

PRICE COMPARISON OF COMMONLY PRESCRIBED MEDICATIONS IN MANITOBA (2018)



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Prescription Drug Costs

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

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

The third edition, "Price Comparison of Commonly Prescribed Medications in Manitoba 2018" was released at the MEDS conference on January 27th, 2018. Key changes include the part 1 coverage of PPIs, and the part 1 coverage and introduction of generic pregabalin at a reduced price. Duloxetine also now has part 1 coverage. Diclectin® is now available in generic form at less than ½ the cost of the brand name. It still may not work very well (PLoS One 2017;13(1):e0189978) but at least it is a cheaper. The introduction of Basaglar® (glargine) insulin is interesting. A biosimilar to Lantus® sold for approximately \$30 less than the originator product. The ARB-diuretic combination are now generic and essentially the same price as the ARB alone. They might be a good choice if your patient needs the combination. It is hoped that this document will enhance the understanding of medication pricing and coverage so that clinically effective medications that are also affordable and cost-effective are preferentially selected.^{3,6}

Methods

The prices represent only the medication cost to the nearest dollar for a 90-day supply unless otherwise indicated. The cost per unit/tablet has also been provided. Coverage under the Manitoba Pharmacare program (PC) and the Non-Insured Health Benefits (NIHB) has also been listed. These prices do not indicate the full amount paid by patients. In Manitoba dispensing fees are not regulated and may vary between pharmacies. This makes it impossible to calculate the final total price for a given prescription; however, the ranking of relative prices in a particular drug class is unlikely to be altered. For drugs listed on the Manitoba Drug Interchangeability Formulary, the lowest formulary price was used to calculate the cost for a given drug. For all other medications, wholesale prices were used as the source of pricing. The prices listed in this guide were current as of January 2018 (including Pharmacare Bulletin #96 – January 25th, 2018) and may be subject to change.

This is our third edition of this pricing document. We have tried to incorporate as many as the suggestions we received over the past year into this edition. 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 send an email directly to Shawn Bugden at

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CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Lipid Lowering Agents							
Rosuvastatin	Crestor	10mg	Daily	\$22	\$0.24	Y	Y
Atorvastatin	Lipitor	10mg	Daily	\$24	\$0.26	Y	Y
Rosuvastatin	Crestor	20mg	Daily	\$27	\$0.30	Y	Y
Simvastatin	Zocor	10mg	Daily	\$27	\$0.30	Y	Y
Ezetimibe	Ezetrol	10mg	Daily	\$29	\$0.33	Y-EDS	Y
Atorvastatin	Lipitor	20mg	Daily	\$29	\$0.33	Y	Y
Atorvastatin	Lipitor	40mg, 80mg	Daily	\$32	\$0.35	Y	Y
Rosuvastatin	Crestor	40mg	Daily	\$32	\$0.36	Y	Y
Simvastatin	Zocor	20mg, 40mg	Daily	\$34	\$0.38	Y	Y
Pravastatin	Pravachol	10mg	Daily	\$37	\$0.41	Y	Y
Pravastatin	Pravachol	20mg	Daily	\$43	\$0.48	Y	Y
β-Blockers							
Bisoprolol	Monocor	5mg	Daily	\$9	\$0.10	Y	Y
Metoprolol	Lopressor	50mg	BID	\$12	\$0.06	Y	Y
Metoprolol	Lopressor	25mg	BID	\$12	\$0.06	Y	Y
Atenolol	Tenormin	50mg	Daily	\$13	\$0.14	Y	Y
Bisoprolol	Monocor	10mg	Daily	\$13	\$0.15	Y	Y
Metoprolol SR	Lopressor SR	100mg	Daily	\$18	\$0.20	Y	Y
Atenolol	Tenormin	100mg	Daily	\$21	\$0.24	Y	Y
Metoprolol	Lopressor	100mg	BID	\$25	\$0.14	Y	Y
Metoprolol SR	Lopressor SR	200mg	Daily	\$33	\$0.37	Y	Y
Carvedilol	Coreg	3.125mg, 6.25mg, 12.5mg, 25mg	BID	\$85	\$0.47	Y	Y
Calcium Channel Blockers							
Amlodipine	Norvasc	5mg	Daily	\$18	\$0.20	Y	Y
Amlodipine	Norvasc	10mg	Daily	\$27	\$0.30	Y	Y
Diltiazem CD	Cardizem CD	120mg	Daily	\$44	\$0.49	Y	Y
Verapamil SR	Isoptin SR	240mg	Daily	\$51	\$0.57	Y	Y
Nifedipine XL	Adalat XL	30mg	Daily	\$56	\$0.62	Y	Y
Diltiazem CD	Cardizem CD	180mg	Daily	\$59	\$0.66	Y	Y
Verapamil SR	Isoptin SR	120mg	Daily	\$68	\$0.76	Y	Y
Diltiazem CD	Cardizem CD	240mg	Daily	\$78	\$0.87	Y	Y
Verapamil	Isoptin	80mg	TID	\$81	\$0.30	Y	Y
Nifedipine XL	Adalat XL	60mg	Daily	\$93	\$1.03	Y	Y
Verapamil	Isoptin	120mg	TID	\$126	\$0.47	Y	Y

LEGEND:

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

CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Angiotensin Converting Enzyme Inhibitors (ACEIs)							
Ramipril	Altace	2.5mg, 5mg	Daily	\$11	\$0.12	Y	Y
Ramipril	Altace	10mg	Daily	\$14	\$0.16	Y	Y
Fosinopril	Monopril	20mg	Daily	\$48	\$0.53	Y	Y
Lisinopril	Zestril	20mg	Daily	\$63	\$0.70	Y	Y
Enalapril	Vasotec	10mg	Daily	\$69	\$0.76	Y	Y
Perindopril	Coversyl	4mg	Daily	\$83	\$0.92	Y	Y
Perindopril	Coversyl	8mg	Daily	\$116	\$1.29	Y	Y
Combination ACEI + Diuretic							
Ramipril/ Hydrochlorothiazide	Altace HCT	10mg/12.5mg, 10mg/25mg	Daily	\$32	\$0.36	N	Y
Perindopril/ Indapamide	Coversyl Plus	4mg/1.25mg	Daily	\$100	\$1.11	Y	Y
Perindopril/ Indapamide	Coversyl Plus HD	8mg/2.5mg	Daily	\$108	\$1.20	Y	Y
Angiotensin II Receptor Blockers (ARBs)							
Losartan	Cozaar	25mg, 50mg, 100mg	Daily	\$18	\$0.20	Y	Y
Telmisartan	Micardis	40mg, 80mg	Daily	\$25	\$0.28	Y	Y
Candesartan	Atacand	8mg, 16mg, 32mg	Daily	\$26	\$0.29	Y	Y
Valsartan	Diovan	80mg, 160mg	Daily	\$27	\$0.30	Y	Y
Irbesartan	Avapro	75mg, 150mg, 300mg	Daily	\$27	\$0.30	Y	Y
Combination ARB + Diuretic							
Telmisartan/ Hydrochlorothiazide	Micardis Plus	80mg/12.5mg, 80mg/25mg	Daily	\$25	\$0.28	Y	Y
Candesartan/ Hydrochlorothiazide	Atacand Plus	16mg/12.5mg	Daily	\$27	\$0.30	Y	Y
Irbesartan/ Hydrochlorothiazide	Avalide	150mg/12.5mg, 300mg/12.5mg,	Daily	\$27	\$0.30	Y	Y
Losartan/ Hydrochlorothiazide	Hyzaar	100mg/12.5mg	Daily	\$28	\$0.31	Y	Y
Losartan/ Hydrochlorothiazide	Hyzaar	50mg/12.5mg, 100mg/25mg	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).

CARDIOVASCULAR AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Diuretics							
Hydrochlorothiazide	HydroDiuril	12.5mg	Daily	\$3	\$0.03	Y	Y
Chlorthalidone	Hygroton	50mg	1/4 Daily	\$3	\$0.14	Y	Y
Eurosemide	Lasix	20mg	Daily	\$4	\$0.04	Y	Y
Hydrochlorothiazide	HydroDiuril	25mg	Daily	\$4	\$0.05	Y	Y
Eurosemide	Lasix	40mg	Daily	\$7	\$0.07	Y	Y
Indapamide	Lozide	2.5mg	Daily	\$11	\$0.12	Y	Y
Spironolactone	Aldactone	25mg	Daily	\$12	\$0.13	Y	Y
Spironolactone	Aldactone	100mg	Daily	\$25	\$0.28	Y	Y
Antiplatelet Agents							
ASA-EC	Aspirin	81mg	Daily	\$5	\$0.05 ¹	N	Y
ASA-EC	Aspirin	325mg	Daily	\$3	\$0.03 ¹	N	Y
Clopidogrel	Plavix	75mg	Daily	\$36	\$0.40	Y	Y
Ticagrelor	Brilinta	90mg	BID	\$300	\$1.67	Y-Part 2	Y ²
Anticoagulants							
Warfarin	Coumadin	5mg ^{dose variable}	Daily	\$15	\$0.17	Y	Y
Rivaroxaban	Xarelto	15mg, 20mg	Daily	\$281	\$3.12	Y-EDS	Y-PA
Apixaban	Eliquis	2.5mg, 5mg	BID	\$317	\$1.76	Y-EDS	Y-PA
Dabigatran	Pradaxa	110mg, 150mg	BID	\$326	\$1.81	Y-EDS	Y-PA

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

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

LEGEND:

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

HYPOLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Biguanides							
Metformin	Glucophage	500mg	1000mg BID	\$16	\$0.04	Y	Y
Metformin SR	Glumetza	1000mg	Daily	\$121	\$1.34	N	N
Sulfonylureas							
Gliclazide MR	Diamicron MR	60mg	Daily	\$6	\$0.06	Y	Y
Gliclazide MR	Diamicron MR	30mg	Daily	\$8	\$0.09	Y	Y
Glyburide	Diabeta	5mg	BID	\$14	\$0.08	Y	Y
Gliclazide	Diamicron	80mg	BID	\$50	\$0.28	Y	Y
Meglitinides							
Repaglinide	Gluconorm	1mg	TID	\$23	\$0.08	Y-EDS	Y
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors							
Linagliptin	Trajenta	5mg	Daily	\$223	\$2.48	Y-EDS	Y-PA
Saxagliptin	Onglyza	5mg	Daily	\$284	\$3.16	Y-EDS	Y-PA
Sitagliptin	Januvia	100mg	Daily	\$294	\$3.27	Y-EDS	Y-PA
Glucagon-like Peptide-1 (GLP-1) Agonist (cost based on dose of 1.2mg daily)							
Liraglutide	Victoza	1.2-1.8mg	Daily (subcut)	\$560	N/A	N	N
Sodium-Glucose Co-transporter 2 (SGLT-2) Inhibitors							
Empagliflozin	Jardiance	10mg, 25mg	Daily	\$259	\$2.88	Y-EDS	Y-PA
Dapagliflozin	Forxiga	5mg, 10mg	Daily	\$259	\$2.88	Y-EDS	N ¹
Canagliflozin	Invokana	100mg, 300mg	Daily	\$262	\$2.91	Y-EDS	Y-PA

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

LEGEND:

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

HYPOLYCEMIC AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	Cost per 5 x 3 mL Penfill cartridges	Coverage	
					Pharmacare	NIHB
Insulin						
Bolus Insulin	Rapid-acting Insulin	Apidra (glulisine)	100 units/mL	As Directed	\$54	Y
		Humalog (lispro)	100 units/mL	As directed	\$59	Y
		NovoRapid (aspart)	100 units/mL	As directed	\$63	Y
	Short-acting (Regular) Insulin	Novolin ge Toronto	100 units/mL	As directed	\$47	Y
		Humulin R	100 units/mL	As directed	\$49	Y
Basal Insulin	Intermediate-acting Insulin	Novolin ge NPH	100 units/mL	As directed	\$48	Y
		Humulin N	100 units/mL	As directed	\$49	Y
	Long-acting Insulin	Basaglar (glargine)	100units/mL	As directed	\$73	Y-EDS
		Lantus (glargine)	100 units/mL	As directed	\$98	Y-EDS
		Levemir (detemir)	100 units/mL	As directed	\$111	Y-EDS
		Tresiba (degludec)	100 units/mL	As directed	\$113	N
Pre-mixed Insulin	Novolin ge 30/70	100 units/mL	As directed	\$47	Y	Y
	Humulin 30/70	100 units/mL	As directed	\$49	Y	Y

LEGEND:

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

RESPIRATORY AGENTS

Generic Name	Brand Name (# of puffs per device)	Strength	Usual Dosing	Cost per device	Coverage					
					Pharmacare	NIHB				
β₂-Agonists										
Short-acting β ₂ -Agonists (SABA)										
Salbutamol	Ventolin MDI (200)	100mcg	2 inh QID (prn)	\$6	Y	Y				
Terbutaline	Bricanyl Turbuhaler (100)	500mcg	1 inh QID (prn)	\$9	Y	Y				
Salbutamol	Ventolin Diskus (60)	200mcg	1 inh QID (prn)	\$13	N	N				
Long-acting β ₂ -Agonists (LABA)										
Formoterol	Oxeze Turbuhaler (60)	6mcg, 12mcg	1-2 inh BID	\$40-50	Y	Y-PA				
Indacaterol	Onbrez Breezhaler (30)	75 mcg	1 cap daily ^{inhale twice}	\$55	Y	Y-PA				
Formoterol	Foradil Aerolizer (60)	12mcg	1 inh BID	\$60	Y	Y-PA				
Salmeterol	Serevent Diskhaler (60)	50mcg	1 inh BID	\$65	Y	Y-PA				
Salmeterol	Serevent Diskus (60)	50mcg	1 inh BID	\$65	Y	Y-PA				
Anticholinergics										
Short-acting Anticholinergics (SAMA)										
Ipratropium	Atrovent (200)	20mcg	2 inh QID	\$25	Y	Y				
Long-acting Anticholinergics (LAMA)										
Umeclidinium	Incruse Ellipta (30)	62.5mcg	1 inh daily	\$55	Y-EDS	Y-PA				
Tiotropium	Spiriva (30)	18mcg	1 cap daily ^{inhale twice}	\$60	Y-EDS	Y-PA				
Tiotropium	Spiriva Respimat (60)	2.5mcg	2 inh daily	\$60	Y-EDS	Y-PA				
Glycopyrronium	Seebri Breezehaler (30)	50mcg	1 cap daily ^{inhale twice}	\$60	Y-EDS	Y-PA				
Aclidinium	Tudorza (60)	400mcg	1 inh BID	\$60	Y-EDS	Y-PA				
Inhaled Corticosteroids										
Beclomethasone	QVAR (200)	50, 100mcg	1-2 inh BID	\$35-70	Y	Y				
Fluticasone Propionate	Flovent Diskus (60)	250, 500mcg	1-2 inh BID	\$30-75	Y ²	Y				
Mometasone	Asmanex Twisthaler (60)	200, 400mcg	1-2 inh daily-BID	\$40-80	Y ¹	Y ¹				
Fluticasone Furoate	Arnuity Ellipta (30)	100, 200mcg	1-2 inh daily	\$45-85	Y	N				
Ciclesonide	Alvesco (120)	100, 200mcg	1 inh daily	\$50-85	Y	Y				
Fluticasone Propionate	Flovent MDI (120)	50, 125, 250mcg	1-2 inh BID	\$30-95	Y	Y				
Budesonide	Pulmicort (200)	100, 200, 400mcg	1 inh daily	\$35-105	Y	Y				

¹Pharmacare and NIHB coverage limited to only 200mcg and 400mcg strength devices.

² Pharmacare coverage limited to only 250mcg and 500mcg strength devices.

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.

RESPIRATORY AGENTS

Generic Name	Brand Name (# of puffs per device)	Strength	Usual Dosing	Cost per device	Coverage					
					Pharmacare	NIHB				
Combination Therapy										
Long-acting β_2-Agonists and Anticholinergics (LABA/LAMA)										
Acidinium/Formoterol	Duaklir Genuair (60)	400/12mcg	1 inh BID	\$70	Y-EDS	Y-PA				
Tiotropium/Olodaterol	Inspiolo Respimat (60)	2.5/2.5mcg	2 inh daily	\$70	Y-EDS	Y-PA				
Glycopyrronium/Indacaterol	Ultibro Breezhaler (30)	50/110mcg	1 inh daily	\$90	Y-EDS	Y-PA				
Umeclidinium/Vilanterol	Anoro Ellipta (30)	62.5/25mcg	1 inh daily	\$90	Y-EDS	Y-PA				
Long-acting β_2-Agonists and Corticosteroids										
Budesonide/Formoterol	Symbicort (120)	100/6mcg, 200/6mcg	1 inh BID	\$75-100	Y	Y-PA				
Mometasone/Formoterol	Zenhale MDI (120)	100/5mcg, 200/5mcg	2 inh BID	\$105-120	Y	Y-PA				
Fluticasone Furoate/Vilanterol	Breo Ellipta (30)	100/25mcg, 200/25mcg	1 inh daily	\$95-150	Y	Y-PA ¹				
Fluticasone/Salmeterol	Advair Diskus (60)	100/50mcg, 250/50mcg, 500/50mcg	1 inh BID	\$90-160	Y	Y-PA				
Fluticasone/Salmeterol	Advair MDI (120)	125/25mcg, 250/25mcg	1-2 inh BID	\$110-160	Y	Y-PA				
Short-acting β_2-Agonists and Anticholinergics (SABA/SAMA)										
Ipratropium/Salbutamol	Combivent Respimat (120)	20/100 mcg	1 inh QID	\$35	Y	Y				
Nasal Corticosteroids										
Beclomethasone	Beconase (200)	50mcg	1-2 sprays/nostril BID	\$13/bottle	Y	Y				
Mometasone	Nasonex (140)	50mcg	2 sprays/nostril daily	\$15/bottle	Y	Y				
Fluticasone Propionate	Flonase (120)	50mcg	2 sprays/nostril daily	\$22/bottle	Y	Y				
Leukotriene Receptor Antagonist					90 Day Cost					
Montelukast	Singulair	10mg	PO Daily	\$74	Y-Part 2	Y-PA				
Phosphodiesterase-4 Enzyme Inhibitor (PDE-4 Inhibitor)					90 Day Cost					
Roflumilast	Daxas	500mcg	500mcg PO daily	\$70	N	N				

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

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

SMOKING CESSATION

Generic Name	Brand Name	Strength	Usual Dosing	Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Smoking Cessation (price based on 12 weeks of use at stated dose)							
Bupropion SR	N/A	150mg	BID	\$85/12 week treatment	\$0.51	Y ¹	Y ²
Varenicline	Champix	Dosing titration (12 week treatment course)		\$334/12 week treatment	4 week starter pack (\$107.11) + 2 x 4 week continuation packs (2 x \$113.13)	Y	Y ³
Nicotine Replacement Therapy							
Nicotine Patch	Generic (TEVA)	21mg, 14mg, 7mg	21mg/d x 6wk 14mg/d x 2wk 7mg/d x 2wk	\$160/10 week treatment	\$16/7 patches (all strengths)	N	Y ⁴
	Habitrol	21mg, 14mg, 7mg	21mg/d x 4wk 14mg/d x 2wk 7mg/d x 2wk	\$162/8 week treatment	\$20/7 patches (all strengths)	N	Y ⁴
	Nicoderm	21mg, 14mg, 7mg	21mg/d x 6wk 14mg/d x 2wk 7mg/d x 2wk	\$273/10 week treatment	\$27/7 patches (all strengths)	N	Y ⁴
Nicotine Gum	Generic (TEVA)	2mg	12 pcs/day	\$17/110 pcs		N	Y ⁴
	Thrive	4mg	12 pcs/day	\$32/108 pcs		N	Y ⁴
	Nicorette	2mg	12 pcs/day	\$34/105 pcs		N	Y ⁴
	Nicorette	4mg	12 pcs/day	\$34/105 pcs		N	Y ⁴
Nicotine Inhaler	Nicorette	Cartridge	Maximum 12/day	\$34/42 refill cartridges		N	Y ⁴

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

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

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

⁴NIHB coverage limited to 945 gum pieces/year, 168 (Habitrol) or 140 (Nicoderm, Nicotrol) patches/year, 945 inhaler cartridges/year.

LEGEND:

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

Part 2 = Covered for certain indications (prior approval not required); SR = Sustained release.

PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage						
						Pharmacare	NIHB					
Antidepressants												
Selective Serotonin Reuptake Inhibitors (SSRIs)												
Citalopram	Celexa	20mg	Daily	\$22	\$0.24	Y	Y					
Sertraline	Zoloft	50mg	Daily	\$36	\$0.40	Y	Y					
Escitalopram	Cipralex	10mg	Daily	\$39	\$0.43	Y	Y					
Paroxetine	Paxil	20mg	Daily	\$41	\$0.45	Y	Y					
Fluoxetine	Prozac	20mg	Daily	\$41	\$0.46	Y	Y					
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)												
Venlafaxine XR	Effexor XR	75mg	Daily	\$30	\$0.33	Y	Y					
Duloxetine	Cymbalta	30mg	Daily	\$43	\$0.48	Y	Y					
Desvenlafaxine	Pristiq	50mg	Daily	\$211	\$2.34	N	N					
Noradrenergic and Serotonergic Antidepressant												
Mirtazapine	Remeron	30mg	HS	\$77	\$0.86	Y	Y					
Dopamine and Norepinephrine Reuptake Inhibitors												
Bupropion XL	Wellbutrin XL	300mg	Daily	\$53	\$0.59	Y	Y ¹					
Bupropion SR	Wellbutrin SR	150mg	BID	\$91	\$0.50	Y	Y ¹					

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

LEGEND:

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

PSYCHIATRY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Antipsychotics							
Quetiapine	Seroquel	25mg	Daily	\$8	\$0.09	Y	Y
Quetiapine	Seroquel	100mg	Daily	\$21	\$0.24	Y	Y
Risperidone	Risperdal	1mg	Daily	\$26	\$0.29	Y	Y
Olanzapine	Zyprexa	5mg	Daily	\$57	\$0.64	Y	Y
Olanzapine	Zyprexa	10mg	Daily	\$115	\$1.28	Y	Y
Quetiapine XR	Seroquel XR	300mg	Daily	\$174	\$1.93	Y	Y
Aripiprazole	Abilify	15mg	Daily	\$409	\$4.54	Y	Y-PA
Benzodiazepines (cost for 90 tablets)							
Lorazepam	Ativan	1mg	PRN ¹	\$4	\$0.04	Y	Y ²
Diazepam	Valium	5mg	PRN ¹	\$5	\$0.05	Y	Y ²
Oxazepam	Serax	15mg	PRN ¹	\$5	\$0.06	Y	Y ²
Alprazolam	Xanax	0.5mg	PRN ¹	\$7	\$0.07	Y	Y ²
Clonazepam	Rivotril	0.5mg	PRN ¹	\$12	\$0.13	Y	Y ²

¹ Cost calculated based on maximum 1 dose per day.

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

LEGEND:

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

CONTRACEPTIVES

Generic Name	Brand Name	Strength	Usual Dosing	84 Day Cost	Per Unit Cost (Doses Per Pack)	Coverage	
						Pharmacare	NIHB
1st Generation Progestins							
Ethinyl Estradiol/Norethindrone	Synphasic	(0.035mg/0.5mg, 0.035mg/1mg)	Daily	\$40	\$0.63 (21)	Y	Y
2nd Generation Progestins							
Ethinyl Estradiol/Levonorgestrel	Alesse	0.02mg/0.1mg	Daily	\$29	\$0.46 (21)	Y	Y
Ethinyl Estradiol/Levonorgestrel	Min-Ovral	0.03mg/0.15mg	Daily	\$32	\$0.51 (21)	Y	Y
Ethinyl Estradiol/Levonorgestrel	Triquilar ¹	0.03/0.05mg, 0.04/0.075mg, 0.03/0.125mg	Daily	\$49	\$0.78 (21)	Y	Y
3rd Generation Progestins							
Ethinyl Estradiol/Norgestimate	Tricyclen Lo ¹	0.025mg/0.180mg, 0.025mg/0.215mg, 0.025mg/0.250mg	Daily	\$28	\$0.45 (21)	Y	Y
Ethinyl Estradiol/Desogestrel	Marvelon	0.03mg/0.15mg	Daily	\$32	\$0.50 (21)	Y	Y
Ethinyl Estradiol/Norgestimate	Tricyclen ¹	0.035mg/0.180mg, 0.035mg/0.215mg, 0.035mg/0.250mg	Daily	\$76	\$1.21 (21)	Y	Y
Anti-Androgenic Progestins							
Ethinyl Estradiol/Drospirenone	Yasmin	0.03mg/3mg	Daily	\$39	\$0.62 (21)	Y	Y
Ethinyl Estradiol/Drospirenone	Yaz	0.02mg/3mg	Daily	\$54	\$0.75 (24)	Y	Y
Transdermal and Vaginal Contraceptives							
Etonogestrel	NuvaRing	Vaginal ring	As dir.	\$50	\$49.62/3 rings	N	Y
Norelgestromin	Evra	Patch	As dir.	\$56	\$18.76/28 days	N	Y
Intrauterine Devices (IUDs)							
Copper IUD	Numerous products available ²	IUD	As dir.	\$54-110 per device		N	Y ⁴
Levonorgestrel	Mirena, Kyleena, Jaydess ³	IUD	As dir.	\$287-346 per device		Y	Y ⁵

¹ Triphasic oral contraceptive.² Numerous products available. Duration of contraception provided variable. Cost range indicated as per device.³ Provides contraception for up to 5 years. Cost indicated as per device.⁴ NIHB coverage limited to one IUD every 12 months.⁵ NIHB coverage limited to one IUD every 2 years.

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

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).

HORMONE REPLACEMENT THERAPY

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Oral							
Medroxyprogesterone	Provera	5mg	Daily	\$16	\$0.17	Y	Y
Estradiol-17β	Estrace	1mg	Daily	\$21	\$0.23	Y	Y
Conjugated Estrogen	Premarin	0.625mg	Daily	\$30	\$0.35	Y	Y
Micronized progesterone	Prometrium	100mg	HS	\$129	\$1.44	Y-Part 2	Y-PA
Transdermal							
Estradiol-17β Patch	Estradot	50mcg	Twice weekly	\$58 per 84 days	\$2.41/patch	Y-Part 2	Y
Estradiol-17β Gel	Estrogel	0.06%	2.5g daily (1.5mg estradiol)	\$115	\$0.64/actuation	Y-Part 2	Y
	Divigel	0.10%	0.25mg, 0.5mg, 1mg daily	\$81	\$0.90/actuation	Y- Part 2	Y
Vaginal							
Conjugated Estrogens	Premarin Vaginal Cream	0.625mg/g	Variable, based on indication	\$12.07 per 14g tube		Y	Y
Estradiol-17β tablet	Vagifem-10	10mcg	Twice weekly	\$111	\$4.25	Y	Y
Estradiol-17β ring	Estring	2mg	1 ring per 3 months	\$83.44/ring		Y	Y

LEGEND:

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

ANALGESICS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)							
Naproxen	Naprosyn	500mg	BID	\$42	\$0.23	Y	Y
Diclofenac SR	Voltaren SR	75mg	Daily	\$51	\$0.57	Y	Y
Diclofenac/Misoprostol	Arthrotec	50mg/200mcg	BID	\$57	\$0.31	Y-Part 2	Y
COX-2 Inhibitors							
Celecoxib	Celebrex	200mg	Daily	\$32	\$0.35	Y-EDS	Y-PA
Combination Analgesics							
Tramadol/Acetaminophen	Tramacet	37.5mg/325mg	1-2 tablets q6h PRN	\$227²	\$0.63	N	N
Neuropathic and Chronic Pain							
Amitriptyline	Elavil	25mg	HS	\$11	\$0.12	Y	Y
Amitriptyline	Elavil	50mg	HS	\$21	\$0.23	Y	Y
Nortriptyline	Aventyl	25mg	HS	\$23	\$0.25	Y	Y
Gabapentin	Neurontin	300mg	TID	\$49	\$0.18	Y	Y ¹
Desipramine	Norpramin	50mg	HS	\$68	\$0.75	Y	Y
Pregabalin	Lyrica	50mg	TID	\$87	\$0.32	Y	Y-PA ³

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

² Based on 4 tablets a day for 90 days

³ Maximum of 600mg/day

LEGEND:

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

MIGRAINE

Generic Name	Brand Name	Strength	Usual Dose	Cost per 6 tablets	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Antimigraine							
Zolmitriptan	Zomig	2.5mg	PRN	\$21	\$3.54	Y-Part 2 ¹	Y ²
Rizatriptan	Maxalt	5mg	PRN	\$22	\$3.71	Y-Part 2 ¹	Y ²
Rizatriptan	Maxalt	10mg	PRN	\$25	\$4.13	Y-Part 2 ¹	Y ²
Sumatriptan	Imitrex	100mg	PRN	\$60	\$9.99	Y-Part 2 ¹	Y ²

¹ Pharmacare coverage limited to 144 tablets per benefit year.

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

GOUT

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

LEGEND:

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

ANTIMICROBIALS

Generic Name	Brand Name	Strength/Usual Dosing	Cost	Per Unit Cost	Coverage	
					Pharmacare	NIHB
Antimicrobials (cost as per duration indicated in dosing)						
Amoxicillin	Amoxil	500mg TID x 7 days	\$7	\$0.34	Y	Y
Amoxicillin/Clavulanic Acid	Clavulin	500mg TID x 7 days	\$22	\$1.03	Y-Part 2	Y
Azithromycin	Zithromax	500mg x 1, then 250mg daily x 4 days	\$7	\$1.23	Y-Part 2	Y
Cephalexin	Keflex	500mg QID x 7 days	\$13	\$0.45	Y	Y
Ciprofloxacin	Cipro	500mg BID x 5 days	\$7	\$0.70	Y-Part 2	Y
Clarithromycin	Biaxin	500mg BID x 5 days	\$16	\$1.63	Y-Part 2	Y
Clindamycin	Dalacin C	300mg QID x 7 days	\$14	\$0.49	Y	Y
Doxycycline	Doxycin	100mg BID x 7 days	\$8	\$0.59	Y	Y
Levofloxacin	Levaquin	500mg daily x 7 days	\$25	\$3.51	Y-Part 2	Y ¹
Moxifloxacin	Avelox	400mg daily x 7 days	\$11	\$1.52	Y-Part 2	Y ¹
Nitrofurantoin	Macrobid	100mg BID x 5 days	\$9	\$0.85	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	\$0.12	Y	Y

Antivirals

Oseltamivir	Tamiflu	75mg BID x 5 days	\$31	\$3.12	Y-Part 2	Y (seasonal)
Valacyclovir	Valtrex	1000mg TID x 7 days	\$36	\$0.86	Y	Y
Famciclovir	Famvir	500mg TID x 7 days	\$89	\$4.23	Y	Y
Acyclovir	Zovirax	800mg 5x/day x 7 days	\$110	\$3.14	Y	Y

¹ NIHB coverage limited to 14 day treatment course.

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

LEGEND:

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

ALZHEIMER'S DISEASE

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
Acetylcholinesterase Inhibitors							
Donepezil	Aricept	5mg, 10mg	Daily	\$74	\$0.83	Y-EDS	Y-PA
Galantamine ER	Reminyl ER	8mg, 16mg, 24mg	Daily	\$112	\$1.25	Y-EDS	Y-PA
Rivastigmine	Exelon	1.5mg, 3mg, 4.5mg, 6mg	BID	\$235	\$1.30	Y-EDS	Y-PA

LEGEND:

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

OSTEOPOROSIS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Calcium carbonate	Calcium	1250mg (500mg elemental calcium)	BID	\$4	\$0.02 ¹	N	Y
Vitamin D	Vitamin D	1000 units	Daily	\$2	\$0.02 ¹	N	Y ²
Bisphosphonates							
Etidronate/Calcium Carbonate	Etidrocal	400mg etidronate, 1250mg calcium carbonate (500mg elemental calcium)	Daily	\$30	\$29.99/kit ³	Y	Y
Alendronate	Fosamax	70mg	Once weekly	\$33	\$2.51	Y-EDS	Y
Risedronate	Actonel	35mg	Once weekly	\$32	\$2.43	Y-EDS	Y
Zoledronic Acid	Aclasta	5mg IV	Once yearly	\$83	\$335	Y-EDS	Y-PA
Bone-Modifying Agent (Monoclonal Antibody)							
Denosumab	Prolia	60mg (subcut)	Every 6 months	\$199	\$397/dose	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.

³ One kit = 90 day supply.

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	Generic	100mg	As directed	\$37	\$9.20	N	N
	Viagra	100mg	As directed	\$40	\$10.12	N	N
Tadalafil	Generic	20mg	As directed	\$48	\$11.93	N	N
	Cialis	20mg	As directed	\$57	\$14.31	N	N
Vardenafil	Levitra	20mg	As directed	\$60	\$14.95	N	N

Generic Name	Brand Name	Strength	Usual Dosing	90 day cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Benign Prostatic Hyperplasia (BPH)							
Tamsulosin CR	Flomax CR	0.4mg	HS	\$14	\$0.15	Y	Y
Terazosin	Hytrin	1mg	HS	\$22	\$0.24	Y	Y
Dutasteride	Avodart	0.5mg	Daily	\$38	\$0.42	Y-Part 2	Y-PA
Finasteride	Proscar	5mg	Daily	\$42	\$0.46	Y-Part 2	Y-PA

LEGEND:

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

OVERACTIVE BLADDER

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Anticholinergics							
Solifenacin	Vesicare	5mg, 10mg	5mg Daily	\$38	\$0.42	Y-EDS	Y
Tolterodine IR	Detrol	1mg, 2mg	1mg BID	\$44	\$0.25	Y-EDS	Y-PA
Tolterodine LA	Detrol LA	2mg, 4mg	2mg Daily	\$44	\$0.49	Y-EDS	Y
Oxybutynin	Ditropan	5mg	5mg BID (up to TID)	\$49¹	\$0.27	Y	Y
Fesoterodine	Toviaz	4mg, 8mg	4mg Daily	\$149	\$1.65	Y-EDS	Y-PA
Oxybutynin XL	Ditropan XL	5mg, 10mg	5mg Daily	\$231	\$2.56	Y-EDS	N ²
β₃ – Agonist							
Mirabegron	Myrbetriq	25mg, 50mg	25mg Daily	\$145	\$1.61 ³	Y-EDS	Y-PA

¹Cost provided for BID dosing regimen.

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

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

LEGEND:

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

GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Proton Pump Inhibitors (PPIs)							
Rabeprazole	Pariet	20mg	Daily	\$22	\$0.24	Y	Y ¹
Pantoprazole	Pantoloc	40mg	Daily	\$27	\$0.30	Y	Y ¹
Omeprazole	Losec	20mg	Daily	\$37	\$0.41	Y	Y ¹
Lansoprazole	Prevacid	30mg	Daily	\$45	\$0.50	Y	Y ¹
Esomeprazole	Nexium	40mg	Daily	\$50	\$0.55	Y	N
Histamine H₂-Receptor Antagonists (H₂RAs)							
Ranitidine	Zantac	150mg	BID	\$32	\$0.18	Y	Y
Famotidine	Pepcid	20mg	BID	\$117	\$0.65	Y	Y
Antiemetics (cost for 30 tablets)							
Dimenhydrinate	Gravol	50mg	PRN	\$1	\$0.02	N	Y
Metoclopramide	Metonia/Maxeran	10mg	PRN	\$2	\$0.07	Y	Y
Doxylamine/Pyridoxine	Diclectin	10/10mg	PRN	\$19	\$0.64	Y	Y
Ondansetron	Zofran	8mg	PRN	\$153	\$5.11	Y	Y
Laxatives							
Psyllium Fiber	Metamucil	1 tsp	Up to TID	\$14.66 ^{2,3} for 504g (=72 doses)		N	Y
Lactulose	Lactulose	15mL	Daily	\$20/90 days	\$0.22/15mL	Y-EDS	Y
PEG3350	Lax-A-Day	17g	Daily, as directed	\$3.40 ^{3,4} for 119g (=7 doses)		N	Y
Antidiarrheal (cost for 30 tablets)							
Loperamide	Imodium	2mg	As directed	\$8	\$0.26 ³	Y-EDS	Y

¹ NIHB coverage limited to 400 tablets/capsules every 180 days.² Cost for 72 doses.³ 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 product⁴ Cost for 7 doses.

LEGEND:

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

GASTROINTESTINAL AGENTS

Generic Name	Brand Name	Strength	Usual Dosing	90 Day Cost	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Helicobacter Pylori Eradication (cost for 14 day treatment course) - <i>“Quadruple therapy”</i>							
Clarithromycin	Biaxin	500mg	BID x14d	\$46	\$1.63	Y	Y
Amoxicillin	Amoxil	500mg	2 tablets BID x14d	\$19	\$0.34	Y	Y
Metronidazole	Flagyl	250mg	2 tablets BID x14d	\$4	\$0.07	Y	Y
Omeprazole	Losec	20mg	BID x14d	\$12	\$0.41	Y	Y ²
Helicobacter Pylori Eradication (cost for 14 day treatment course) - <i>“Quadruple therapy”</i>							
Bismuth salicylate	Pepto Bismol	35 mg/mL	30mL QID x14d	\$27	\$6.84/480mL	N	Y ¹
Tetracycline	Generic	250mg	2 tablets QID x14d	\$8	\$0.07	Y	Y
Metronidazole	Flagyl	250mg	QID x14d	\$4	\$0.07	Y	Y
Omeprazole	Losec	20mg	BID x14d	\$12	\$0.41	Y	Y ²
Helicobacter Pylori Eradication (cost for 7 day treatment course) - <i>“Triple therapy”</i>							
Amoxicillin	Amoxil	500mg	1000mg BID x 7d	\$10	\$0.34	Y	Y
Clarithromycin	Biaxin	500mg	BID x 7d	\$23	\$1.63	Y— Part 2	Y
Lansoprazole	Prevacid	30mg	BID x 7d	\$7	\$0.50	Y-EDS	Y
HP-PAC (7 days of above)			BID x 7d	\$98		Y-EDS	Y

¹ NIHB coverage limited to 120mL/day every 14 days.² NIHB coverage limited to 400 tablets/capsules every 180 days.

IRON PREPARATIONS

Generic Name	Brand Name	Strength (mg elemental iron per tablet or 5mL)	90 Day Cost (1 tablet or 5mL per day)	90 Day Cost (100 mg elemental iron per day)	Per Unit Cost	Coverage	
						Pharmacare	NIHB
Ferrous Sulfate	Generic	300mg (60mg Fe ²⁺)	\$1	\$3	\$0.02 ¹	N	Y
Ferrous Gluconate	Generic	300mg (35mg Fe ²⁺)	\$2	\$7	\$0.03 ¹	N	Y
Ferrous Fumarate	Generic	300mg (100mg Fe ²⁺)	\$7	\$7	\$0.07 ¹	N	Y
Ferrous Fumarate	Palafer	300mg (100mg Fe ²⁺)	\$21	\$21	\$0.23 ¹	N	Y
Polysaccharide Iron	Feramax	150mg Fe ²⁺ (as polysaccharide-iron complex)	\$48	N/A	\$0.54 ¹	N	N
Ferrous Fumarate	Palafer Suspension	300mg/5ml (100mg Fe ²⁺ /5ml)	\$43	\$43	\$0.48 ¹	N	Y
Ferrous Fumarate	Generic	300mg/10mL (100mg Fe ²⁺ /10mL)	\$32	\$32	\$0.35 ¹	N	Y
Ferrous Sulfate	Fer-in-Sol Solution	150mg/5ml (30mg Fe ²⁺ /5ml)	\$13	\$44	\$0.15 ¹	N	Y
Ferrous Sulfate	Fer-in-Sol Drops	75mg/1ml (15mg Fe ²⁺ /1ml)	N/A²	N/A²	\$0.15/1ml ¹	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).