | \$22 | \$0.24 | Y | Y |
| Losartan/ Hydrochlorothiazide | Hyzaar | 50mg/12.5mg, 100mg/25 mg | Daily | \$30 | \$0.33 | Y | Y |
| Losartan/ Hydrochlorothiazide | Hyzaar | 100mg/12.5mg | Daily | \$29 | \$0.32 | Y | Y |
| Telmisartan/ Hydrochlorothiazide | Micardis Plus | 80mg/12.5mg, 80mg/25mg | Daily | \$20 | \$0.22 | 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 Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|----------------------------|-------------|------------------------------|--------------|-------------|---------------|------------|-------------------|
| | | | | | | Pharmacare | NIHB |
| Diuretics | | | | | | | |
| Chlorthalidone | Hygroton | 50mg | 1/4 Daily | \$3 | \$0.14 | Y | Y |
| Furosemide | Lasix | 20mg | Daily | \$2 | \$0.02 | Y | Y |
| Furosemide | Lasix | 40mg | Daily | \$3 | \$0.03 | Y | Y |
| Hydrochlorothiazide | Hydrodiuril | 12.5mg | Daily | \$3 | \$0.03 | Y | Y |
| Hydrochlorothiazide | Hydrodiuril | 25mg | Daily | \$1 | \$0.02 | Y | Y |
| Indapamide | Lozide | 1.25mg | Daily | \$7 | \$0.08 | Y | Y |
| Indapamide | Lozide | 2.5mg | Daily | \$11 | \$0.12 | Y | Y |
| Spironolactone | Aldactone | 25mg | Daily | \$8 | \$0.09 | Y | Y |
| Spironolactone | Aldactone | 100mg | Daily | \$18 | \$0.20 | Y | Y |
| Antiplatelet Agents | | | | | | | |
| ASA-EC | Aspirin | 81mg | Daily | \$5 | \$0.06 | N | Y |
| ASA-EC | Aspirin | 325mg | Daily | \$3 | \$0.03 | N | Y |
| Clopidogrel | Plavix | 75mg | Daily | \$25 | \$0.28 | Y | Y |
| Ticagrelor | Brilinta | 90mg | BID | \$292 | \$1.62 | Y- Part 2 | Y ¹ |
| Anticoagulants | | | | | | | |
| Apixaban | Eliquis | 2.5mg, 5mg | BID | \$309 | \$1.72 | Y-EDS | Y-PA ² |
| Dabigatran | Pradaxa | 110mg, 150mg | BID | \$237 | \$1.32 | Y-EDS | Y-PA ² |
| Edoxaban | Lixiana | 30mg, 60mg | Daily | \$268 | \$2.98 | Y-EDS | Y-PA ² |
| Rivaroxaban | Xarelto | 15mg, 20mg | Daily | \$268 | \$2.98 | Y-EDS | Y-PA ² |
| Warfarin | Coumadin | 5mg ^{dose variable} | Daily | \$14 | \$0.16 | Y | Y |

¹ NIHB coverage limited to 12 months. Continued coverage beyond one year upon receipt of rationale for continuation of therapy from the prescriber.

² 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 reasonable 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)

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 | Glucophage | 850mg | BID | \$6 | \$0.04 | Y | Y |
| Metformin SR | Glumetza | 1000mg | Daily | \$96 | \$1.07 | N | N |
| Sulfonylureas | | | | | | | |
| Gliclazide MR | Diamicron MR | 30mg | Daily | \$9 | \$0.10 | Y | Y |
| Gliclazide MR | Diamicron MR | 60mg | Daily | \$6 | \$0.07 | Y | Y |
| Gliclazide | Diamicron | 80mg | BID | \$53 | \$0.29 | Y | Y |
| Glyburide | Diabeta | 5mg | BID | \$13 | \$0.07 | Y | Y |
| Meglitinides | | | | | | | |
| Repaglinide | Gluconorm | 1mg | TID | \$24 | \$0.09 | Y-EDS | Y |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | | | | | | | |
| Alogliptin | Nesina | 25mg | Daily | \$208 | \$2.31 | N | N |
| Linagliptin | Trajenta | 5mg | Daily | \$222 | \$2.47 | Y-EDS | Y ¹ |
| Saxagliptin | Onglyza | 5mg | Daily | \$144 | \$1.60 | Y-EDS | Y ¹ |
| Sitagliptin | Januvia | 100mg | Daily | \$296 | \$3.29 | Y-EDS | Y-PA ² |
| Glucagon-like Peptide-1 (GLP-1) Agonist | | | | | | | |
| Dulaglutide | Trulicity | 0.75mg, 1.5mg | Weekly | \$642 | \$214.00 | N | N |
| Exenatide | Byetta | 5mg, 10mg | BID | \$453 | \$150.86 | N | N |
| Liraglutide | Victoza | 1.2mg | Daily | \$589 | \$196.24 | N | N |
| Liraglutide | Victoza | 1.8mg | Daily | \$883 | \$294.36 | N | N |
| Lixisenatide | Adyline | 20mcg | Daily | \$359 | \$119.66 | N | Y |
| Semaglutide | Ozempic | 0.5mg | Weekly | \$626 | \$208.70 | Y-EDS | Y ³ |
| Semaglutide | Ozempic | 1mg | Weekly | \$626 | \$208.70 | Y-EDS | Y ³ |
| Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitors | | | | | | | |
| Canagliflozin | Invokana | 100mg, 300mg | Daily | \$266 | \$2.95 | Y-EDS | Y-PA ² |
| Dapagliflozin | Forxiga | 5mg, 10mg | Daily | \$253 | \$2.75 | Y-EDS | Y ¹ |
| Empagliflozin | Jardiance | 10mg, 25mg | Daily | \$253 | \$2.81 | Y-EDS | Y ⁴ |

¹ Open benefit. For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin and a sulfonylurea.

² Limited use benefit. For the treatment of patients with type 2 diabetes mellitus who did not achieve glycemic control or who demonstrated intolerance to an adequate trial of metformin and a sulfonylurea.

³ Open benefit. For the treatment of type 2 diabetes in combination with metformin alone, when diet and exercise plus maximal tolerated dose of metformin do not achieve adequate glycemic control.

⁴ Open benefit: for patients who did not achieve glycemic control with an adequate trial of metformin and a sulfonylurea; or to reduce the incidence of cardiovascular death in patients with established cardiovascular disease who did not achieve adequate glycemic control despite an appropriate trial of metformin

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); MR = Modified release.

HYPOGLYCEMIC AGENTS

| Generic Name | Brand Name | Strength | Cost per Unit of Insulin | Cost per 5 x 3 mL Cartridges | Coverage | |
|----------------------------|---------------------|--------------|--------------------------|------------------------------|------------|------|
| | | | | | Pharmacare | NIHB |
| Insulin | | | | | | |
| Regular-Acting | Humulin R | 100 units/mL | \$0.03 | \$51 | Y | Y |
| | Novolin ge Toronto | 100 units/mL | \$0.03 | \$49 | Y | Y |
| Pre-mixed Insulin | Humulin 30/70 | 100 units/mL | \$0.03 | \$51 | Y | Y |
| | Novolin 30/70 | 100 units/mL | \$0.03 | \$49 | Y | Y |
| Rapid-Acting | Humalog (Lispro) | 100 units/mL | \$0.04 | \$63 | Y | Y |
| | Admelog (Lispro) | 100 units/mL | \$0.03 | \$47 | Y | Y |
| | Apridra (Glulisine) | 100 units/mL | \$0.04 | \$55 | Y | Y |
| | NovoRapid (Aspart) | 100 units/mL | \$0.04 | \$64 | Y | Y |
| Intermediate-Acting | Novolin NPH | 100 units/mL | \$0.03 | \$50 | Y | Y |
| | Humulin N | 100 units/mL | \$0.03 | \$51 | Y | Y |
| Long-Acting | Lantus (Glargine) | 100 units/mL | \$0.07 | \$98 | Y | Y |
| | Basaglar (Glargine) | 100 units/mL | \$0.05 | \$73 | Y | Y |
| | Toujeo (Glargine) | 300 units/mL | \$0.03 | \$139 | N | Y |
| | Levemir (Detemir) | 100 units/mL | \$0.08 | \$113 | Y | Y |
| | Tresiba (Degludec) | 100 units/mL | \$0.08 | \$114 | 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).

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 |
| Salbutamol | Ventolin Diskus (60) | 200mcg | 1 inh QID (prn) | \$10 | N | Y |
| Terbutaline | Bricanyl Turbuhaler (100) | 0.5mg | 1 inh QID | \$9 | Y | Y |
| Long-acting β₂-Agonists (LABA) | | | | | | |
| Formoterol | Foradil Aerolizer (60) | 12mcg | 1 inh BID | \$55 | Y | Y-PA |
| Formoterol | Oxeze Turbuhaler (60) | 6mcg, 12mcg | 1-2 inh BID (strength dependant) | \$35-47 | Y | Y-PA |
| Indacaterol | Onbrez Breezhaler (30) | 75mcg | 1 cap daily (inhale twice) | \$49 | Y | Y-PA |
| Salmeterol | Serevent Diskus (60) | 50mcg | 1 inh BID | \$65 | Y | Y-PA |
| Anticholinergics | | | | | | |
| Short-acting Anticholinergics (SAMA or SAAC) | | | | | | |
| Ipratropium | Atrovent (200) | 20mcg | 2 inh QID | \$21 | Y | Y |
| Long-acting Anticholinergics (LAMA or LAAC) | | | | | | |
| Acclidinium | Tudorza Genuair (60) | 400mcg | 1 inh BID | \$56 | Y | Y |
| Glycopyrronium | Seebri Breezhaler (30) | 50mcg | 1 cap daily | \$56 | Y | Y |
| Tiotropium | Spiriva (30) | 18mcg | 1 cap daily | \$57 | Y | Y |
| Tiotropium | Spiriva Respimat (60) | 2.5mg | 2 inh daily | \$57 | Y | Y |
| Umeclidinium | Incruse Ellipta (30) | 62.5mcg | 1 inh daily | \$53 | 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); MDI = Metered dose inhaler; Inh= Inhalations

RESPIRATORY AGENTS

| Generic Name | Brand Name (puffs per device) | Strength | Usual Dosing | Cost per Device | Coverage | |
|---|----------------------------------|------------------------------------|-------------------------------|--------------------|------------|------|
| | | | | | Pharmacare | NIHB |
| Inhaled Corticosteroids | | | | | | |
| Beclomethasone | Qvar (200) | 50mcg, 100mcg | 1-2 inh BID | \$38-75 | Y | Y |
| Budesonide | Pulmicort (200) | 100mcg, 200mcg, 400mcg | 1 inh BID | \$35-103 | Y | Y |
| Ciclesonide | Alvesco (120) | 100mcg, 200mcg | 1 inh daily | \$49-82 | Y | Y |
| Fluticasone Furoate | Arnuity Ellipta (30) | 100mcg, 200mcg | 1-2 inh daily | \$42-84 | y | Y |
| Fluticasone Propionate | Flovent MDI (120) | 50mcg, 125mcg, 250mcg | 1-2 inh BID | \$27-95 | Y | Y |
| Fluticasone Propionate | Flovent Diskus (60) | 250mcg, 500mcg | 1-2 inh BID | \$47-74 | Y | Y |
| Mometasone | Asmanex Twisthaler (60) | 200mcg, 400mcg | 1-2 inh daily- BID | \$41-81 | y | Y |
| Combination Therapy | | | | | | |
| Short-acting β_2-Agonists and Anticholinergics (SABA/SAMA) | | | | | | |
| Salbutamol/Ipratropium | Combivent Respimat (120) | 100mcg/20mcg | 1 inh QID | \$32 | Y | Y |
| Long-acting β_2-Agonists and Anticholinergics (LABA/LAMA) | | | | | | |
| Acclidinium/Formoterol | Duaklir Genuair (60) | 400/12mcg | 1 inh BID | \$63 | Y | Y |
| Glycopyrronium/Indacaterol | Ultibro Breezhaler (30) | 50/110mcg | 1 cap daily (inhale twice) | \$81 | Y | Y |
| Tiotropium/Olodaterol | Inspiroto Respimat (60) | 2.5/2.5mcg | 2 inh daily | \$67 | Y | Y |
| Umeclidinium/Vilanterol | Anoro Ellipta (30) | 62.5/25mcg | 1 inh daily | \$90 | Y | Y |
| Long-acting β_2-Agonists and Corticosteroids | | | | | | |
| Budesonide/Formoterol | Symbicort (120) | 100/6 mcg, 200/6mcg | 1 inh BID | \$71-93 | Y | Y-PA |
| Fluticasone Furoate/ Vilanterol | Breo Ellipta (30) | 100/25mcg, 200/25mcg | 1 inh daily | \$91-142 | Y | Y-PA |
| Fluticasone/Salmeterol | Advair MDI (120) | 125/25mcg, 250/25mcg | 1-2 inh BID | \$110-156 | Y | Y-PA |
| Fluticasone/Salmeterol | Advair Diskus (60) | 100/50mcg, 250/50mcg, 500/50mcg | 1 inh BID | \$53-76 | Y | Y-PA |
| Mometasone/Formoterol | Zenhale MDI (120) | 100/5mcg, 200/5mcg | 2 inh BID | \$100-121 | Y | Y-PA |
| Long-acting β_2 Agonist + LAMA + Corticosteroid (LABA/LAMA/ICS) | | | | | | |
| Fluticasone Furoate/ Umeclidinium/Vilanterol | Trelegy Ellipta (30) | 100/62.5/25mcg | 1 inh daily | \$139 | 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); MDI = Metered dose inhaler; inh= Inhalations

RESPIRATORY AGENTS

| Generic Name | Brand Name (sprays per device) | Strength | Usual Dosing | 90 Day Cost | Coverage | |
|---|-----------------------------------|----------|-----------------------------|------------------------|------------|------|
| | | | | | Pharmacare | NIHB |
| Phosphodiesterase-4 Enzyme Inhibitor (PDE-4 Inhibitor) | | | | | | |
| Roflumilast | Daxas | 500mcg | Daily | \$202 | N | N |
| Leukotriene Receptor Antagonist | | | | | | |
| Montelukast | Singulair | 10mg | Daily | \$40 | Y - Part 2 | Y-PA |
| Nasal Corticosteroids | | | | Cost per Bottle | | |
| Beclomethasone | Beconase (200) | 50mcg | 1-2 sprays/nostril BID | \$13 | Y | Y |
| Budesonide | Rhinocort (120) | 64mcg | 1-2 sprays/nostril daily | \$11 | Y | Y |
| Fluticasone Propionate | Flonase (120) | 50mcg | 2 sprays/nostril daily | \$21 | Y | Y |
| Mometasone | Nasonex (140) | 50mcg | 2 sprays/nostril daily | \$11 | 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); MDI = Metered dose inhaler.

SMOKING CESSATION

| Generic Name | Brand Name | Strength | Usual Dosing | Treatment Course Cost | Per Unit Cost | Coverage | |
|--|-----------------------------|---|----------------------|-----------------------|---------------|------------|----------------|
| | | | | | | Pharmacare | NIHB |
| Smoking Cessation (price based on 12 weeks of use at stated dose) | | | | | | | |
| Bupropion SR | Zyban | 150mg | BID | \$89 | \$0.53 | Y | Y ¹ |
| Varenicline | Champix | 0.5mg OD x 3days, then 0.5mg BID x 4 days, then 0.5mg or 1mg BID x 11 weeks Total 165 tablets/12 weeks | | \$160 | \$0.97 | Y | Y ² |
| Nicotine Replacement Therapy | | | | | | | |
| Nicotine Patch | Habitrol, Nicoderm, generic | 21mg, 14mg, 7mg | Variable | \$180-\$280/10 weeks | | N | Y ³ |
| Nicotine Gum | Nicorette, generic | 2mg, 4mg | Max 20 pcs/day | \$22-\$36/ ~105pc | | N | Y ³ |
| Nicotine Lozenge | Nicorette, Thrive, generic | 1mg, 2mg, 4mg | Max 15 X 2mg pcs/day | \$25-\$42/105pc | | N | Y ³ |
| Nicotine Inhaler | Nicorette | 4mg | Max 16/day | \$35.60/42ctg | | N | Y ³ |

¹ Yearly maximum 180 tablets/year for smoking cessation

² NIHB coverage limited to maximum 165 tablets/year

³ NIHB coverage limited to 945 gum pieces/year; 252 patches per 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, 40mg | Daily | \$13 | \$0.14 | Y | Y |
| Escitalopram | Ciprallex | 10mg | Daily | \$29 | \$0.33 | Y | Y |
| Fluoxetine | Prozac | 20mg | Daily | \$31 | \$0.35 | Y | Y |
| Fluvoxamine | Luvox | 100mg | Daily | \$93 | \$1.03 | Y | Y |
| Paroxetine | Paxil | 20mg | Daily | \$31 | \$0.34 | Y | Y |
| Sertraline | Zoloft | 100mg | Daily | \$31 | \$0.35 | Y | Y |
| Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) | | | | | | | |
| Desvenlafaxine | Pristiq | 50mg, 100mg | Daily | \$259 | \$2.88 | N | N |
| Duloxetine | Cymbalta | 30mg | Daily | \$45 | \$0.51 | Y | Y |
| Duloxetine | Cymbalta | 60mg | Daily | \$92 | \$1.03 | Y | Y |
| Venlafaxine | Effexor XR | 75mg | Daily | \$17 | \$0.19 | Y | Y |
| Venlafaxine | Effexor XR | 150mg | Daily | \$18 | \$0.20 | Y | Y |
| Noradrenergic and Serotonergic Antidepressant | | | | | | | |
| Mirtazapine | Remeron | 15mg | HS | \$22 | \$0.24 | Y | Y |
| Mirtazapine | Remeron | 30mg | HS | \$74 | \$0.82 | Y | Y |
| Mirtazapine | Remeron | 45mg | HS | \$65 | \$0.73 | Y | Y |
| Mirtazapine OD | Remeron RD | 30mg | HS | \$56 | \$0.62 | Y | Y |
| Dopamine and Norepinephrine Reuptake Inhibitors | | | | | | | |
| Bupropion SR | Wellbutrin SR | 150mg | BID | \$95 | \$0.53 | Y | Y |
| Bupropion XL | Wellbutrin XL | 300mg | Daily | \$28 | \$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); SR= Sustained release; XR= Extended release; XL= Extended release; OD= Orally disintegrating tablet; RD = Rapidly dissolving tablet

PSYCHIATRY

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|--|-------------|------------------------|------------------|-------------|---------------|------------|----------------|
| | | | | | | Pharmacare | NIHB |
| Antipsychotics | | | | | | | |
| Aripiprazole | Abilify | 10mg | Daily | \$102 | \$1.13 | Y | Y |
| 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 | \$92 | \$1.03 | Y | Y |
| Risperidone | Risperdal | 1mg | BID | \$45 | \$0.25 | Y | Y |
| Benzodiazepines (cost for 90 tablets) | | | | | | | |
| Alprazolam | Xanax | 0.5mg | PRN ¹ | \$7 | \$0.08 | Y | Y ² |
| Clonazepam | Rivotril | 0.5mg | PRN ¹ | \$4 | \$0.04 | Y | Y ² |
| Lorazepam | Ativan | 1mg | PRN ¹ | \$4 | \$0.05 | Y | Y ² |
| Oxazepam | Serax | 15mg | PRN ¹ | \$5 | \$0.06 | Y | Y ² |
| Other Sedative Agents (cost for 90 tablets) | | | | | | | |
| Doxepin | Silenor | 3mg | Daily | \$61 | \$0.68 | N | N |
| Trazodone | Desyrel | 50mg | Daily | \$21 | \$0.23 | Y | Y |
| Zopiclone | Imovane | 5mg | PRN ¹ | \$9 | \$0.10 | Y | N |
| Zopiclone | Imovane | 7.5mg | PRN ¹ | \$12 | \$0.13 | Y | N |
| Acetylcholinesterase Inhibitors | | | | | | | |
| Donepezil | Aricept | 5mg, 10mg | Daily | \$43 | \$0.48 | Y | Y-PA |
| Galantamine ER | Reminyl ER | 8mg, 16mg, 24mg | Daily | \$118 | \$1.31 | Y | Y-PA |
| Rivastigmine | Exelon | 1.5mg, 3mg, 4.5mg, 6mg | BID | \$124 | \$0.69 | Y-EDS | Y-PA |

¹ Cost calculated based on maximum 1 dose per day.

² Limited use: Dose limit of 30 mg diazepam equivalents per day, calculated based on the total dose of all benzodiazepines a client is receiving from NIHB within a 100-day period (i.e. 3,000 diazepam equivalents over 100 days)

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.

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 | \$31 | \$0.49 | Y | Y |
| Ethinyl Estradiol/Levonorgestrel | Min-Ovral | 0.03mg/0.15mg | Daily | \$34 | \$0.53 | Y | Y |
| Ethinyl Estradiol/Levonorgestrel | Triquilar ¹ | 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 | \$33 | \$0.53 | Y | Y |
| Ethinyl Estradiol/Norgestimate | Tricyclen Lo ¹ | 0.025mg/0.180mg, 0.025mg/0.215mg, 0.025mg/0.250mg | Daily | \$42 | \$0.67 | Y | Y |
| Ethinyl Estradiol/Norgestimate | Tri-Cira ¹ , Tricyclen ⁶ | 0.035mg/0.180mg, 0.035mg/0.215mg, 0.035mg/0.250mg | Daily | \$45 | \$0.72 | 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 | \$51/3 rings | | N | Y |
| Norelgestromin | Evra | Patch | As dir | \$70 | | N | Y |
| Intrauterine Devices (IUDs) | | | | | | | |
| Copper IUD | Numerous ² | See note below | As dir | see note below | | N | Y ⁴ |
| Levonorgestrel | Mirena, Kyleena, Jaydess | IUD | As dir | \$287 - \$346 | | Y | Y ⁵ |

Note: 21 or 28 day pill packs have equivalent costs.

¹Triphasic oral contraceptive

²Numerous products available. Duration of contraception provided variable. Cost range indicated as per device.

³Provides contraception for up to 5 years. Cost indicated as per device.

⁴NIHB coverage limited to one IUD every 12 months.

⁵NIHB coverage limited to one IUD every 2 years.

⁶Tri-Cyclen has been discontinued

Copper IUD costs:

- Flexi-T IUD: \$110
- Liberte UT380 SHORT: \$66
- Liberte UT380 STANDARD: \$66
- Mona Lisa 10: \$78
- Mona Lisa 5: \$66
- Mona Lisa N: \$66

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HORMONE REPLACEMENT THERAPY

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|-------------------------|------------------------|-----------|-------------------------------|---------------|---------------|------------|------|
| | | | | | | Pharmacare | NIHB |
| Oral | | | | | | | |
| Conjugated Estrogen | Premarin | 0.625mg | Daily | \$29 | \$0.32 | Y | Y |
| Estradiol-17b | Estrace | 1mg | Daily | \$22 | \$0.24 | Y | Y |
| Medroxyprogesterone | Provera | 5mg | Daily | \$15 | \$0.16 | Y | Y |
| Micronized progesterone | Prometrium | 100mg | HS | \$136 | \$1.51 | Y-part 2 | Y-PA |
| Transdermal | | | | | | | |
| Estradiol-17b Patch | Estradot (generic) | 50mcg | Twice weekly | \$69 | \$2.66 | Y-part 2 | Y |
| | Oesclim | 50mcg | Twice weekly | \$84 | \$3.22 | Y-part 2 | Y |
| | Climara | 50mcg | Weekly | \$77 | \$5.91 | Y-part 2 | Y |
| Estradiol-17b Gel | EstroGel | 0.06% | 2.5g daily (1.5mg estradiol) | \$124 | \$0.54 | Y-part 2 | Y |
| | Divigel | 0.10% | 0.25 mg, 0.5 mg, 1 mg daily | \$83 | \$0.91 | Y-part 2 | Y |
| Vaginal | | | | | | | |
| Conjugated Estrogen | Premarin Vaginal Cream | 0.625mg/g | Variable, based on indication | \$25/30g tube | | Y | Y |
| Estradiol-17b tablet | Vagifem-10 | 10mcg | Twice weekly | \$115 | \$4.44/tab | Y | Y |
| Estradiol-17b ring | Estring | 2 mg | 1 ring per 3 months | \$91/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) | | | | | | | |
| Celecoxib | Celebrex | 200mg | Daily | \$24 | \$0.27 | Y | Y |
| Diclofenac | Voltaren | 50mg | BID | \$74 | \$0.41 | Y | Y |
| Diclofenac SR | Voltaren SR | 75mg | Daily | \$54 | \$0.60 | Y | Y |
| Diclofenac/Misoprostol | Arthrotec | 50mg/200mcg | BID | \$60 | \$0.33 | Y-part 2 | Y |
| Naproxen | Naprosyn | 500mg | BID | \$40 | \$0.22 | Y | Y |
| Combination Analgesics | | | | | | | |
| Tramadol/Acetaminophen | Tramacet | 37.5mg/325mg | 1-2 tablets q6h PRN | \$20 | \$0.66 | N | N |
| Neuropathic and Chronic Pain | | | | | | | |
| Amitriptyline | Elavil | 25mg | HS | \$11 | \$0.13 | Y | Y |
| Amitriptyline | Elavil | 50mg | HS | \$22 | \$0.25 | Y | Y |
| Desipramine | Norpramin | 50mg | HS | \$68 | \$0.75 | Y | y |
| Nortriptyline | Aventyl | 25mg (X2) | HS | \$48 | \$0.27 | Y | y |
| Gabapentin | Neurontin | 300mg | TID | \$29 | \$0.11 | Y | Y ² |
| Pregabalin | Lyrica | 150mg | BID | \$78 | \$0.44 | Y | Y-PA |
| Topical NSAIDs | | | | | | | |
| Diclofenac sodium | Pennsaid | 1.50% | TID-QID | | \$71/60ml | N | Y-PA |
| Diclofenac | Voltaren Emulgel | 1.16% | BID-QID | | \$10/100g | N ¹ | N |
| Diclofenac | Voltaren Emulgel | 2.32% | BID-QID | | \$13/100g | N ¹ | N |

¹Only covered if concentration >5%

²NIHB coverage limited to 4000mg/day (400g/100day period).

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 | | | | | | | |
| Naratriptan | Amerge | 2.5mg | PRN | \$39 | \$6.45 | Y-part 2 ¹ | Y ² |
| Rizatriptan | Maxalt | 5mg | PRN | \$23 | \$3.89 | Y-part 2 ¹ | Y ² |
| Rizatriptan | Maxalt | 10mg | PRN | \$23 | \$3.89 | Y-part 2 ¹ | Y ² |
| Sumatriptan | Imitrex | 50mg | PRN | \$17 | \$2.91 | Y-part 2 ¹ | Y ² |
| Sumatriptan | Imitrex | 100mg | PRN | \$19 | \$3.21 | Y-part 2 ¹ | Y ² |
| Zolmitriptan | Zomig | 2.5mg | PRN | \$22 | \$3.71 | Y-part 2 ¹ | Y ² |

¹ Pharmacare coverage limited to 144 tablets per benefit year.

² Coverage limited to 12 tablets per 30 days

GOUT

| Generic Name | Brand Name | Strength | Usual Dose | Cost per 6 tablets | Per Unit Cost | Coverage | |
|--------------|------------|----------|------------|--------------------|---------------|------------|------|
| | | | | | | Pharmacare | NIHB |
| Gout | | | | | | | |
| Allopurinol | Zyloprim | 200mg | Daily | \$12 | \$0.14 | Y | Y |
| Colchicine | Colchicine | 0.6mg | Daily | \$24 | \$0.27 | 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 | Treatment Cost | Per Unit Cost | Coverage | |
|--|------------|-------------------------------|----------------|---------------|------------|-----------------|
| | | | | | Pharmacare | NIHB |
| Antimicrobials (cost as per duration indicated in dosing) | | | | | | |
| Amoxicillin | Amoxil | 500mg TID x 7 days | \$3 | \$0.14 | Y | Y |
| Amoxicillin/Clavulanate | Clavulin | 875mg/125mg TID x 7 days | \$24 | \$1.17 | Y-part 2 | Y |
| Azithromycin | Zithromax | 500mgx1, 250mg daily x 4 days | \$6 | \$0.99 | Y-part 2 | Y |
| Cephalexin | Keflex | 500mg QID x 7 days | \$5 | \$0.18 | Y | Y |
| Ciprofloxacin | Cipro | 500mg BID x 3 days | \$3 | \$0.53 | Y-part 2 | Y |
| Clarithromycin | Biaxin | 500mg BID x 7 days | \$12 | \$0.87 | Y-part 2 | Y |
| Clindamycin | Dalacin C | 300mg QID x 7 days | \$14 | \$0.51 | Y | Y |
| Doxycycline | Doxycin | 100mg BID x 7 days | \$9 | \$0.62 | Y | Y |
| Levofloxacin | Levaquin | 500mg daily x 7 days | \$26 | \$3.68 | Y-part 2 | Y (max 14 days) |
| Moxifloxacin | Avelox | 400mg daily x 7 days | \$11 | \$1.60 | Y-part 2 | Y (max 14 days) |
| Nitrofurantoin | Macrobid | 100mg BID x 5 days | \$6 | \$0.63 | Y | Y |
| Penicillin V K | Pen VK | 300mg QID x 7 days | \$6 | \$0.21 | Y | y |
| Sulfamethoxazole/Trimethoprim | Septra | DS BID x 3 days | \$1 | \$0.22 | Y | Y |
| Antivirals | | | | | | |
| Acyclovir | Zovirax | 800mg 5x/day x7 days | \$105 | \$3.00 | Y | Y |
| Famciclovir | Famvir | 500mg TID x7 days | \$30 | \$1.41 | Y | Y |
| Oseltamivir | Tamiflu | 75mg BID x 5 days | \$11 | \$1.09 | Y-part 2 | Y |
| Valacyclovir | Valtrex | 1000mg (2 tabs) TID x7 days | \$27 | \$0.65 | Y | Y |

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).

OSTEOPOROSIS

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|---|------------|------------------------------------|--------------------|--------------------|---------------|------------|----------------|
| | | | | | | Pharmacare | NIHB |
| Calcium Carbonate | Calcium | 1250mg (= 500mg elemental calcium) | BID ¹ | \$4 | \$0.02 | N | Y |
| Vitamin D | Vitamin D | 1000 units | Daily ¹ | \$3 | \$0.03 | N | Y ² |
| Bisphosphonates | | | | 1 Year Cost | | | |
| Alendronate | Fosamax | 70mg once weekly | | \$115 | \$2.21 | Y-EDS | Y |
| Risedronate | Actonel | 35mg once weekly | | \$108 | \$2.08 | Y-EDS | Y |
| Zoledronic Acid | Aclasta | 5mg IV once yearly | | \$352 | \$352.17 | Y-EDS | Y-PA |
| Bone-Modifying Agent (Monoclonal Antibody) | | | | 1 Year Cost | | | |
| Denosumab | Prolia | 60mg subcutaneous every 6months | | \$803 | \$402 | 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 | \$39 | \$9.66 | N | N |
| Tadalafil | Cialis | 20mg | As directed | \$51 | \$12.75 | N | N |
| Vardenafil | Levitra | 20mg | As directed | \$49 | \$12.27 | N | N |

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|---|------------|----------|--------------|-------------|---------------|------------|------|
| | | | | | | Pharmacare | NIHB |
| Benign Prostatic Hyperplasia (BPH) | | | | | | | |
| Dutasteride | Avodart | 0.5mg | Daily | \$29 | \$0.32 | Y-part 2 | Y |
| Finasteride | Proscar | 5mg | Daily | \$39 | \$0.43 | Y-part 2 | Y |
| Tamsulosin CR | Flomax CR | 0.4mg | HS | \$14 | \$0.16 | Y | Y |
| Terazosin | Hytrin | 1mg | HS | \$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); CR = Controlled release.

OVERACTIVE BLADDER

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|--------------------------------|-------------|-------------------------|----------------------------------|-------------|---------------|------------|----------------|
| | | | | | | Pharmacare | NIHB |
| Anticholinergics | | | | | | | |
| Fesoterodine | Toviaz | 4mg, 8mg | 4-8mg Daily | \$142 | \$1.58 | Y | Y-PA |
| Oxybutynin | Ditropan | 5mg | 5mg BID ¹ (up to TID) | \$47 | \$0.26 | Y | Y |
| Oxybutynin XL | Ditropan XL | 5mg, 10mg | 5-10mg Daily | \$288 | \$3.20 | Y | N ² |
| Solifenacin | Vesicare | 5mg, 10mg | 5-10mg Daily | \$29 | \$0.32 | Y | Y |
| Tolterodine IR | Detrol | 1mg, 2mg | 1-2mg BID | \$46 | \$0.26 | Y | Y |
| Tolterodine LA | Detrol LA | 2mg, 4mg | 2-4mg Daily | \$46 | \$0.52 | Y | Y |
| Tropium | Trosec | 20mg | 20mg BID | \$115 | \$0.64 | Y-EDS | Y-PA |
| 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:

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GASTROINTESTINAL AGENTS

| Generic Name | Brand Name | Strength | Usual Dosing | 90 Day Cost | Per Unit Cost | Coverage | |
|--|-----------------|------------|--------------------|----------------------------|---------------|------------|----------------|
| | | | | | | Pharmacare | NIHB |
| Proton Pump Inhibitors (PPIs) | | | | | | | |
| Esomeprazole | Nexium | 40mg | Daily | \$52 | \$0.58 | Y | N |
| Lansoprazole | Prevacid | 15mg, 30mg | Daily | \$47 | \$0.53 | Y | Y ¹ |
| Omeprazole | Losec | 20mg | Daily | \$22 | \$0.24 | Y | Y ¹ |
| Pantoprazole | Pantoloc | 40mg | Daily | \$19 | \$0.21 | Y | Y ¹ |
| Rabeprazole | Pariet | 20mg | Daily | \$13 | \$0.14 | Y | Y ¹ |
| Histamine-2 Receptor Antagonist (H₂RAs) | | | | | | | |
| Ranitidine | | 150mg | BID | \$23 | \$0.13 | Y | Y |
| Antiemetics (cost for 30 tablets) | | | | | | | |
| Dimenhydrinate | Gravol | 50mg | PRN | \$1 ² | \$0.03 | N | Y |
| Doxylamine/Pyridoxine | Diclectin | 10/10mg | PRN | \$20 | \$0.67 | Y | Y |
| Metoclopramide | Metonia/Maxeran | 10mg | PRN | \$2 | \$0.07 | Y | Y |
| Ondansetron | Zofran | 8mg | PRN | \$157 | \$5.24 | Y | Y |
| Laxatives | | | | | | | |
| Psyllium fiber | Metamucil | 1 tsp | Up to TID | \$15/72 doses ² | | N | Y |
| Lactulose | Lactulose | 15ml | Daily | \$15/1000 mL | 0.01525/ml | Y-EDS | Y |
| PEG3350 | Lax-a-day | 17g | Daily, as directed | \$12.31/10 doses | | N | Y |
| Antidiarrheal (cost for 30 tablets) | | | | | | | |
| Loperamide | Imodium | 2mg | As directed | \$7 ² | \$0.26 | Y-EDS | Y |
| Helicobacter Pylori Eradication (cost for 7 day treatment course) | | | | | | | |
| Amoxicillin | Amoxil | 500mg | 1000mg BID x7d | \$4 | \$0.14 | Y | Y |
| Clarithromycin | Biaxin | 500mg | BID x7d | \$12 | \$0.87 | Y-part 2 | Y |
| Lansoprazole | Prevacid | 30mg | BID x7d | \$7 | \$0.53 | Y | Y |
| HP-PAC (7 days of above) | | | BID x7d | \$71 | | Y-EDS | Y |

¹NIHB 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

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IRON PREPARATIONS

| Generic Name | Brand Name | Strength (mg elemental iron per tablet or 5mL) | 90 Day Cost | 90 Day Cost (100 mg elemental) | Per Unit Cost | Coverage | |
|--------------------------------|-------------------|---|------------------|--------------------------------|-----------------|------------|------------|
| | | | | | | Pharmacare | NIHB |
| Iron Tablets | | | 1 tab/day | | Per tab | | |
| Ferrous sulfate | Generic | 300mg (60mg Fe ²⁺) | \$1 | \$3.78 | \$0.02 | N | Y |
| Ferrous gluconate | Generic | 300mg (35mg Fe ²⁺) | \$2 | \$6.86 | \$0.03 | N | Y |
| Ferrous fumarate | Generic | 300mg (100mg Fe ²⁺) | \$7 | \$6.96 | \$0.08 | N | Y |
| Polysaccharide iron | Feramax | 150mg Fe ²⁺ (as polysaccharide-iron complex) | \$39 | n/a | \$0.43 | N | Y ≤ age 12 |
| Iron in liquid solution | | | 5 mL/day | | Per 5 mL | | |
| Ferrous fumarate | Generic | 300mg/10mL (100mg Fe ²⁺ /10ml) | \$35 | \$35.10 | \$0.39 | | |
| Ferrous sulfate | Fer-in-Sol | 150mg/5ml (30mg Fe ²⁺ /5ml) | \$18 | \$60.48 | \$0.20 | N | Y |
| Ferrous sulfate | Fer-in-Sol Infant | 75mg/1mL(15mgFe ²⁺ /1ml) | \$19 | n/a ² | \$0.21 | N | Y |

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.

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