

PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2016)



PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA

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 costs of medications. A survey of this issue suggested that 80% of physicians felt unaware of the actual costs of the medications they prescribe.¹ A systematic review concluded that physicians consistently overestimate the costs of inexpensive prescriptions and underestimate the 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 the out-of-pocket cost 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 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 was 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 on January 23rd, 2016. It is hoped that this document will enhance the understanding of medication coverage and pricing 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) program have 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 December 2015 and may be subject to change. As this is the first edition of this pricing document, we welcome your input and feedback. We look forward to incorporating this feedback into future editions of what we hope will be an annually produced document.

Contact: Shawn Bugden at shawn.bugden@umanitoba.ca with your suggestions.

Contributors

Olena Serwylo B.Sc. (Pharm), PharmD (candidate)
 Samara Bugden B.N.
 Phillip Chung B.Sc. (Pharm)
 Kevin Friesen B.Sc. (Pharm), M.Sc. (candidate)
 Jamie Falk B.Sc. (Pharm), PharmD
 Shawn Bugden B.Sc. (Pharm), M.Sc., PharmD

References:

1. Reichert S, Simon T, Halm EA. Physicians' attitudes about prescribing and knowledge of the costs of common medications. *Arch Intern Med* 2000;160:2799-2803.
2. Allan GM, Lexchin J, Wiebe N. Physician awareness of drug cost: A systematic review. *PLoS Medicine* 2007;4:e283.
3. Tang KL, Ghali WA, Manns BJ. Addressing cost-related barriers to prescription drug use in Canada. *CMAJ* 2014;186:276-280.
4. Cogdill B, Nappi JM. Assessment of prescribers' knowledge of the cost of medications. *The Annals of Pharmacotherapy* 2012;46:200-207.
5. Nickonchuk T, Lee J, Kolber M. Price comparison of commonly prescribed pharmaceuticals in Alberta. <https://www.acfp.ca/wp-content/uploads/2014/06/ACFPPricingDoc2014.pdf>
6. Patel MS, Volpp KG. Leveraging insights from behavioural economics to increase the value of health-care service provision. *J Gen Intern Med* 2012;27:1544-1547.

TABLE OF CONTENTS

<u>Therapeutic Class</u>	<u>Drug Class</u>	<u>Page Number</u>
CARDIOVASCULAR AGENTS		5
	Lipid Lowering Agents	5
	β-Blockers	5
	Calcium Channel Blockers	5
	Angiotensin Converting Enzyme Inhibitors (ACEIs)	6
	Angiotensin II Receptor Blockers (ARBs)	6
	Diuretics	7
	Antiplatelet Agents	7
	Anticoagulants	7
HYPOLYCEMIC AGENTS		8
	Biguanides	8
	Sulfonylureas	8
	Meglitinides	8
	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	8
	Glucagon-like Peptide-1 (GLP-1) Agonists	8
	Insulin	8
RESPIRATORY AGENTS		9
	Short-acting β ₂ -Agonists	9
	Anticholinergics	9
	Inhaled Corticosteroids	9
	Long-acting β ₂ -Agonists	9
	Long-acting β ₂ -Agonists + Corticosteroids	9
	Leukotriene Receptor Antagonists	9
	Nasal Corticosteroids	9
SMOKING CESSATION		10
	Smoking Cessation Agents	10
	Nicotine Replacement Therapy	10
PSYCHIATRY		11
	Antidepressants	11
	Antipsychotics	11
	Benzodiazepines	11
CONTRACEPTIVES		12
	1 st Generation Progestins	12
	2 nd Generation Progestins	12
	3 rd Generation Progestins	12
	Antiandrogenic Progestins	12
	Transdermal and Vaginal Contraceptives	12
	Intrauterine Devices (IUDs)	12

TABLE OF CONTENTS

<u>Therapeutic Class</u>	<u>Drug Class</u>	<u>Page Number</u>
HORMONE REPLACEMENT THERAPY		13
	Oral Agents	13
	Transdermal Agents	13
	Vaginal Agents	13
ANALGESICS		14
	Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	14
	COX-2 Inhibitors	14
	Combination Analgesics	14
	Neuropathic and Chronic Pain Agents	14
MIGRAINE and GOUT		15
	Antimigraine Agents	15
	Gout	15
ANTIMICROBIALS		16
ALZHEIMER'S DISEASE		17
OSTEOPOROSIS		18
UROLOGY		19
	Erectile Dysfunction	19
	Benign Prostatic Hyperplasia (BPH)	19
GASTROINTESTINAL AGENTS		20
	Proton Pump Inhibitors (PPIs)	20
	Histamine H ₂ -Receptor Antagonists (H ₂ RAs)	20
	Helicobacter Pylori Eradication	20
	Antiemetics	20
	Laxatives	20
	Antidiarrheals	20
IRON PREPARATIONS		21

CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90-Day Cost	Per Unit Cost	Coverage
Lipid Lowering Agents						
Rosuvastatin	Crestor	10mg	Daily	\$22	\$0.24	PC/NIHB covered
Rosuvastatin	Crestor	20mg	Daily	\$27	\$0.30	PC/NIHB covered
Atorvastatin	Lipitor	10mg	Daily	\$28	\$0.31	PC/NIHB covered
Rosuvastatin	Crestor	40mg	Daily	\$32	\$0.36	PC/NIHB covered
Simvastatin	Zocor	10mg	Daily	\$33	\$0.36	PC/NIHB covered
Atorvastatin	Lipitor	20mg	Daily	\$35	\$0.39	PC/NIHB covered
Atorvastatin	Lipitor	40mg, 80mg	Daily	\$38	\$0.42	PC/NIHB covered
Ezetimibe	Ezetrol	10mg	Daily	\$41	\$0.45	PC-EDS; NIHB-PA
Pravastatin	Pravachol	20mg	Daily	\$43	\$0.48	PC/NIHB covered
β-Blockers						
Bisoprolol	Monocor	5mg	Daily	\$9	\$0.10	PC/NIHB covered
Metoprolol	Lopresor	50mg	BID	\$12	\$0.06	PC/NIHB covered
Metoprolol	Lopresor	25mg	BID	\$12	\$0.06	PC/NIHB covered
Atenolol	Tenormin	50mg	Daily	\$13	\$0.14	PC/NIHB covered
Bisoprolol	Monocor	10mg	Daily	\$13	\$0.15	PC/NIHB covered
Metoprolol SR	Lopresor SR	100mg	Daily	\$18	\$0.20	PC/NIHB covered
Atenolol	Tenormin	100mg	Daily	\$21	\$0.24	PC/NIHB covered
Metoprolol	Lopresor	100mg	BID	\$25	\$0.14	PC/NIHB covered
Metoprolol SR	Lopresor SR	200mg	Daily	\$33	\$0.37	PC/NIHB covered
Carvedilol	Coreg	3.125mg, 6.25mg, 12.5mg, 25mg	BID	\$85	\$0.47	PC/NIHB covered
Calcium Channel Blockers						
Amlodipine	Norvasc	5mg	Daily	\$22	\$0.24	PC/NIHB covered
Amlodipine	Norvasc	10mg	Daily	\$32	\$0.36	PC/NIHB covered
Diltiazem CD	Cardizem CD	120mg	Daily	\$44	\$0.49	PC/NIHB covered
Nifedipine XL	Adalat XL	30mg	Daily	\$56	\$0.62	PC/NIHB covered
Diltiazem CD	Cardizem CD	180mg	Daily	\$59	\$0.66	PC/NIHB covered
Diltiazem CD	Cardizem CD	240mg	Daily	\$78	\$0.87	PC/NIHB covered
Nifedipine XL	Adalat XL	60mg	Daily	\$93	\$1.03	PC/NIHB covered

LEGEND:

PC = MB Pharmacare; 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
Angiotensin Converting Enzyme Inhibitors (ACEIs)						
Ramipril	Altace	2.5mg, 5mg	Daily	\$13	\$0.15	PC/NIHB covered
Ramipril	Altace	10mg	Daily	\$17	\$0.19	PC/NIHB covered
Fosinopril	Monopril	20mg	Daily	\$48	\$0.53	PC/NIHB covered
Lisinopril	Zestril	20mg	Daily	\$63	\$0.70	PC/NIHB covered
Enalapril	Vasotec	10mg	Daily	\$69	\$0.76	PC/NIHB covered
Perindopril	Coversyl	4mg	Daily	\$83	\$0.92	PC/NIHB covered
Perindopril/Indapamide	Coversyl Plus	4mg/1.25mg	Daily	\$100	\$1.11	PC/NIHB covered
Perindopril	Coversyl	8mg	Daily	\$116	\$1.29	PC/NIHB covered
Angiotensin II Receptor Blockers (ARBs)						
Losartan	Cozaar	25mg, 50mg, 100mg	Daily	\$21	\$0.23	PC/NIHB covered
Telmisartan	Micardis	40mg, 80mg	Daily	\$25	\$0.28	PC/NIHB covered
Candesartan	Atacand	8mg, 16mg, 32mg	Daily	\$26	\$0.29	PC/NIHB covered
Valsartan	Diovan	80mg, 160mg	Daily	\$27	\$0.30	PC/NIHB covered
Irbesartan	Avapro	75mg, 150mg, 300mg	Daily	\$27	\$0.30	PC/NIHB covered

LEGEND:

PC = MB Pharmacare; 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 Dose	90-Day Cost	Per Unit Cost	Coverage
Diuretics						
Hydrochlorothiazide	Hydrodiuril	12.5mg	Daily	\$3	\$0.03	PC/NIHB covered
Furosemide	Lasix	20mg	Daily	\$4	\$0.04	PC/NIHB covered
Hydrochlorothiazide	Hydrodiuril	25mg	Daily	\$4	\$0.05	PC/NIHB covered
Chlorthalidone	Hygroton	50mg	1/4 Tablet Daily	\$6	\$0.14	PC/NIHB covered
Furosemide	Lasix	40mg	Daily	\$7	\$0.07	PC/NIHB covered
Spironolactone	Aldactone	25mg	Daily	\$11	\$0.12	PC/NIHB covered
Indapamide	Lozide	2.5mg	Daily	\$11	\$0.12	PC/NIHB covered
Spironolactone	Aldactone	100mg	Daily	\$25	\$0.28	PC/NIHB covered
Antiplatelet Agents						
ASA-EC	Aspirin	81mg	Daily	\$5	\$0.05 ¹	PC not covered/NIHB covered
ASA-EC	Aspirin	325mg	Daily	\$3	\$0.03	PC/NIHB covered
Clopidogrel	Plavix	75mg	Daily	\$43	\$0.47	PC covered/NIHB covered ^{x1yr then PA}
Prasugrel	Effient	10mg	Daily	\$271	\$3.01	PC-EDS; NIHB-PA ²
Ticagrelor	Brilinta	90mg	BID	\$297	\$1.65	PC-EDS; NIHB covered ^{+ ASA x1yr}
Anticoagulants						
Warfarin	Coumadin	5mg ^{dose variable}	Daily	\$15	\$0.17	PC/NIHB covered
Rivaroxaban	Xarelto	10mg, 15mg	Daily	\$281	\$3.12	PC-EDS/NIHB-PA
Rivaroxaban	Xarelto	20mg	Daily	\$281	\$3.12	PC-EDS/NIHB-PA
Apixaban	Eliquis	5mg	BID	\$317	\$1.76	PC-EDS/NIHB-PA
Dabigatran	Pradaxa	110mg	BID	\$317	\$1.76	PC-EDS/NIHB-PA
Dabigatran	Pradaxa	150mg	BID	\$317	\$1.76	PC-EDS/NIHB-PA

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

² Coverage by NIHB considered on a case-by-case basis

LEGEND:

PC = MB Pharmacare; 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.

HYPOLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90-Day Cost	Per Unit Cost	Coverage
Biguanides						
Metformin	Glucophage	500mg	1000mg BID	\$16	\$0.04	PC/NIHB covered
Metformin SR	Glumetza	1000mg	Daily	\$117	\$1.29	Not covered PC & NIHB
Sulfonylureas						
Gliclazide MR	Diamicron MR	30mg	Daily	\$8	\$0.09	PC/NIHB covered
Glyburide	Diabeta	5mg	BID	\$14	\$0.08	PC/NIHB covered
Gliclazide	Diamicron	80mg	BID	\$50	\$0.28	PC/NIHB covered
Meglitinides						
Repaglinide	Gluconom	1mg	TID	\$23	\$0.08	PC-EDS/NIHB covered
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors						
Linagliptin	Trajenta	5mg	Daily	\$223	\$2.48	PC-EDS/NIHB-PA
Saxagliptin	Onglyza	5mg	Daily	\$281	\$3.12	PC-EDS/NIHB-PA
Sitagliptin	Januvia	100mg	Daily	\$289	\$3.21	PC-EDS/NIHB-PA
Glucagon-like Peptide-1 (GLP-1) Agonist						
Liraglutide	Victoza	1.2mg	Subcut Daily	\$545	\$6.05	Not covered PC & NIHB
Insulin (Cost for 15mL = 1 box of five 3mL cartridges)						
Bolus Insulin	Rapid-acting Insulin	Humalog (lispro)	100 units/mL	As directed	\$59	PC/NIHB covered
		NovoRapid (aspart)	100 units/mL	As directed	\$62	PC/NIHB covered
	Short-acting (Regular) Insulin	Novolin ge Toronto	100 units/mL	As directed	\$45	PC/NIHB covered
		Humulin R	100 units/mL	As directed	\$47	PC/NIHB covered
Basal Insulin	Intermediate-acting Insulin	Novolin ge NPH	100 units/mL	As directed	\$46	PC/NIHB covered
		Humulin N	100 units/mL	As directed	\$47	PC/NIHB covered
	Long-acting Insulin	Lantus (glargine)	100 units/mL	As directed	\$98	PC-EDS/NIHB covered
		Levemir (detemir)	100 units/mL	As directed	\$109	PC-EDS/NIHB covered
Pre-mixed Insulin	Novolin ge 30/70	100 units/mL	As directed	\$45		PC/NIHB covered
	Humulin 30/70	100 units/mL	As directed	\$47		PC/NIHB covered

LEGEND:

PC = MB Pharmacare; 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.

RESPIRATORY AGENTS

Generic Name	Brand Name (# of doses per device)	Strength	Usual Dosing	90-Day Cost ¹	Per Unit Cost	Coverage
Short-acting β_2 -Agonists						
Salbutamol	Ventolin (200)	100mcg	2 puffs QID	\$20	\$0.03	PC/NIHB covered
Anticholinergics						
Ipratropium	Atrovent (200)	20mcg	2 puffs QID	\$75	\$0.10	PC/NIHB covered
Tiotropium	Spiriva (30)	18mcg	18mcg daily	\$215	\$2.38	PC-EDS/NIHB-PA
Inhaled Corticosteroids						
Beclomethasone	Qvar (200)	100mcg	1 puff BID	\$62	\$0.34	PC/NIHB covered
Ciclesonide	Alvesco (120)	200mcg	1 puff daily	\$62	\$0.69	PC/NIHB covered
Budesonide	Pulmicort (200)	200mcg	1 puff BID	\$63	\$0.35	PC/NIHB covered
Fluticasone	Flovent (120)	125mcg	1 puff BID	\$68	\$0.38	PC/NIHB covered
Fluticasone	Flovent (120)	250mcg	1 puff BID	\$136	\$0.76	PC/NIHB covered
Long-acting β_2 -Agonists						
Salmeterol	Serevent (60)	50mcg	1 puff BID	\$185	\$1.03	PC covered/NIHB-PA
Long-acting β_2 -Agonists + Corticosteroids						
Budesonide/Formoterol	Symbicort (120)	200/6mcg	1 puff BID	\$138	\$0.77	PC covered/NIHB-PA
Fluticasone/Salmeterol	Advair MDI (120)	125/25mcg	1 puff BID	\$161	\$0.89	PC covered/NIHB-PA
Fluticasone/Salmeterol	Advair MDI (120)	250/50mcg	1 puff BID	\$228	\$1.27	PC covered/NIHB-PA
Fluticasone/Salmeterol	Advair Diskus (60)	250/50mcg	1 puff BID	\$322	\$1.79	PC covered/NIHB-PA
Leukotriene Receptor Antagonist						
Montelukast	Singulair	10mg	Daily	\$74	\$0.82	PC-part2/NIHB-PA
Nasal Corticosteroids						
Beclomethasone	Beconase (200)	50mcg	1 spray/nostril BID	\$12	\$0.07	PC/NIHB covered
Mometasone	Nasonex (140)	50mcg	1 spray/nostril daily	\$28	\$0.15	PC/NIHB covered
Fluticasone Propionate	Flonase (120)	50mcg	1 spray/nostril daily	\$66	\$0.18	PC/NIHB covered

¹ 90-day cost determined based on dosing specified; cost per dose based on inhaler cost.

LEGEND:

PC = MB Pharmacare; 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).

SMOKING CESSATION

Generic Name	Brand Name	Strength	Usual Dosing	Cost of Treatment Course (Duration as indicated below)	Per Unit Cost	Coverage
Smoking Cessation (Cost for 12-week treatment course)						
Bupropion SR	Zyban	150mg	BID	\$178	\$1.06	PC/NIHB covered ¹
Varenicline	Champix	0.5mg daily x 3 days, 0.5mg BID x 4 days, then 0.5mg or 1mg BID x 11 weeks		\$324	4-week starter pack (\$104.20) + two 4-week continuation packs (2x\$110.05)	PC/NIHB covered ²
Nicotine Replacement Therapy						
Nicotine Patch	Habitrol	21mg, 14mg, 7mg	21mg/d x 4wk 14mg/d x 2wk 7mg/d x 2wk	\$161 /8-week treatment course	\$20/7 patches (all strengths)	PC not covered/NIHB covered ³
Nicotine Patch	Nicoderm	21mg, 14mg, 7mg	21mg/d x 6wk 14mg/d x 2wk 7mg/d x 2wk	\$272 /10-week treatment course	\$27/7 patches (all strengths)	PC not covered/NIHB covered ³
Nicotine Gum	Nicorette	2mg	12 pcs/day	\$11 /25pcs	\$11/pack of 25	PC not covered/NIHB covered ³
Nicotine Gum	Nicorette	4mg	12 pcs/day	\$11 /25pcs	\$11/pack of 25	PC not covered/NIHB covered ³
Nicotine Inhaler	Nicorette	Cartridge (ctg)	Maximum 12/day	\$34 /42ctg	\$34/42 refill cartridges	PC not covered/NIHB covered ³

¹ NIHB coverage for smoking cessation limited to a maximum of 180 tablets/year

² NIHB coverage limited to a maximum of 165 tablets/year

³ NIHB coverage limited to maximums of 945 gum pieces/year, 168 (Habitrol) or 140 (Nicoderm, Nicotrol) patches/year, and 945 inhaler cartridges/year

LEGEND:

PC = MB Pharmacare; 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).

PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90-Day Cost	Per Unit Cost	Coverage
Antidepressants						
Selective Serotonin Reuptake Inhibitors (SSRIs)						
Citalopram	Celexa	20mg	Daily	\$22	\$0.24	PC/NIHB covered
Sertraline	Zoloft	50mg	Daily	\$36	\$0.40	PC/NIHB covered
Escitalopram	Cipralex	10mg	Daily	\$39	\$0.43	PC/NIHB covered
Fluoxetine	Prozac	20mg	Daily	\$41	\$0.46	PC/NIHB covered
Paroxetine	Paxil	20mg	Daily	\$41	\$0.45	PC/NIHB covered
Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs)						
Venlafaxine XR	Effexor XR	75mg	Daily	\$30	\$0.33	PC/NIHB covered
Duloxetine	Cymbalta	30mg	Daily	\$191	\$2.12	PC-EDS/NIHB covered
Desvenlafaxine	Pristiq	50mg	Daily	\$271	\$3.02	Not covered PC & NIHB
Noradrenergic and Serotonergic Antidepressant						
Mirtazapine	Remeron	30mg	HS	\$77	\$0.86	PC/NIHB covered
Antipsychotics						
Quetiapine	Seroquel	25mg	Daily	\$11	\$0.12	PC/NIHB covered
Risperidone	Risperidal	1mg	Daily	\$26	\$0.29	PC/NIHB covered
Quetiapine	Seroquel	100mg	Daily	\$30	\$0.33	PC/NIHB covered
Olanzapine	Zyprexa	5mg	Daily	\$57	\$0.64	PC/NIHB covered
Olanzapine	Zyprexa	10mg	Daily	\$115	\$1.28	PC/NIHB covered
Quetiapine XR	Seroquel XR	300mg	Daily	\$174	\$1.93	PC/NIHB covered
Benzodiazepines (Cost for 90 tablets)						
Oxazepam	Serax	15mg	PRN ¹	\$4	\$0.04	PC/NIHB ² covered
Lorazepam	Ativan	1mg	PRN ¹	\$4	\$0.04	PC/NIHB ² covered
Alprazolam	Xanax	0.5mg	PRN ¹	\$7	\$0.07	PC/NIHB ² covered
Clonazepam	Rivotril	0.5mg	PRN ¹	\$12	\$0.13	PC/NIHB ² covered

¹ Cost calculated based on 1 dose/day

² NIHB coverage limited to a maximum 30-day supply of benzodiazepines at a time, with a maximum daily dose equivalent to 40 mg diazepam

LEGEND:

PC = MB Pharmacare; 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	90-Day Cost	Per Unit Cost (Doses Per Pack)	Coverage
1st Generation Progestins						
Ethinyl Estradiol/Norethindrone	Synphasic	(0.035mg/0.5mg, 0.035mg/1mg)	Daily	\$36	\$0.58 (21)	PC/NIHB covered
2nd Generation Progestins						
Ethinyl Estradiol/Levonorgestrel	Alesse	0.02mg/0.1mg	Daily	\$29	\$0.46 (21)	PC/NIHB covered
Ethinyl Estradiol/Levonorgestrel	Min-Ovral	0.03mg/0.15mg	Daily	\$32	\$0.51 (21)	PC/NIHB covered
Ethinyl Estradiol/Levonorgestrel	Triquilar ¹	(0.03mg/0.05mg, 0.04mg/0.075mg, 0.03mg/0.125mg)	Daily	\$48	\$0.76 (21)	PC/NIHB covered
3rd Generation Progestins						
Ethinyl Estradiol/Desogestrel	Marvelon	0.03mg/0.15mg	Daily	\$32	\$0.50 (21)	PC/NIHB covered
Ethinyl Estradiol/Norgestimate	Tri-Cyclen Lo ¹	(0.025mg/0.180mg, 0.025mg/0.215mg, 0.025mg/0.250mg)	Daily	\$28	\$0.45 (21)	PC/NIHB covered
Ethinyl Estradiol/Norgestimate	Tri-Cyclen ¹	(0.035mg/0.180mg, 0.035mg/0.215mg, 0.035mg/0.250mg)	Daily	\$69	\$1.10 (21)	PC/NIHB covered
Antiandrogenic Progestins						
Ethinyl Estradiol/Drospirenone	Yasmin	0.03mg/3mg	Daily	\$27	\$0.43 (21)	PC/NIHB covered
Ethinyl Estradiol/Drospirenone	Yaz	0.02mg/3mg	Daily	\$30	\$0.42 (24)	PC/NIHB covered
Transdermal and Vaginal Contraceptives						
Etonogestrel	Nuvaring	Vaginal ring	As dir.	\$48	\$48.40/3 rings	PC not covered/NIHB covered
Norelgestromin	Evra	Patch	As dir.	\$53	\$17.57/28 days	PC not covered/NIHB covered
Intrauterine Devices (IUDs)						
Copper IUD	Nova-T ²	IUD	As dir.	\$180		PC not covered/NIHB covered
Levonorgestrel	Mirena ³	IUD	As dir.	\$342		PC/NIHB covered ⁴

¹ Triphasic oral contraceptive² Provides contraception for up to 30 months. Cost indicated as per device³ Provides contraception for up to 5 years. Cost indicated as per device⁴ NIHB coverage limited to a maximum of one IUD per 2 years**LEGEND:**

PC = MB Pharmacare; 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
Oral						
Medroxyprogesterone	Provera	5mg	Daily	\$16	\$0.17	PC/NIHB covered
Estradiol-17β	Estrace	1mg	Daily	\$27	\$0.30	PC/NIHB covered
Conjugated Estrogens	Premarin	0.625mg	Daily	\$31	\$0.34	PC/NIHB covered
Micronized progesterone	Prometrium	100mg	HS	\$115	\$1.28	PC-part2/NIHB-PA
Transdermal						
Estradiol-17β Patch	Estradot	50mcg	Twice weekly	\$58	\$2.41	PC-part2/NIHB covered
Estradiol-17β Gel	Estrogel	0.06%	2.5g daily (1.5mg estradiol)	\$109	\$0.60	PC-part2/NIHB covered
Vaginal						
Conjugated Estrogens	Premarin Vaginal Cream	0.625mg/g	Variable, based on indication	\$10	\$10/14g tube	PC/NIHB covered
Estradiol-17β tablet	Vagifem-10	10mcg	Twice weekly	\$106	\$4.09	PC/NIHB covered

LEGEND:

PC = MB Pharmacare; 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
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)						
Naproxen	Naprosen	500mg	BID	\$42	\$0.23	PC/NIHB covered
Diclofenac SR	Voltaren SR	75mg	Daily	\$56	\$0.63	PC/NIHB covered
Diclofenac/Misoprostol	Arthrotec	50mg/200mcg	BID	\$57	\$0.31	PC-part2/NIHB covered
COX-2 Inhibitors						
Celecoxib	Celebrex	200mg	Daily	\$32	\$0.35	PC-EDS/NIHB-PA
Combination Analgesics (Cost for 30 tablets)						
Tramadol/Acetaminophen	Tramacet	37.5mg/325mg	1-2 tablets q6h PRN	\$25	\$0.84	Not covered PC & NIHB
Neuropathic and Chronic Pain						
Amitriptyline	Elavil	25mg	HS	\$11	\$0.12	PC/NIHB covered
Amitriptyline	Elavil	50mg	HS	\$21	\$0.23	PC/NIHB covered
Nortriptyline	Aventyl	25mg	HS	\$48	\$0.53	PC/NIHB covered
Gabapentin	Neurontin	300mg	TID	\$49	\$0.18	PC/NIHB ¹ covered
Pregabalin	Lyrica	50mg	TID	\$383	\$1.42	PC not covered/NIHB-PA

¹ NIHB coverage limited to a maximum of 4000mg/day (400g/100-day period)

LEGEND:

PC = MB Pharmacare; 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 AND GOUT

Generic Name	Brand Name	Strength	Usual Dose	90-Day Cost	Per Unit Cost	Coverage
Antimigraine (Cost for 6 tablets)						
Zolmitriptan	Zomig	2.5mg	PRN	\$21	\$3.54	PC-part2/NIHB ¹
Rizatriptan	Maxalt	5mg	PRN	\$22	\$3.71	PC-part2/NIHB ¹
Rizatriptan	Maxalt	10mg	PRN	\$25	\$4.13	PC-part2/NIHB ¹
Sumatriptan	Imitrex	100mg	PRN	\$60	\$9.99	PC-part2/NIHB ¹
Gout						
Allopurinol	Zyloprim	200mg	Daily	\$12	\$0.13	PC/NIHB covered
Colchicine	Colchicine	0.6mg	Daily	\$23	\$0.26	PC/NIHB covered
Febuxostat	Uloric	80mg	Daily	\$157	\$1.75	PC-EDS/NIHB-PA

¹ NIHB coverage limited to a maximum of 12 tablets/30-day period

LEGEND:

PC = MB Pharmacare; 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
Antimicrobials (Cost as per duration indicated in dosing)					
Amoxicillin	Amoxil	500mg TID x 7 days	\$7	\$0.34	PC/NIHB covered
Amoxicillin/Clavulanic Acid	Clavulin	500mg TID x 7 days	\$22	\$1.03	PC-part2/NIHB covered
Azithromycin	Zithromax	500mg x 1, then 250mg daily x 4 days	\$7	\$1.23	PC-part2/NIHB covered
Cephalexin	Keflex	500mg QID x 7 days	\$13	\$0.45	PC/NIHB covered
Ciprofloxacin	Cipro	500mg BID x 7 days	\$10	\$0.70	PC-part2/NIHB covered
Clarithromycin	Biaxin	500mg BID x 7 days	\$23	\$1.63	PC-part2/NIHB covered
Doxycycline	Doxycycline	100mg BID x 7 days	\$8	\$0.59	PC/NIHB covered
Levofloxacin	Levaquin	500mg daily x 7 days	\$25	\$3.51	PC-part2/NIHB ^{max 30 days}
Moxifloxacin	Avelox	400mg daily x 7 days	\$47	\$6.70	PC-part2/NIHB not covered
Nitrofurantoin	Macrobid	100mg BID x 3 days	\$5	\$0.80	PC-part2/NIHB covered
Oseltamivir	Tamiflu	75mg BID x 5 days	\$45	\$4.48	PC-part2/NIHB covered ¹
Sulfamethoxazole/Trimethoprim	Septra	DS BID x 3 days	\$1	\$0.12	PC/NIHB covered

¹ Coverage by NIHB considered on an expedited case-by-case basis when prescribed during flu season

LEGEND:

PC = MB Pharmacare; 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
Acetylcholinesterase Inhibitors						
Donepezil	Aricept	5mg, 10mg	Daily	\$79	\$0.88	PC-EDS/NIHB-PA
Galantamine ER	Reminyl ER	16mg, 32mg	Daily	\$112	\$1.25	PC-EDS/NIHB-PA
Rivastigmine	Exelon	1.5mg, 3mg, 4.5mg, 6mg	BID	\$235	\$1.30	PC-EDS/NIHB-PA

LEGEND:

PC = MB Pharmacare; 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 Dos-ing	90-Day Cost	Per Unit Cost	Coverage
Calcium carbonate	Calcium	1250mg (500mg elemental calcium)	TID	\$19	\$0.07 ¹	PC not covered/NIHB covered
Vitamin D	Vitamin D	1000 units	Daily	\$4	\$0.05 ¹	PC not covered/NIHB covered ²
Bisphosphonates						
Etidronate/Calcium Carbonate	Etidrocal	400mg etidronate, 1250mg calcium carbonate (500mg elemental calcium)	Daily	\$30	\$29.90/kit ³	PC/NIHB covered
Alendronate	Fosamax	70mg	Once weekly	\$33	\$2.51	PC-EDS/NIHB-PA
Risedronate	Actonel	35mg	Once weekly	\$32	\$2.43	PC-EDS/NIHB-PA

¹ Per unit cost for OTC products not covered by PC/not listed on the Manitoba Drug Interchangeability Formulary

will vary due to price differences that exist among brands/manufacturers and pack sizes for a given product

² Certain strengths/brands may not be covered

³ One kit = 90-day supply

LEGEND:

PC = MB Pharmacare; 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	90-Day Cost	Per Unit Cost	Coverage
Erectile Dysfunction (Cost for 4 tablets)						
Sildenafil	Viagra	100mg	As directed	\$40	\$10.12	Not covered PC & NIHB
Vardenafil	Levitra	20mg	As directed	\$59	\$14.65	Not covered PC & NIHB
Tadalafil	Cialis	20mg	As directed	\$64	\$15.99	Not covered PC & NIHB
Benign Prostatic Hyperplasia (BPH)						
Tamsulosin CR	Flomax CR	0.4mg	Daily	\$14	\$0.15	PC/NIHB covered
Terazosin	Hytrin	1mg	Daily	\$22	\$0.24	PC/NIHB covered
Dutasteride	Avodart	0.5mg	Daily	\$38	\$0.42	PC-part2/NIHB-PA
Finasteride	Proscar	5mg	Daily	\$42	\$0.46	PC-part2/NIHB-PA

LEGEND:

PC = MB Pharmacare; 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.

GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90-Day Cost	Per Unit Cost	Coverage
Proton Pump Inhibitors (PPIs)						
Rabeprazole	Pariet	20mg	Daily	\$22	\$0.24	PC/NIHB covered ¹
Pantoprazole	Pantoloc	40mg	Daily	\$33	\$0.36	PC/NIHB covered ¹
Omeprazole	Losec	20mg	Daily	\$37	\$0.41	PC/NIHB covered ¹
Lansoprazole	Prevacid	30mg	Daily	\$45	\$0.50	PC-EDS/NIHB covered ¹
Esomeprazole	Nexium	40mg	Daily	\$50	\$0.55	PC-EDS/NIHB not covered
Histamine H₂-Receptor Antagonists (H₂RAs)						
Ranitidine	Zantac	150mg	BID	\$32	\$0.18	PC/NIHB covered
Famotidine	Pepcid	20mg	BID	\$117	\$0.65	PC/NIHB covered
Helicobacter Pylori Eradication (Cost for a 7-day treatment course)						
Amoxicillin	Amoxil	500mg	1000mg BID x 7d	\$10	\$0.34	PC/NIHB covered
Clarithromycin	Biaxin	500mg	BID x 7d	\$23	\$1.63	PC-part2/NIHB covered
Lansoprazole	Prevacid	30mg	BID x 7d	\$7	\$0.50	PC-EDS/NIHB covered
HP-PAC (7 days of above)			BID x 7d	\$95		PC-EDS/NIHB covered
Antiemetics (Cost for 30 tablets)						
Dimenhydrinate	Gravol	50mg	PRN	\$1	\$0.02	PC not covered/NIHB covered
Metoclopramide	Metonia/Maxeran	10mg	PRN	\$2	\$0.07	PC/NIHB covered
Doxylamine/Pyridoxine	Diclectin	10/10mg	PRN	\$42	\$1.41	PC/NIHB covered
Ondansetron	Zofran	8mg	PRN	\$153	\$5.11	PC/NIHB covered
Laxatives						
Psyllium Fiber	Metamucil	1 tsp	Up to TID	\$13 ²	\$13.33 ³ /425g or 72 doses	PC not covered/NIHB covered
Lactulose	Lactulose	15mL	Daily	\$20	\$0.01/15mL	PC-EDS/NIHB covered
PEG3350	Lax-A-Day	17g	Daily, as directed	\$6 ⁴	\$6.44 ³ /119g or 7 doses	PC not covered/NIHB covered
Antidiarrheal (Cost for 30 tablets)						
Loperamide	Imodium	2mg	As directed	\$8	\$0.26 ³	PC-EDS/NIHB covered

¹ NIHB coverage limited to 400 tablets/capsules every 180 days² Cost for 72 doses³ Per unit cost for OTC products not covered by PC/not listed on the Manitoba Drug Interchangeability Formulary will vary due to price differences that exist among brands/manufacturers and pack sizes for a given product⁴ Cost for 7 doses**LEGEND:**

PC = MB Pharmacare; 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 (per tablet/capsule or stated volume)	90-Day Cost (based on 1 tablet/capsule or stated volume per day)	90-Day Cost (100mg Fe ²⁺ per day)	Per Unit Cost	Coverage
Ferrous Sulfate	Generic	300mg (60mg Fe ²⁺)	\$3	\$4	\$0.03 ¹	PC not covered/NIHB covered
Ferrous Gluconate	Generic	300mg (35mg Fe ²⁺)	\$2	\$7	\$0.03	PC not covered/NIHB covered
Ferrous Fumarate	Generic	300mg (100mg Fe ²⁺)	\$12	\$12	\$0.13 ¹	PC not covered/NIHB covered
Ferrous Fumarate	Palafer	300mg (100mg Fe ²⁺)	\$22	\$22	\$0.25 ¹	PC not covered/NIHB covered
Polysaccharide Iron	Feramax	150mg Fe ²⁺ (as polysaccharide–iron complex)	\$45	\$30	\$0.50 ¹	Not covered PC & NIHB
Ferrous Fumarate	Palafer Suspension	300mg/5mL (100mg Fe ²⁺ /5mL)	\$44	\$44	\$0.48 ¹ /5mL	PC not covered/NIHB covered
Ferrous Sulfate	Fer-In-Sol Solution	150mg/5mL (30mg Fe ²⁺ /5mL)	\$25	\$84	\$0.28 ¹ /5mL	PC not covered/NIHB covered
Ferrous Sulfate	Fer-In-Sol Drops	75mg/1mL (15mg Fe ²⁺ /1mL)	\$25	N/A ²	\$0.28 ¹ /1mL	PC not covered/NIHB covered

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

² Not applicable. The Fer-In-Sol drops are intended to provide smaller doses 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:

PC = MB Pharmacare; 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).