

PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2022)



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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	Adyloxine	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	Cipralex	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	\$5	\$0.06	Y	Y
Trazodone	Desyrel	100mg	Daily	\$15	\$0.16	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

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 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.

¹ NIHB coverage limited to 14 day treatment course.

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
Trospium	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:

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)							
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

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).

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/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-	\$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 solution	150mg/5ml (30mg Fe ²⁺ /5ml)	\$18	\$60.48	\$0.20	N	Y
Ferrous sulfate	Fer-in-Sol Infant Drops	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.

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).